



THE MMATE CENTER

REGENT UNIVERSITY

HOPE FOCUSED TREATMENT MANUAL

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INTRODUCTION TO THE HOPE FOCUSED TREATMENT MANUAL

“Hope is putting faith to work when doubting would be easier.”

-Author unknown

See if the following scenario sounds familiar: You meet with a Jose and Marion Rodriguez and assess that they indeed have significant problems in their relationship. The patterns of interpersonal mistrust, hurts and anger have persisted in their relationship for years resulting in depression for Jose. Due to a referral from their pastor they have come to you with some hope that they could turn their marriage around. They have just told you all about their relationship and are now anxiously awaiting your feedback on where to begin. This couples counseling project is a big one. There’s a lot to do. You inwardly pray “Help me!” We believe God can answer that prayer. He could give you immediate insight and direction. He can also call people to come alongside and help us. This manual was written in response to that call for help. We hope it’s an answer to your prayer.

So what do you do in a situation like this? Most couples clinicians will return to the trusty tools they already have in their clinical tool belt. Sometimes these tools are a great match for the couple who is sitting across from us. But sometimes they aren’t, and we just try to make them work anyway. In the case of the latter, it’s often like we are trying to use a screwdriver for a job that really calls for a hammer! Sure, we can get the job done—kind of—but using the right tool would make all the difference in the world, for the couple and for the clinician. In situations like this one, the vital question is really: Do we get the right clinical tool for this couple? If not, we might need to find and obtain a new tool.

- HOW TO USE THIS MANUAL.** Of course, getting a new clinical tool means you have to learn how to use it. Thankfully, like learning how to use a hammer, the Hope-Focused Couples Approach (HFCA) is not a difficult approach to learn. It is very practical, straightforward, and easy-to-use. Furthermore, it is empirically-derived and empirically-supported (e.g., see Burchard et al., 2003; Ripley & Worthington, 2002; and Worthington et al., 1997), unlike many other couples interventions. In fact, a review of marital enrichment approaches (Jakubowski, Milne, Brunner, & Miller, 2004) dubbed the HFCA one of only four empirically-supported couples approaches. It has also been investigated in a clinical trial study (Ripley et al., 2008). As an empirically-derived, empirically supported approach, the HFCA thus provides a strong foundation from which to work with couples.
1. Valuable information
 2. Test your knowledge
 3. DVD training

Whether you are already familiar with the HFCA or not, the material in this manual is meant to help you understand it and practice it competently. It is designed for use alongside Worthington’s (2005) text *Hope-Focused Marriage Counseling: A Guide to Brief Therapy*, which describes the HFCA in detail. This manual has accompanying

This manual has accompanying videos, worksheets, assessments, clinical strategy guides and other materials found on our website
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videos, worksheets, assessments, clinical strategy guides and other materials found on our website www.mmatecenter.com. The videos are designed to supplement the textual material. The videos are primarily designed for training purposes, as it contains a lecture outlining the approach and several demonstrations modeling the approach in action.



Throughout this manual, this icon is used to indicate points at which a video-based training clip is available. Finally, there are self-tests for each chapter of the book to allow you to review what you've learned and solidify what you are learning.

THIS MANUAL IS FULL OF RESEARCH-BASED COMPONENTS. This manual draws from the specific components of the HFCA that studies have found most effective. Essentially we are sharing with you the “inside scoop” on the interventions that have been tried and tested in multiple clinical trial studies at the MATE Center at Virginia Commonwealth University and MMATE Center at Regent University. These interventions have been tried and refined by therapists and manuals created by the originators of the approaches to support that work. Our own and other relevant research has caused revisions to the program and what has developed is a “tried and true” manual of the Hope approach intended for therapists, novice or experienced, to learn the details of becoming a Hope-focused couples therapist. We enrich this with Christian integrative techniques that have been tested at the MMATE Center at Regent University for use with religious couples.

We present these components in an empirically-supported sequence (see Doss et al., 2005). Specifically, the treatment protocol begins with components that utilize traditional behavioral techniques and proceeds to components that incorporate integrative-behavioral, emotion-focused, and (to a lesser extent) insight-oriented approaches.

Up to this point, other than in research the HFCA has not been highly structured in either training or utilization. Instead, its popularity and use has grown through the publications and trainings of its founder, Everett L. Worthington Jr., Ph.D. This manual (and its accompanying training materials) will hopefully provide further structure to support and standardize the use of HFCA for therapists.

RECOMMENDATIONS DEPENDING ON CREDENTIALS AND LEVEL OF EXPERIENCE

We expect that this manual will be most helpful to those who are new to the HFCA, since it facilitates validity in learning the approach. Regardless of your competency level in the HFCA, we hope that you will adopt this manualized treatment in its entirety, at least at first. If you do, you will be offering the most effective components of the HFCA and growing in your competent practice of the approach. Once you have used the entire manual with several couples, then integrate the material with components of the larger Hope-Focused model and/or with components of other approaches.

UNLICENSED CLINICIANS. If you are a clinician who is not yet licensed (e.g., a current graduate student or a recent graduate of a masters/doctoral program), we recommend that you first talk with your supervisor about whether using the HFCA would be appropriate for your work with a particular couple. If you both determine that the HFCA seems like a good fit for the case, we suggest that you follow the manual very closely and under close supervision. As you gain experience in couples work and in the HFCA, you and your supervisor may decide that you are ready to gradually try modifying this manualized treatment in appropriate ways. In the meantime, you will probably find its structure somewhat comforting, as it frees you up to concentrate on other aspects of your work besides treatment planning.

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PASTORAL CAREGIVERS. If you provide pastoral counsel in your role as a pastoral counselor or caregiver we believe this approach can be an answer to your prayers too. We recognize the vast knowledge base that seminary must provide to pastors and couples counseling may not get the level of attention that you needed. Ideally, anyone using the HFCA should have at least a master’s degree in one of the mental health disciplines (e.g., counseling, psychology, social work, pastoral counseling) or have specialized training in counseling (including supervised practical experience). This manual is not intended for use by lay leaders or even by pastors whose seminary degree included only a cursory treatment of counseling (i.e. 1 or 2 courses without further supervised practical training).

We hope that this manual can be a bridge to increased competency in handling couples issues and conducting couples counseling in church settings. It is a relatively brief approach for pastors who engage in more than prayer, advice and referral to couples. We do assume you will practice within your competency, as pastors have had considerable trouble (even legally) attempting to handle psychological situations that are significant pathologies or high risk situations such as domestic violence. Yet this training offers specific Christian integrative options that are appropriate to church settings. If you are new to couples counseling, or do relatively little couples counseling, we recommend you closely follow the manual and consult with an experienced couples clinician on cases.

LICENSED CLINICIANS NEW TO COUPLES WORK. If you are a licensed clinician but are new to couples work, we recommend that you also follow the manual closely and work with a supervisor who has experience working with couples. Doing so will provide a suitable context for facilitating the expansion of your competency not just in the HFCA, but in couples work in general.

EXPERIENCED AND LICENSED COUPLES CLINICIANS AND SUPERVISORS OF NEWER CLINICIANS. If you are an experienced and licensed couples clinician or a supervisor of newer clinicians, we recommend that you approach this manual as an appropriate expansion of your already-developed couples counseling skills. However, we do challenge you, at least at first, to temporarily lay aside the clinical “tools” you typically use and practice the HFCA as it is presented in this manual. Try this “pure” HFCA for at least a few couples cases, so that you have the chance to fully learn this approach without relying on what you already know.

At first it may be easier to rely on your “old and trusty” clinical tools, but learning these new techniques and approaches will surely expand your clinical skills and make you a more well-rounded couples counselor. To return to the tool metaphor, treat this manualized approach as if you are learning to use a new tool. Even if it is a tool that is similar to one you’ve used before, try to lay aside your previous knowledge and learn how to use this new tool as specified here.

ADDRESSING ISSUES OF CHRISTIAN INTEGRATION

The astute observer may recognize that the HFCA incorporates several implicit Christian themes (e.g., forgiveness, reconciliation). However, such incorporation does not mean that explicit Christian integration is a necessary component of HFCA treatment. In fact, our research has found evidence that the HFCA is so robust that it is equally effective, whether it incorporates explicit Christian integrative components or not (Ripley et al., 2008).

ASSESSMENT OF RELIGION. In short, we recommend asking both members of the couple whether or not they would like a Christian integrative component to their treatment or not. Our chapter on “strategies for religious assessment” in this manual gives some specific ideas for a competent religious assessment with a couple.

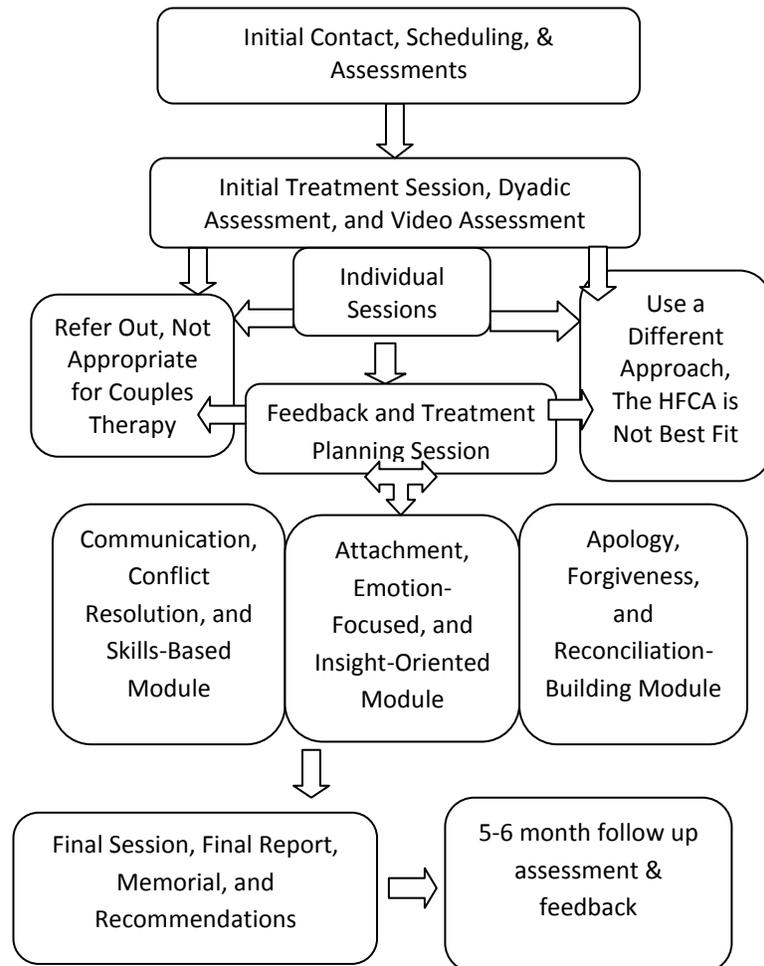
RELIGIOUSLY HETEROGENOUS COUPLES. We suggest that clinicians integrate explicit Christian themes and techniques only when both members of the couple explicitly state their desire for such integration. If one member desires explicit Christian integration and the other does not, we strongly recommend that the clinician refrain from incorporating Christian language and techniques into the therapeutic process. To do so would potentially alienate one partner, adding strain to the therapeutic process and more importantly, to the couple's relationship. Since the relationship is the client in couples counseling, the clinician should suspend all Christian-enriched aspects of the HFCA when even one partner is uncomfortable with Christian integration (and certainly when both partners are uncomfortable).

AN OVERVIEW OF THE MANUALIZED HFCA TREATMENT PROTOCOL

The following diagram provides an overview of the manualized HFCA treatment protocol, from beginning to end. The process begins with an initial contact and scheduling encounter, usually conducted via telephone or online. After this interaction, the clinician sends each partner a copy of the initial assessment measures (see website at www.mmatecenter.com), either a letter or weblink to a secure assessment.

Next the clinician conducts the initial intervention, gathering pre-therapy information and conducting dyadic and individual assessments. In assessment sessions with each partner the clinician checks for any evidence that couples counseling and/or the HFCA might not be a good fit for the couple (later we'll discuss guidance on this decision).

If couples counseling and the HFCA seem appropriate, the clinician writes a feedback report for the couple and goes over it with them at their second joint session together. This feedback report includes a brief personalized treatment plan, emphasizing certain module(s) according to the couple's needs and desires.



After the feedback session, the clinician guides the couple through the three modules of the HFCA: 1) the communication, conflict resolution, and skills-based module; 2) the attachment, emotion-focused, and insight-oriented module; and 3) the apology, forgiveness, and reconciliation-building module. Typically they are covered in that order, but they can be changed to tailor treatment to the couple. At the end of treatment, the clinician prepares a final report to give to the couple, outlining the gains they have made and making recommendations designed to facilitate continued growth. In the final session, the couple discusses the gains they have made, reviews the clinician's report, and constructs a small "memorial" to represent what they are taking away from their participation in the HFCA. Finally the therapist schedules a 5-6 month follow up meeting to assess the couples relationship and give them feedback on their relationship from baseline to follow up. Given the well-established problems with relapse with couples counseling (REF) we believe this follow up session is a crucial component of treatment.

The entire manualized HFCA treatment protocol typically takes 10 to 15 sessions, depending on the nature of the couple's personalized treatment plan. Those sessions can be compressed in creative ways such as 1 week intensive, double sessions for 5-10 weeks or the traditional one hour a week. Whenever possible the clinician should consider which format of treatment is best for the couple. While this is a relatively short-term treatment,

couples in our lab drop out of treatment predictably either right before or after intake or around session 7 (Ripley et al., 2008) so extending to just 10-15 sessions can be an exercise in committed persistence for the couple which may be therapeutic for them.

THE THREE MODULES OF THE MANUALIZED HFCA TREATMENT PROTOCOL

The three modules of the manualized HFCA treatment protocol represent new additions to the HFCA, based upon recent advances in clinical theory and research. These modules can require varying amounts of time and attention, depending on the couple and their unique needs. Regardless of the personalized emphases of treatment, the three modules should occur in the following order.

SKILLS BASED MODULE. The first stage of the manualized HFCA treatment is the communication, conflict resolution, and skills-based module. This module is primarily behavioral in its approach. Consequently, it typically facilitates quick, observable change, resulting in the couple's increased hope and motivation. Clearly, since this is the HFCA, such increases are meant to help fuel the couple's active participation throughout the entire counseling process. It is important to note that some lower-functioning couples and engaged or some younger couples may spend most of their treatment in the first module. However, if the couple appears capable of vulnerability and insight, the idea is to gradually move toward the second module.

ATTACHMENT MODULE. The second stage is the attachment, emotion-focused, and insight-oriented module. The goals of this stage are twofold. First, the clinician aims to utilize attachment theory to help the partners build more adaptive patterns of relating. Second, the clinician uses emotion-focused, insight-oriented techniques to help partners explore relationship issues from their past (particularly issues concerning their current romantic partner and parents or previous partners). Collectively, these two processes work together to strengthen the couple's bond with each other. Furthermore, their willingness and capacity to be emotionally expressive and vulnerable with one another is strengthened. In fact, one secondary goal of this module is to reduce fear responses to emotional vulnerability, paving the way for the third and final stage of treatment.

FORGIVENESS MODULE. The third stage is the apology, forgiveness, and reconciliation-building module. Here, the behaviorally skilled and emotionally softened couple makes decisions to confess, apologize, forgive, and reconcile with each other. Typically, the topics they discuss are issues that have caused ongoing difficulties in their relationship, whether minor issues (e.g., a partner's quirks), moderate issues (e.g., in-law troubles), or major issues (e.g., an extramarital affair). While reconciliation (physical or emotional) is the ultimate goal for this stage, it is not appropriate for every couple. We recommend that clinicians only work towards this goal if both partners seem like they perceive the relationship as a "safe" environment to pursue reconciliation. If they do, we suggest that the clinician endeavor wholeheartedly to facilitate genuine emotional and decisional reconciliation between the partners. Indeed there is research to show that couples who successfully complete the apology, forgiveness, and reconciliation-building module retain treatment gains longer than those who only complete the communication, conflict resolution, and skills-based module (Worthington et al., 2008; the JFP article which is now manuscript).

STARTING OUT

Before proceeding any further, we assume that you have first read the book *Hope-Focused Marriage Counseling: A Guide to Brief Therapy* (Worthington, 2005), which fully describes the HFCA. Reading this book will help you learn

to think like a Hope-Focused counselor. After reading that text, you will be ready to keep reading this manual and use this manual to practically provide support to begin utilizing the Hope-Focused Couples Approach.

SELF-QUIZ ON INTRODUCTORY MATERIAL

Answers to self-quiz are found in the appendix.

1. This manual is _____ the Hope Focused Couples Counseling Text.
 - a. separate from
 - b. adjunctive to
 - c. a revision of

2. Unlicensed clinicians or counselors with limited experience are expected to
 - a. learn important principles from this manual
 - b. get a degree in couples counseling
 - c. seek out proper supervision for cases while following this manual

3. Spiritual diversity issues with couples are
 - a. A necessary part of assessment in the Hope approach
 - b. Implemented through prayer and scripture with couples in this approach
 - c. Secondary to other issues with the couple

4. If one partner is religious but the other partner in the couple is not religious, or uncomfortable with religion in counseling, the therapist should.
 - a. Assess religion in the relationship but refrain from explicit religious integration to prevent dividing the couple.
 - b. Assess religion in the relationship and use a little religious integration for the sake of the partner who is religious.
 - c. Explain to all couples that the Hope approach uses religion and they must consent to prayer and Scripture or they can't get the intervention.

5. According to the recommendations of the Hope approach, if both partners are religious in a similar faith tradition then the therapist should
 - a. Use prayer and Scripture and other religious ideas and metaphors throughout the counseling
 - b. Get informed consent from the couple to use religious types of interventions like prayer, Scripture, concepts and metaphors
 - c. Refrain from using religious interventions so not to interfere with their pastor or priest

 6. Put the modules of the Hope approach in the typical order of treatment, according to this manual
 - a. Communication and conflict resolution interventions
 - b. Termination and follow up
 - c. Assessment and Feedback
 - d. Attachment and emotion focused
 - e. Apology, forgiveness and reconciliation
- 

INITIAL CONTACT, INITIAL ASSESSMENT, AND INITIAL SESSIONS

The initial part of the HFCA focuses on in-depth assessment of the couple collectively and of the partners individually. The information you gather will help you develop a solid case conceptualization of the couple and an individualized treatment plan. Even before that, it will help you decide whether or not the couple is appropriate for couples therapy in general and whether or not they are appropriate for the HFCA in particular.



Stop here and watch the introduction to and overview of the Hope-Focused Approach to Couples Counseling and Clinical Assessment and Feedback using the HFCA on DVD. See website at www.mmatecenter.com for PowerPoint slide handouts and notes pages for the entirety of Dr. Worthington's seminar.

INITIAL CONTACT AND INITIAL ASSESSMENTS

To begin the HFCA with a couple, the clinician first needs to have an initial contact and scheduling encounter with the couple, usually conducted via telephone or online. After this interaction, the clinician sends each partner a copy of the initial assessment measures (see www.mmatecenter.com for copies of assessments). This assessment could be mailed or therapists can create a weblink to a secure online survey system. The online assessment method is advantageous in two major ways. First, it provides the clinician with extensive information about the couple, even before they arrive for their first actual treatment session. Second, since the assessment takes about 30 to 45 to complete, it provides the couple with a taste of how much work treatment will involve. Consequently the couple is then "in for a penny, in for a pound."

We include the initial assessment in the accompany website for this manual, www.mmatecenter.com. Clinicians using the HFCA may utilize and/or reproduce these materials at no cost to them. We merely ask that you not charge your clients for these assessments but only for your time in scoring and report writing.

After receiving completed surveys from both partners, the clinician should carefully score and interpret both surveys (see website for instructions on scoring and interpreting the initial assessment). We recommend that the clinician takes notes as they review the assessments, particularly noting findings that seem to reveal important information about the couple (e.g., strengths, growth areas). It is especially important that the clinician take notes on answers to the screening questions (e.g., on divorce intent, domestic violence, clinical depression). Any areas of concern for suitability for couples therapy in general or HFCA specifically can be further assessed and discussed in the initial intake.

DYADIC INTAKE SESSION

Next the clinician conducts the dyadic intake session, concentrating on building rapport with the couple, instilling them with hope, and continuing to assess them. Remember to keep assessing whether couples therapy is a suitable fit for the couple. If not, refer them to appropriate alternative resources. In the initial session, implicitly

assess whether the HFCA seems appropriate to use with the couple, given their situation, personalities, and needs. If not, you may want to use a different approach, replacing the HFCA with something that is a better fit.

GOALS OF THE INITIAL TREATMENT SESSION. One of the main goals of this session is, of course, to gain information that will assist in the conceptualization and treatment of the couple. However, two other critical goals for this session are for the clinician to: (1) build a strong rapport with the couple, and (2) instill substantial hope in the couple (i.e. hope that their relationship can be better). The latter goal is particularly important in the HFCA (after all, it is called Hope-Focused!). Consistent infusions of hope and positive energy are needed in order to cultivate and sustain the couple’s motivation to work on their relationship. Without such motivation, it is unlikely that they will work hard enough to create lasting change in their relationship. You, the clinician, are meant to serve as a wellspring of that hope, not just in the initial treatment session, but throughout the entire Hope-Focused counseling process.

AN OVERVIEW OF THE DYADIC INTAKE SESSION. To begin the initial treatment session, the clinician warmly welcomes the couple and addresses any issues relevant to the couple or to the setting (e.g., informed consent forms). Then we recommend showing a brief introductory video on the HFCA. We have created two 3-minute videos that we use in our counseling center (see the accompanying DVD), one Standard Introductory video and one Religiously-Enriched Introductory video. You may either use one of these videos or create your own.

After the couple has viewed an introductory video, the clinician should address any questions the couple may have and also offer a brief personalized introduction to the HFCA. Then the clinician begins the in-person dyadic assessment, which comprises the bulk of the initial session.

The dyadic assessment is designed to help clinicians capture information about important aspects of the couple’s relationship. It involves a floor scaling exercise (5 minutes), a semi-structured oral interview (35 minutes), and a video assessment exercise (20 minutes). If possible the clinician will also conduct the individual intakes at this point (30-50 minutes each). Finally, the clinician will spend 10 to 20 minutes processing with the couple and going over homework with them. Altogether, the entire session should take 90-120 minutes. The information gleaned from the initial assessments and from the in-person assessments will be synthesized into a concise feedback report written for the couple at the second joint session. Keep this fact in mind throughout the initial treatment session, and gather information accordingly.

There are two potential paths for intake. We recommend you complete the entire intake in one long 2 hour assessment session as that engages the couple in treatment more quickly and allows for complete intake procedures.

The 2 hour intake	Dyadic separate hour from individual intakes
Greeting (3 min)	Greeting (3 min)
Semi-structured dyadic oral interview (30-40 min)	Semi-structured dyadic oral interview (30-40 min)
Forgiveness assessment and exercise (5 min)	Forgiveness assessment and exercise (5 min)
Video assessment exercise (12 min)	Video assessment exercise (12 min)

Individual intake with each spouse (60 min)	Final processing and review homework (10 min)
Other spouse completes any supplementary assessments and review and rate the videotape in separate room	
Final processing and review homework (10 min)	Individual intakes with supplementary assessments and review and rate the videotape. (60 minutes per spouse)

SCRIPT FOR THE DYADIC INTAKE SESSION. The following script is meant to serve as a general guide for clinicians. Feel free to modify the wording of this script in order to fit your own personal style and the couple you are working with. However, we recommend that you present the same basic concepts for each component. We will put the scripted words themselves in bold, with clinician instructions and suggestions in italics.

Warmly welcome the couple to couples counseling, and address any issues relevant to the couple or to the setting you are working in [e.g., informed consent forms].

 Show the brief introductory video on the HFCA [see accompanying DVD or create your own video].

After the video, address any questions the couple may have and also give a brief personalized introduction to the HFCA. Then begin the dyadic assessment.

DYADIC SEMI-STRUCTURED ORAL INTERVIEW.

For the semi-structure oral interview we recommend that clinicians memorize the core questions to demonstrate competency to clients and not read from notes or this manual. Make sure that you get answers from both partners for each question.

1. Why did you decide to seek couples counseling at this time?	Here you are looking to get an idea of their motives, their readiness for change, and their presenting problems, if any.
2. What are the most positive things about your marriage/relationship—your strengths as a couple? What are the things that are hardest for you?	
3. Tell me a little bit about how you met and about kind	You should look for negative stories which may indicate that the partners have already decided on the

<p>of a general history of your relationship.</p>	<p>inevitability of divorce.</p>
<p>4. Imagine you went to bed tonight and while you were sleeping, a miracle occurred. You woke up, and to your amazement, everything about your marriage/relationship was suddenly perfect—just like you’ve always hoped it would be. If that kind of miracle happened, what would your marriage/relationship look like? Be as specific and concrete as you can.</p>	<p>Here the couple may need a lot of coaching. You need them to be very specific, detailing behaviors, cognitions, and relational dynamics that have changed. You may have to ask follow up questions like</p> <p>“How would you know things had changed for the better?” and “What specific things would be different?”</p> <p>Have them frame the changes in terms of what they do want—not what they don’t want.</p>
<p>4b. Christian Enrichment: For those couples seeking explicit Christian integration, the clinician could ask the “miracle question” using Christian language (e.g., “If God answered all your prayers for your relationship and performed a miracle...”).</p>	
<p>I noticed in your assessments that (neither of you, one of you, both of you) rated spirituality and religion as very important to you or central to your life. Does that seem correct?</p> <p>How does faith play a part in the problems in your relationship? <i>Discuss.</i> How does faith play a part in the solutions in your relationship? <i>Discuss.</i> We can address issues of faith as it relates to your relationship and I will follow your lead in what issues you need to discuss about this part of your lives.</p> <p>When both partners are highly religious ask: Would you like to include practices from your faith like prayer or discussing Scripture as part of this counseling?</p>	<p>Be sensitive to how similar or different the couple is on religion. you can spend time in counseling with the couple teasing out this issue of faith and life-meaning/values and how it their differences affect their marriage. See the module on religiously heterogeneous couples for further guidance with this type of couple.</p> <p>Of course you obtain consent and discuss what using religious practices would mean for the couple. Matching the couples practices and not expecting them to be more than they are is very important- or else the couple may not internally change. See the modules on</p>

	spiritual assessment and use of prayer in this manual.
<p>Address any other issues of diversity here – race, age/ family life stage, culture, language, disability, economic situation, sexual orientation, etc. You can ask this in a question like “Is there anything about ____ that we should discuss as part of your treatment?”</p>	<p>Some of this will be applicable or not based on their answers to diversity questions in your assessment. Consider how the couple might need alterations or additions to treatment to address diversity issues that affect their marriage.</p>
<p>7. In the surveys you filled out [online], you indicated _____. Could you tell me a little more about that?</p>	<p>Here you are following up on any issues that may indicate:</p> <p>[1] clinical unsuitability for couples therapy and/or the HFCA [e.g., one or both partners are seriously contemplating divorce/separation] and</p> <p>[2] the need for possible further assistance [e.g., individual counseling in cases of clinical depression, emergency treatment in cases of suicide risk, crisis management in cases of domestic violence].</p>

FORGIVENESS ASSESSMENT AND EXERCISE

The purpose of this assessment is to determine how offenses and hurts are handled and repaired in their relationship. It uses a worksheet to structure the assessment but is done in session. A script that can be used is below:

The next thing I'd like us to do is assess how offenses and hurts are handled and repaired in your relationship. We're going to use a worksheet to help us with that, alright? (this is the Gordon-Baucom paper version with the paper) First I want you to write down something your partner has done that has hurt or offended you. While one or both of you may have somewhat put this event behind you, it's more helpful if it is something that you haven't completely put behind you or that sometimes still bothers you emotionally. It could be one moderate or major offense or a repeated smaller offense. In a later session we could work on repairing this situation.

Let them write down the situation briefly. If they're having a hard time help them with the common moderate to major offenses list if they can't think of anything. If they insist there are no offenses between them ask if there is something they put behind them in the past that could be used to learn the Hope approach to handling hurts and offenses in counseling for future hurts or offenses.

Would you be willing to share your responses with each other? To do the exercise and assessment completely you essentially need them to share the offenses so help them with sharing just the situation, objectively. Watch for emotional flooding. Process the "secrets" of the offenses if needed. Communicate that you can handle their secrets with good care and professional confidentiality.

Go ahead and write down what each others' offenses were on your worksheet. When your partner is having their individual intake there will be some questions we'll have you answer about each of these situations. *They'll be completing the Gordon-Baucom forgiveness measure for each of the 2 scenarios. If same scenario pops up for both of them they can complete just one of the forgiveness measure.*

VIDEO ASSESSMENT (WITH OPTIONAL PHYSIOLOGICAL ASSESSMENT).

This exercise involves the couple discussing a difficult topic with each other for 8-10 minutes on videotape. Then they will watch the tape and rate themselves and their partner in terms of how positive vs. negative their communication style was.

We also recommend assessing physiological reactions [heart rate, blood pressure] before and after the "difficult discussion." Physiological assessment can be a powerful indicator of how the couple's physiological reactions influence their interpersonal and intrapersonal responses to each other. We assess heart rate and blood pressure using a portable wrist monitor, which you can typically purchase for less than \$50 at a local retail store or online. The particular reactions to look for include:

[1] a significant pre-assessment spike in heart rate and blood pressure, suggestive of possible guardedness, stress expectation, and/or phobic reaction to conflict; or

[2] a significant post-assessment shift in heart rate and blood pressure, suggestive of possible habitual physiological hyperactivation in the case of increases [e.g., demand pattern, anxious-ambivalent attachment pattern] or habitual deactivation in the case of decreases [e.g., withdraw pattern, avoidant attachment pattern].

(As you introduce this video exercise, say something like this: DO NOT just read this to them)

[(Optional) **Before we start the next thing, I am going to measure your heart rate and blood pressure.** (To insure valid physiological assessment, strictly follow the procedures for the equipment)]

How you communicate with each other is a very important part of couples counseling. I want to be able to see how you communicate, particularly about difficult topics. I also want you to be able to observe yourselves communicating. Every couple has difficult issues in their relationship. I'm going to ask you to discuss a topic that is sometimes difficult for you guys to navigate in your relationship—something you sometimes disagree about. But it shouldn't be something that you're likely to become completely flooded with anger or resentment either. I'll have you talk with each other for about 8 to 10 minutes. We'll videotape your interaction. [(Optional) I'll also measure your heart rate and blood pressure before and after the discussion. We do this for several reasons, but mainly to gauge your physiological reactions to each other and to "difficult discussions" like this one.] Then you'll watch the videotape and I'll ask you about what you see. Do either of you have any questions?

Answer any questions they may have. Then ask:

Alright, what "difficult topic" would you like to talk about on the tape?

If they are having difficulty coming up with a topic, suggest some common ones to them. If possible, do not allow them to "get off the hook" by discussing a relatively minor, benign topic. If the couple insists that they don't disagree about anything, first normalize the fact that every couple disagrees about something. Do ask them if they believe they can discuss the difficult topic tonight without any psychological damage. Try to strike a balance between a topic that would cause them to completely flood with emotion and not be able to talk and one that is insignificant.

Once the couple has come up with a topic, say:

We'll start taping now. Keep talking until I tell you to stop. Again, I'll have you go about 8 to 10 minutes.

Begin recording and start the timer.

As the couple is talking, the clinician should simply sit quietly in the corner. Be as unobtrusive as possible. Do not interrupt the couple unless they appear to be getting violent or dangerously emotionally flooded. Require them to complete at least 8 minutes but not more than 10 minutes.

Whether they reach the 10-minute mark or not, whenever the discussion is over, write down the time that has elapsed [if relevant, immediately measure their heart rate and blood pressure again. Again, carefully follow the procedures for the equipment.]

Tell them one of these things, based on the format of your intake:

Two hour intake option: What we'll do now is I'll have one of you go into a separate room and watch the tape and write down your reaction to it as well as complete some additional questionnaires. I'll meet with one of you to

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discuss individual issues. It's important to remember what you signed in your intake paperwork that I don't keep secrets between partners in couples counseling unless safety is an issue because it undermines our work. Then we'll switch. Finally we'll come together to go over some things you'll do at home this week. Next week we'll review all of these assessments, I'll have a written report for you of the findings, and we'll discuss how, and whether this approach to couples counseling will be helpful to you.

Separate intake option: What I'd like to do is wait and have you each watch the tape next week so you have a chance to come back to it after some time has passed and see what you observe about this discussion then. We need to schedule so I can meet with one of you to discuss individual issues. It's important to remember what you signed in your intake paperwork that I don't keep secrets between partners in couples counseling unless safety is an issue because it undermines our work. Any questions? Before we schedule that let's go over some things you'll do at home this week. Next week we'll review all of these assessments, I'll have a written report for you of the findings, and we'll discuss how, and whether this approach to couples counseling will be helpful to you.

If you have measured the partners' heart rate and blood pressure, give them feedback on their pre- and post-measurements now. Explain to them the significance of physiological indicators of emotional dynamics, and ask them if these readings seem like a good indicator of their emotional feelings before and after the conversation. Discuss possible reasons for these readings with them, asking them for feedback on which seems most likely in their case. Be sure to assess whether or not these physiological measurements seem indicative of their habitual emotional responses to "difficult discussions" with their partner. If so, briefly process potential explanations with the couple.

If either partner [or both] had high blood pressure [i.e. 120 or more], then to contain liability, we recommend providing them with a written notice of high blood pressure. See the website, www.mmatecenter.com, for an example High Blood Pressure Notification sheet).

FINAL PROCESSING AND HOMEWORK ASSIGNMENT.

The final 10 to 20 minutes of the session is meant to be spent processing the video assessment experience with the couple, scheduling the individual sessions, and assigning the homework that is to be completed by the next joint session.

Discussing the "difficult topic" may have elicited some fairly strong emotions in one or both partners. As needed, use some time to process the experience with the couple. Try to facilitate a positive, hope-instilling discussion, concurrently working to preclude any negative emotional flooding. You may need to assist in some relationship repair, but also remind the couple that honesty with each other throughout this process is of the utmost importance—particularly in the beginning stages as you are still identifying what difficulties to address in treatment. Normalize the fact that they are struggling. After all, that is why they are here.

The following script is very important in the HFCA. It is crucial that couples spend time working on their relationship outside of the therapy sessions. The first week is the best opportunity to persuade the couple to put the effort into their relationship that is necessary to repair it.

After each session, I'll ask you to complete one or two homework assignments before we meet next time. They typically don't take much time, but they are really important in that they help you implement what you are learning in these sessions into your daily life. After all, if you just come in here and work on your relationship for 1-2 hours every week and go back to your daily routine the rest of the hours of the week, things probably won't change much in your relationship, right? But if you actually put work into your relationship outside of our time together, you will probably start to see some noticeable changes. These homework assignments are meant to facilitate those lasting changes in your relationship. This time I'm going to ask you to complete two homework assignments before our next joint session. The first one is two brief worksheets for you each to fill out.

Give each partner a copy of the Invest in Your Love Bank Handout and Worksheet. Talk through the handout with them, and then ask them to complete the worksheet before the next joint session. It should take about 15 minutes total for them to complete the assignment before next session and then variable time to actually do something from the Love Bank for their spouse.

To facilitate client buy-in to the homework, ask them:

Does that sound reasonable? Could you find time in the next couple days to complete this homework and share the lists with each other? When would you like to set your "deadline" to complete it? Do you think you could actually do a few things for each other this week from the LoveBank list before our next meeting? Watch and see if you can catch your spouse doing something positive this week.

The second assignment is for the couple to have at least one "date night" before the next joint session. The goal for this assignment is to increase the couple's positive interactions and thus foster a stronger dyadic bond. Again, explain the rationale to them, saying something like:

The second assignment is for you to have at least one "date night" together. Many couples find that having a regular "date night"—a regular time where they go out and do something enjoyable together for several hours—really helps them build and keep a strong connection with each other. Some couples like to go out to dinner together. Others like to go on a long walk together, or go to the mall, or a museum. Basically, the idea is just to get out and do something that will be a positive experience for both of you. Ideally, it is something you both would enjoy doing, but sometimes people switch off weeks with each other, one week doing something one partner particularly enjoys and the next doing something the other partner enjoys. You can choose whatever you like, but I'd encourage you to choose something that will require you to positively interact with each other. It's not the time to discuss your concerns with your partner about the marriage/relationship. Again, we are trying to build a strong positive connection between you, so try to do something that is likely to facilitate this goal and not undermine by producing a negative or even neutral effect. Can you both think of some ideas of something enjoyable you could do together before our next joint session?

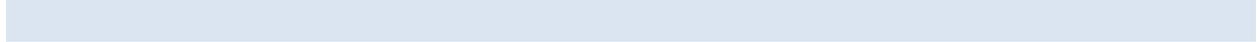
Try to have the couple come up with their own ideas for their "date night," but if they are having a lot of trouble, feel free to step in and help them brainstorm. The most important thing about this assignment is requiring them to make their plans for the "date night" [activity, day, place, time] before they leave your office.

Christian Enrichment: For couples in the Christian-enrichment version, you may want to ask if they would like to pray at the end of each session. If so, feel free to pray with them, remembering to adhere to ethical guidelines for the use of prayer in-session.

Again, to facilitate client buy-in, ask them to verbally commit to sticking to their plan. You may want to give them 2 appointment cards, one for your next session and one for their date night.

Does this plan sound reasonable? Will you commit to following through on it before our next joint session?

Then warmly thank the couple for coming. If you've received any concerns about their commitment to the program or willingness to return to the next session process it with them. In our counseling labs we have found there to be 2 major points of drop out in treatment and this is one of them- after intake. Tell them how much you enjoyed meeting with them. Confirm the date and time for their session. Then wish them well and say goodbye.



INDIVIDUAL INTAKE SESSIONS

At the beginning of each individual session, the clinician should discuss their policy on sharing information disclosed by each individual partner. Typically, we suggest that all information will be treated as shared information, unless safety is an issue. However it is up to the clinician to decide on their own policy and communicate that clearly to each partner, both in verbal and written form. An example of a written consent form is included on the website mmatecenter.com, “Consent to Sharing Information Disclosed in Individual Sessions.” Before deciding on your own policy about sharing information, we suggest you consult the ethical guidelines and standards for your discipline, the relevant laws and regulations in your state, and the consultation and advice of an experienced colleague.

Again, this session should be primarily used to assess for individual psychopathology, [particularly depression which has high comorbidity with marital distress] as well as any other factors that may indicate the couple is unsuitable for couples therapy and/or the HFCA. Such factors may include any of the following: untreated substance abuse, ongoing sexual infidelity, domestic violence, untreated sexual abuse, divorce/separation intent, cognitive deficit issues, or low motivation for change. The individual session is also a good time to address any complicating life situations that may affect treatment, such as work stress, financial problems, and/or family issues.

If a member of the couple is already in individual psychotherapy for individual psychopathology then we recommend that a release of information be signed by the client to inform the current individual therapist of the couple beginning HFCA and be available to consult should difficulties arise. We also recommend that the client be strongly recommended to discuss their experience in HFCA with their individual therapist and to bring up issues from individual therapy that might affect HFCA to assist with continuity of care.

It is up to the clinician to use their clinical judgment to determine whether couples therapy and/or the HFCA is indicated for the couple or not. If couples therapy is not indicated, then the clinician should refer the couple out to more appropriate sources of help. If HFCA does not seem like a fitting approach to use with the couple, the clinician should modify their treatment in appropriate ways.

VIDEO REVIEW EXERCISE.

Clinicians will have the partner watch and rate the videotape of communication that was created in the dyadic intake session. We have created a video instruction with Dr. Ripley which is on the accompanying DVD and can be played for the clients. However, if you prefer the “low tech” version, below is a script that can be used for this exercise.

Note to community clinicians: It may require some availability of a staff member to conduct the video review exercise since you may be with the other partner individually. You can set up the exercise with instructions, leave any additional questionnaires you would like completed, and return to the other spouse. A front desk staff person is expected to be competent to assist in problems playing the videotape and stopping the video at the right point.

Now we are going to review the video you and your partner made during our last session—when you were communicating together. I’m going to have you fill out a sheet (hand them a copy of the Video Review Rating

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Sheet, found on website), rating yourself on a scale. You will also rate your partner on the same scale. (Read the instructions at the top of the Communication Video Rating Form out loud to the client and then ask if they have any questions. If they do answer the questions and then proceed with the rating exercise.) I will also rate you with what I observe and later we'll look at the results. Any questions?

NOTE: For the video review exercise, the clinician should continue to sit unobtrusively. You do not want to influence their ratings in any way. If the couple makes comments to you, simply offer an empathic response such as **Uh-huh. Yeah. or I see.** If they ask you a question, answer as quickly and concisely as possible, so as to minimize your influence on their responses). If you can rate the video at the same time the couple is watching the video, this is most efficient.

To calculate how long each segment should be, divide the total elapsed time of the discussion by three. Start the timer at the beginning of the tape and stop it at the end of each segment. At the end of each segment, say to the partner:

That was the end of the _____ segment. Go ahead and rate yourself and your partner for that segment.

Repeat two more times. The goal is to decrease primacy and recency effects by dividing the videotape into 3 segments. If you do not have an assistant to divide up the time for the client, and you think the client is capable you could have the client pause the tape for themselves but this reduces validity of the assessment.

Say good bye to the individual client and remind him or her of the next session.

If doing the two-hour version of assessment this is followed by final processing and homework.

QUESTIONS TO CONSIDER AFTER THE INITIAL SESSIONS

After the initial joint session and the initial individual sessions, there are four very important questions to consider before proceeding:

IS COUPLES COUNSELING CONTRAINDICATED FOR THIS COUPLE?

IS THE HOPE-FOCUSED APPROACH INDICATED FOR THIS COUPLE?

DOES THE TYPICAL COURSE OF TREATMENT NEED TO BE ALTERED FOR THIS COUPLE?

WHAT ARE THE PRIMARY AND SECONDARY CONCERNS FOR THIS COUPLE?

The answers to these four questions will direct the entire course of treatment. Thus, we call them the “Four Crossroads.” Here we examine the most common issues associated with each of the Four Crossroads.

CROSSROAD 1: IS COUPLES COUNSELING CONTRAINDICATED FOR THIS COUPLE?

Empirical research, clinical lore, and theoretical discussions have generally agreed that couples counseling is contraindicated in the following cases:

SITUATIONS THAT ARE CLEARLY CONTRAINDICATED

Is one partner intent on divorce?

This situation is usually quite difficult on the partner who is currently motivated to work on the relationship. However, it generally is contraindicated to engage in couples counseling in this case. After all, when one person has definitively decided they want to leave the relationship, trying to work on the relationship is simply an act of futility. Instead, the clinician should refer the couple for court mediation services, ideally to facilitate as amicable a separation as possible.

Is at least one partner participating in an ongoing extramarital affair?

There is widespread agreement that conducting couples counseling when one or both partners are concurrently engaged in an ongoing extramarital affair is yet another act of futility. Here the clinician should refer the partners to individual counseling until the affair is terminated and contact with the extramarital partner stops. The therapist will have to use his or her judgment on non-traditional affairs like internet-only. However, the principle of the matter is that partners can't be maintaining and developing another romantic relationship outside of their relationship.

Is at least one partner engaging in moderate to severe domestic violence toward the other partner?

Couples counseling is contraindicated with couples where there is ongoing moderate to severe domestic violence (e.g., violence that has left marks, violence that has resulted in significant physical/emotional harm, violence that has led to substantial fear and/or trauma). However, couples counseling may be indicated if a couple has had moderate to severe abuse in the past but has not engaged in any violence for at least one year and neither partner is abusing substances. Likewise, couples counseling may be indicated for couples who are experiencing very mild domestic violence (e.g., neither partner has been physically harmed, neither partner has a fear of being harmed, the violence is relatively mild [such as pushing, pinning, or throwing objects]) and not abusing substances. If you decide to provide couples counseling to a couple engaged in mild domestic violence, then the focus of treatment must initially be on promoting healthy conflict resolution, such as the use of time-outs. Repeated weekly assessment of violent behaviors would be needed. If the couple cannot engage in time-outs and positive conflict resolution behaviors within a short time, then couples therapy becomes contraindicated. At that point, the clinician should refer the couple out for individual treatment until such point as safety is adequately developed and maintained. For more detailed information about treating couples engaged in domestic violence, see the domestic violence module at www.mmatecenter.com.

Is there substance abuse accompanying even mild domestic violence?

Dyadic counseling is also contraindicated if there is any form of domestic violence (mild, moderate, or severe) and it is accompanied by substance abuse of alcohol or drugs. If there is a history of violence and a history of substance abuse then clinicians would use judgment as to whether there is enough recovery and therapeutic engagement from the violent and substance abusing spouse to warrant dyadic counseling. This situation may require significant alteration of the Hope approach to counseling.

Is at least one partner engaged in substance abuse and is unwilling to give it up?

If a partner is engaged in substance abuse and is unwilling or unable to give it up, then couples therapy becomes contraindicated until the substance abuse is effectively addressed. However, if the abusing partner is willing to give up their substance abuse and engage in treatment for it, then couples counseling can be beneficial. Couples counseling is particularly beneficial as an adjunct to substance abuse treatment. In such cases, it can help support the goals of the substance abuse treatment (e.g., relapse prevention) and can assist the changing dynamics of the family/dyadic system as those goals are increasingly met. For more detailed information about treating couples who experience substance abuse problems, see the substance abuse module online at www.mmatecenter.com.

SITUATIONS THAT MAY BE CONTRAINDICATED

Is at least one partner engaging in repeated moderate to severe destructive behaviors?

If one or both partners are engaged in moderate to severe destructive behaviors on a regular basis (e.g., deceitfulness, substance abuse, gambling, pornography, extremely irresponsible financial decisions, etc.) then couples counseling may be contraindicated. If the couple did engage in couples treatment, the destructive behavior would probably consume most of the couple's attention and focus. Until the destructive behavior is effectively addressed, further progress as a couple is unlikely, again rendering couples counseling futile. Therefore, if moderate to severe destructive behaviors are present in one or both partners, then first and foremost, individual counseling to address the issue(s) is typically recommended or dyadic therapy that focuses on the problematic behavior. But the Hope approach is unlikely to be adequate for this goal.

Is at least one partner engaging in ongoing emotionally-abusive behavior that is moderate to severe?

If there is ongoing moderate-to-severe emotional abuse in the dyad, then ending the emotional abuse is the primary treatment goal; every other goal becomes secondary. Examples of moderate-to-severe emotional abuse include (but are not limited to): controlling behaviors, degrading words, violent threats, or forced isolation. In cases of such abuse, treatment is similar to that of mild physical violence: promoting the use of time-outs and more positive, adaptive conflict resolution behaviors. Again, if the couple is unable to achieve this goal in a relatively short timeframe, then couples counseling becomes contraindicated. They should instead be referred to individual therapy until the emotional abuse has stopped and they have developed and maintained adequate safety in their relationship.

CROSSROAD 2: IS THE HOPE-FOCUSED APPROACH INDICATED FOR THIS COUPLE?

Like any theoretical approach or treatment modality, the Hope-Focused approach is not a good fit for every couple. It is up to the clinician to determine what treatment approach is likely to result in the most benefit for the couple and to use that approach. Ultimately, such a decision is up to the practitioner's clinical judgment. There are a few guidelines for this decision. The Hope approach is a general approach to general relationship problems. It is not designed for specific, very focused or crises. The types of couples that would likely benefit from other types of couples therapy include the following, although not an exhaustive list:

Those considering divorce or separation- to focus on that issue

Those with primarily parenting concerns- should receive a parenting intervention

Those with primarily sexual concerns- should receive certified sex therapy or someone who specializes in sexual issues

Those with primarily psychopathology of one person- may benefit from the Hope approach as outlined in this manual but needs to be assessed for concurrent treatment of the psychopathology directly as this approach does not directly address individual psychopathology. If the relationship is a major cause of the psychopathology (commonly leading to a mood disorder or exacerbation of symptoms of other disorders), then the Hope approach may be appropriate.

Those reconciling after a separation/ affair/ major offense- may be able to use forgiveness and reconciliation portions of the Hope approach but will likely need much more time and tailoring of treatment than this manual is designed for managing reconciliation. We recommend the approach developed by Don Baucom and Kristi Gordon which has been published broadly.

CROSSROADS 3: DOES THE TYPICAL COURSE OF TREATMENT NEED TO BE ALTERED FOR THIS COUPLE?

The following are some of the most common reasons you might need to alter the typical Hope-Focused treatment course:

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What is the typical course of treatment? This manual directs treatment along specific intervention guidelines and techniques to assist the couple. However, therapists should consider the couple in front of them in whether this course of treatment needs to be altered to best meet the needs of the couple. See the clinical guidelines in this manual (or online) for tips on treatment of these types of couple.

The typical treatment plan would be

Intakes and assessments

Feedback and covenant/contract exercise

TANGO communication skills exercise

LOVE conflict resolution exercise

CLEAVE intimacy exercise

Emotional softening

Empathy and Confession focus

Forgiving focus

Termination

Follow up assessment and feedback

A partner who is highly unmotivated. In couples work, there often is one partner who is more motivated to engage in treatment than the other partner. However, sometimes a partner can be so unmotivated that it becomes a serious obstacle to treatment. In such a case, the treatment may need to be altered. For this type of couple, we suggest that the clinician allow time to discuss the reluctant partner's concerns and resistances.

A partner who has difficult characterological issues. In the initial stages of treatment, the clinician can discover that one partner has characterological issues that may make treatment quite difficult. Since the HFCA does not specify personality-change as a treatment goal, clinicians using the Hope-Focused approach must find ways to work around personality issues effectively.

A partner or couple who has difficulties with forgiveness. Sometimes one or both partners will have marked difficulties with forgiveness, for a variety of reasons. In such cases, the standard HFCA treatment protocol for Module 3 (Apology, Forgiveness, and Reconciliation-Building) often needs to be altered.

A partner or couple who has marked difficulty engaging in empathy and compassion. Research in emotion-focused therapy (EFT) has revealed evidence that some partners have substantial difficulty empathizing with and showing compassion toward their partner. These couples may need to have the empathy types of interventions altered or removed from treatment.

A partner or partners who have a trauma history. If one or both partners have a trauma history, their trauma needs to be attended to in treatment. Trauma can cause difficulties in the couple's intimacy and in their cognitions (e.g., attributions).

CROSSROAD 4: WHAT ARE THE PRIMARY AND SECONDARY CONCERNS FOR THIS COUPLE?

After interpreting the couple's initial assessments and conducting their initial sessions (joint and individual), it is usually somewhat clear what the primary and secondary focuses of treatment should be. If it is not, spend some extra time analyzing the data you have about the couple, trying to discern what of the HFCA modules and interventions would likely to help them the most. The HFCA Intake Worksheet (see www.mmatecenter.com) is designed to help sort through the multitude of information gathered from the initial assessments and initial sessions. Complete this worksheet will assist greatly in the identification of appropriate treatment focuses and goals.

THERAPISTS' TASKS FOR INTAKE

Review manual and Hope text before intake sessions

Watch DVD training on intake before first intake session (and refresh yearly as needed)

Review assessments received before intake (if possible) and score assessments on intake worksheet. Write notes for follow-up questions in intake sessions.

Memorize core dyadic intake session questions

Prepare equipment for session (video camera, tape/DVD, video player, tape measure, in person paper assessments and forms, homework sheet for couple, blood pressure monitor if using)

Greeting (3 min)

Semi-structured dyadic oral interview (30-40 min)

Forgiveness assessment and exercise (5 min)

Video assessment exercise (12 min)

Individual intake with each spouse (60-90 min)

While one is in individual intake the other spouse completes any supplementary assessments and review and rate the videotape in separate room

Final processing and review homework with couple (10 min)

Review in person paper assessments

Complete intake worksheet and review questions to ask yourself/ 4 crossroads to determine recommendations for treatment.

Is couples counseling contraindicated for this couple?

Is the Hope-Focused approach indicated for this couple?

Does the typical course of treatment need to be altered for this couple?

What are the primary and secondary concerns for this couple?

Write feedback report (and get supervisor's approval if under supervision)

SELF-QUIZ FOR ASSESSMENT PORTION OF THE HOPE PROJECT

1. What are the intake questions you need to have memorized?
2. Can the couple look at each other's answers to paper questionnaires?
 - a. Yes, that is their decision
 - b. No, never
 - c. Yes, for the forgiveness exercise but not for other things
3. What issues do you want to ask about in the individual intakes?
4. What consents do you need to discuss during intake? (answer all that are true)
 - a. General consent to begin treatment
 - b. Consent to use explicitly religious interventions
 - c. Consent to speak with their pastor
 - d. Consent to not have confidentiality between partners except for safety issues (or your policy if different)
 - e. Consent to not treat them
5. Which of the following situations would contraindicate couples counseling? (answer all that are true)
 - a. Moderate to severe domestic violence
 - b. Current untreated substance abuse
 - c. Current substance abuse and mild domestic violence
 - d. Intent on divorce/ separation
 - e. Current extramarital affair
 - f. Use of pornography
 - g. A reluctant spouse
 - h. A dishonest spouse

6. If an individual has a mild to moderate psychological disorder (e.g., mood disorder, PTSD, adjustment disorder...) that is discovered in the individual intake, this manual recommends the therapist should
 - a. Begin to see the client individually as well as conduct HFCA
 - b. Recommend individual therapy and begin HFCA once individual treatment has finished
 - c. See the couple in HFCA and if the individual doesn't get better recommend individual therapy after HFCA treatment has completed.
 - d. Recommend that the individual seek an individual therapist for assessment and possible treatment of what you have determined may be a psychological disorder that could make HFCA treatment difficult if not treated.

WRITING THE FEEDBACK REPORT AND CONDUCTING THE FEEDBACK SESSION

One of the most important aspects of the HFCA protocol is for the couple and the clinician to come to a mutual agreement on the course of treatment. Typically, when there is such an agreement, the treatment process is much more grounded and the treatment outcomes are favorable. There are clear goals and clearly-defined strategies for reaching each of these goals. In contrast, when there is not a mutual agreement on the course of treatment, treatment progress often seems elusive, and the outcomes are usually minimal at best.

In the HFCA, the written Couples Feedback Report is the primary means for the couple and the clinician to reach a mutual agreement on the course of treatment. It clearly specifies the primary and secondary concerns that are to be addressed in treatment, and it offers a specific plan for how to address each of these concerns and achieve treatment goals.

THE WRITTEN COUPLES FEEDBACK REPORT

The clinician writes the feedback report after the initial joint and individual sessions. It is given to the couple at the second joint session, which we call the “Dyadic Feedback Session.” The Couples Feedback Report should be a concise and readable synthesis of all the information obtained in the initial assessments, the initial joint session, and the individual sessions. See the original Hope-Focused text for a more detailed discussion of the report writing process (p. 272-277) and an example report (p. 275-276). The accompanying website to this manual has a few more example reports as well (www.mmatecenter.com).

Remember that the primary goal of the feedback report is to instill hope; the secondary goal is to impart information. In other words, you want the report to be predominantly motivational in its tone.

Also, remember that this report is written for the couple, not for their clinical file. Thus, make sure that the language you use in the report is readable and understandable to the general public. Refrain from using psychological jargon and difficult vocabulary. You want the couple to read the report and get a solid idea of the current condition of their relationship, the realistic possibilities for change, and the proposed recommendations for treatment. Therefore, ensuring readability is of the utmost importance, since it facilitates the client buy-in that is usually needed for active participation, faithful attendance, and positive outcomes.

THE FEEDBACK SESSION (THE SECOND JOINT SESSION)

During the Feedback Session, the couple will receive their Couples Feedback Report, discuss the feedback and their reaction with the clinician, review the homework, and engage in a core vision exercise. It is important to approach the Feedback Session as an actual intervention. Two studies (Ripley et al., 2001; Worthington et al., 1997) have found evidence that the initial assessments and feedback session alone produce meaningful effect sizes for such a brief intervention.



THE FEEDBACK REPORT

**Stop here and watch the video/DVD demonstration of a feedback session and a short didactic clip on assessment and feedback.* Dr Worthington’s discussion of assessments used at the VCU lab is slightly different than the list used at the Regent lab. These two lists give clinicians choices of how to assess couples they see.

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After both partners have completed the Couples Check-In Form, the clinician should give them a copy of their written Couples Feedback Report. Allow them time to read the full report on their own. Once they both have finished reviewing the report, the clinician should begin discussing it with them, first highlighting the main points of the report and then asking the couple about their reactions to the report. In this discussion, the clinician should try to determine whether the couple agrees with the report's conclusions and recommendations. The goal is for all three parties (the therapist and both partners) to be in reasonable agreement in their assessment of the couple's relationship and in their goals for change. Research has shown that the more the clinician and the couple agree on the case conceptualization and treatment plan, the more likely they are to achieve positive outcomes together (REF). At the lab at Regent University a treatment plan is written out with specific dates of treatment for the couple to see the format and course of treatment and facilitate attendance and "buy in" to treatment. However that treatment plan is a tentative plan to can be altered with the needs of the couple throughout treatment. A copy of a sample treatment plan is found in the website, www.mmatecenter.com with the sample reports.

What if one partner disagrees with the report? Occasionally you may have a partner or a couple who have difficulties with or disagreement with the report. They may reject parts of the report or even reject it altogether. The clinician can use such reactions as "grist for the mill," processing them so as to reveal maladaptive interpersonal and intrapersonal patterns that may have an impact on the couple's relationship. For example, in one Hope-Focused case conducted at Regent University, the wife became extremely upset when she read the feedback report. She felt that the report was too positive and that the clinician was not taking her concerns seriously enough. Such a strong negative reaction was puzzling to the clinician, who had endeavored to craft a balanced report that reflected the wife's concerns while highlighting the positive aspects and potentialities of their relationship. The clinician used the opportunity to process the wife's reaction. The couple and the clinician eventually recognized that the wife's reaction was actually indicative of her tendency to catastrophize. Thus, in this case, the discussion of the wife's adverse reaction became therapeutic for the couple and facilitative of progress in their marriage. Using the feedback report as a centerpiece for discussion, the couple began to reconsider how they viewed their marriage in contrast to how others viewed it.

Getting couple "buy in" and consent. As you go forward you need to **ask the couple if they are willing to put one work week worth of work into their marriage**. This is very important in motivating the couple to put the necessary energy into their relationship. Ask them if they think their marriage is worth one work week, 40 hours. We break this down by asking them to come to about 10 sessions of counseling for 10 hours, do about 1 hour a week of worksheets or journaling or other specific homework that we offer each week. Then to spend 2 hours a week doing something positive with their partner, such as a date night or a 15-20 minute daily discussion checking in about their day. Ask them to commit to the 40 hours as a small amount of time considering the importance of their relationship. This amount of time is actually more than most couples put into their relationship when they engage in couples treatment.

After discussing the report with the couple fully, the clinician should then specifically ask the couple if they would like to engage in Hope-Focused couples treatment as specified in the report. The informed consent of both partners is not only ethical practice, but it is also an extremely important foundation from which to empower the couple to take responsibility for their treatment. If a couple does not consent to treatment as outlined by the clinician, then the clinician may want to ask the couple whether they would consent to treatment if the specified treatment goals and strategies were modified. If they still either seem reluctant or flatly decline to give consent again, then the clinician should offer them alternative recommendations for treatment (e.g., individual treatment, other forms of couples counseling). In short, if the clinician and the couple cannot come to an agreement on the

treatment goals and the treatment plan, then it will probably be more beneficial for the couple to consider other avenues for improving their relationship.

Review Homework. After finishing the review of the Couples Feedback Report and gaining the couple's consent to treatment, the clinician should review the homework with the couple. First, ask them about how the homework went. If they did complete it, ask them what they gained from it and for 5 to 10 minutes, explore the themes that arise in the discussion. If they didn't complete it, ask them what got in the way. Do not just let it go. Sometimes there really are extenuating circumstances that made completion of the homework very difficult. However, other times it seems as if the couple did not do the homework because they either feel ambivalent about their relationship improving or they feel doubtful about the Hope-Focused program actually helping them.

Reiterate the importance of the homework, reminding them that completion of the homework is more important than the counseling sessions themselves. Explain to the couple that they are unlikely to see improvements in their relationship if they just come to the sessions and don't implement what they have learned at home. After all, they are in the counseling session for 1 hour a week and outside of the counseling session 167 hours a week. Lastly, and most importantly, discuss what the couple might do to ensure that they complete the homework before next session. Ask them to complete the previous homework and this week's homework by next session.

THE CORE VISION EXERCISE



(*DVD/video demonstration, however the manualized version is more structured than the DVD example. But principles of intervention are the same). Once the feedback and homework reviews are complete, the next component of the Feedback Session is the Core Vision Exercise. Essentially, this exercise provides the couple with an opportunity to come up with a clear vision statement for their marriage and agree in writing that they will work together towards achieving this vision.

The Core Vision Exercise comes directly out of Chapter 8 of the Hope-Focused text (p. 111-127), so we suggest reading this chapter before the session and using some of the components described there. Incorporating components from Interventions 8-3 ("Asking About Each Partner's Vision of the Perfect Marriage) and 8-6 ("Writing the Statement of the Vision for the Marriage") would perhaps be most helpful.

The primary goal of the Core Vision Exercise is for the couple to cast a clear vision for their marriage and seal their commitments to the relationship and to the counseling process by signing a marriage contract. See the Hope-Focused training DVD for a demonstration of the Core Vision Exercise.

The clinician should start out providing an explanation and rationale for the exercise (see p. 120-121 of the Hope-Focused text), then proceed with the following questions which can also be found in a worksheet on the matecenter.com website.

CREATING A CORE VISION FOR YOUR MARRIAGE



There is a worksheet for the couple for this exercise to assist the discussion.

For this exercise, picture yourselves 10 years from now. Where would you like your relationship to be in 10 years? What would you like it to look like?

On your worksheet is a list of 12 positive things that couples often incorporate into their vision statements. Come up with at least 2 positive things to include in your vision statement. These would be things that you would like to characterize your relationship 10 years from now. You may use ones from this list or come up with your own. Use this exercise as an opportunity to focus on creating a positive future together instead of dwelling in a difficult present.

Intentional commitment, faithfulness, and persistence

Positive values

Serving and giving to each other

Humor and fun

Overcoming difficulties together

Meeting each other's needs

Being a team

Giving ample love, affection, and support to each other

Networking in the community

Having open communication

Investing in the next generation

Spending quality time together

Using the positive things which you have identified as components of your core vision, write out a vision statement that puts it all together. This statement will serve as the guiding vision statement for your marriage over the next 10 years. Have them write some vision statement sentences on their worksheet.

Would you each be willing to put this down on paper, make the commitment to work towards it together, sign it, and keep it in a visible place? If so, let's do that now.

As you both work towards achieving this vision, what obstacles might you encounter?

What practical steps could you take to hurdle each of these obstacles?

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Christian Enrichment: For those couples seeking explicit Christian integration, the clinician could frame this exercise as "a core vision and marriage covenant." You could ask the core vision questions in terms of "God's plan for their marriage" or "where they think God would like to take them as a couple over the next 10 years." The clinician could frame the vision statement as a "covenant with God and with each other." Likewise, the clinician could re-phrase the obstacles question: "As you both work towards achieving this vision (with God's help), what obstacles or sins might you encounter?"



Assign Homework and Give Rationale. After completing the Core Vision Exercise, the clinician needs to assign the homework/homework for this week. This assignment is to be completed individually by each partner and will probably take roughly 30 minutes total to complete. It continues with the positive, behavior-change theme, adding onto the previous week by asking the couple to make a list of possible positive attributions for their partner's positive behaviors. The goal of this exercise is to encourage the couple to begin to make changes in the way they habitually think about their partner and evaluate their behavior. The idea is to facilitate positive changes in the attributions each partner typically makes.

THERAPIST'S TASKS FOR FEEDBACK + CONTRACT/COVENANT SESSION

Prepare 2 copies of the feedback report and treatment plan and have them ready at the front desk to read when they arrive.

Bring materials for this week: vision/covenant/contract worksheets for each partner, homework sheets for couple.

Discuss the feedback report with the couple, process it.

Ask if they would like to engage in the treatment plan. Describe that it's a commitment of 40 hours (or whatever your plan presents), one work week worth of work across however many weeks you'll meet.

Review homework from previous week

Core vision exercise

Review homework for coming week

SELF-QUIZ FOR FEEDBACK AND COVENANT/CONTRACT SESSION

1. The feedback report should be at what level of readability?
 - a. Professional, for professional record keeping
 - b. Psychological, with theoretical language
 - c. The client's level of readability
2. If a couple rejects the information in the couples feedback report, or disagrees with the treatment plan, which should the therapist work to do?
 - a. Process the reaction for important themes and insights
 - b. Explore childhood issues with parents that are reflected in authorities giving feedback
 - c. State that the report is based on one's professional opinion and they're free to seek other treatment if they can't agree
3. How much time is the typical HFCA requiring of couples?
 - a. 10 sessions
 - b. 25 hours
 - c. One work week, 40 hours
4. If the couple doesn't do their homework from the previous week you should
 - a. Let it go, out of respect for their autonomy
 - b. Help them explore obstacles to completing homework and plans for completing the incomplete homework, and new homework the coming week
 - c. pray
5. If couples are receiving explicitly religious interventions they should receive what for their intervention this week?
 - a. Covenant exercise worksheet and blessings homework
 - b. Contract exercise worksheet and blessing homework
 - c. Covenant exercise worksheet and increasing positives homework
6. The central goal of the core vision and covenant/contract exercise is
 - a. Setting goals
 - b. Assisting the couple in creating a common vision for their alternate future
 - c. Motivating the couple to attend therapy

COMMUNICATION TANGO



This week's intervention is a communication skills training exercise coinciding with Chapter 10 in the Hope Focused text. There is also a video training demonstration for this exercise. Therapists new to the approach should review the textbook and demonstration before proceeding.

The TANGO is a "semantic" method of teaching communication skills. It intends to teach couples what to say with a type of script for good communication. However, the semantics or specific steps for the intervention are not the important part of the intervention. What is important is that the couple learns the principles for good communication. This is similar to how basketball players practice specific skills in lay ups or dribbling. Winning the game isn't actually about dribbling or doing lay ups in some specific order but being able to effectively use the principles learned during drills to win a game. Yet learning the skills requires it to be broken down into simple steps in a certain order. Therefore, clinicians should not concern themselves with the couple being good at the accouterments of the intervention, but in being able to incorporate the principles naturally into their relationship.

Welcome. Welcome the couple to the session warmly. If they were late address this as an obstacle to meeting their goals. If more than 25 minutes late then we recommend you reschedule the meeting. If it's been a problem more than once spend considerable time discussing how to overcome the obstacle. Discuss how this might be part of what they're trying to work on as a couple and if they can overcome this obstacle of being late they might find they've learned something important for their relationship.

Managing your time. This is a "packed" session. Be careful not to let homework review or giving them the rationale and the first coaching use up all your time. It's essential they practice it on video and watch themselves. If you are new to the approach you may consider planning for 70-90 minute sessions.

Ask about the homework. If they didn't do it, wonder why with them. Don't just let it go, ask about what is getting in the way. Reiterate that they'll be unlikely to find much improvement in their relationship in just one hour a week for only 10-12 weeks- that the key to the intervention is that they try new things in their relationship at home. Perhaps they feel ambivalent about their relationship improving, or this program helping them. Discuss what they might do this week so they don't have the same problem not doing the HW. If this is the second week in a row, don't give up. Make sure you discuss with the couple how they can put the necessary work into their relationship at home, which involves more than the brief structured homework we're providing for them but also involves making practical changes to the way they relate. Explore underlying concerns about doing the work as potential important insights into what has kept them in the marital problems they're facing.



GIVE STANDARD OR CHRISTIAN RATIONALE FOR THE COMMUNICATION TANGO (2 minutes)

Christian Rationale: This is intended to give them a way to practice the important PRINCIPLES in good communication which are based on the Scripture “speaking the truth in love” Ephesians 4:15. God wants us to learn to be good listeners. James 1:19 says “Everyone should be quick to **listen**, slow to speak and slow to become angry.” God can use our marriage to teach us the principle of being quick to listen.

SPEAKING: Take turns speaking

THE: next thing you say isn’t what is most important. Really listen to your partner, don’t be self-centered just thinking of the next thing to say

TRUTH: Don’t make assumptions, make sure you understand what is true about each other

IN: Increase understanding by slowing down the conversation

LOVE: Infuse difficult conversations with loving statements

Standard Rationale: This is intended to give them a way to practice the important PRINCIPLES in good communication which are

- Take turns talking
- Really listen to your partner, not just think of the next thing to say
- Slow down the conversation
- Infuse difficult conversations with loving statements
- Don’t make assumptions, make sure you understand each other

Coach them through the TANGO- (15 minutes) standing up. The TANGO is a structured way of learning communication skills. The primary goal for this is not to make proficient technicians at the technique but to use the technique to help the couples learn principles of good marital communication. We have found that many couples need the clinician to role play how to do the TANGO parts of the exercise so they can succeed at it in a brief training time. Help the couple choose a topic- similar to the video exercise during intake it should be a topic that is something they really do need to communicate about but not something that will cause them to emotionally flood. The selection of the topic is very important and can cause the exercise to be effective if selected well or ineffective if unimportant to the couple or too raw. As a coach you should step in and assist but not be controlling or ever put the couple down for their difficulty learning to communicate. Encourage them to state things simply and in a caring way. Note how they feel being listened to and if this is going better for them than their usual communication at home. Ask them what about doing the exercise helps them communicate and emphasize good principles of communication. If they feel “strange” or “stilted” in doing the exercise say that we do it this way so the principles will be remembered by doing something unusual like standing up and doing TANGO steps. But what is important is the principles behind the exercise. The basketball analogy described above may help some couples accept the intervention.

Independent practice (8-10 minutes) Then have them do it on their own once and videotape it. Don't interrupt them unless they get REALLY off track. Better they see they were off track by watching their own video. If time, repeat.

Review tape and process (15 minutes)- Have them review the videotape and talk about what they observe. You could choose to use the worksheets (from the website) to have the couple decide for themselves how they're doing in their communication. Watch the whole tape with them and then discuss it.

Homework this week is to practice the TANGO at home. If they have a videocamera suggest they try and tape themselves and watch it again. Clinicians can find copies of floor tiles and dance card at the website, www.mmatecenter.com. They can keep the floor tiles and "dance card" and the self-evaluation page. Discuss with them specifically this week how they can do the HW, overcoming any obstacles.

End the session with a prayer (Christian enriched) or well-wishing statement (standard).

THERAPIST'S TASK LIST FOR TANGO SESSION

1. Prior to conducting TANGO for the first time therapists should review the communication chapter in the Worthington textbook and watch the demonstration video from the DVD. Review that material yearly or as needed.
2. Obtain needed equipment: videocamera, tape and video player, TANGO floor cards, TANGO take-home cards/sheets for couple, 2 homework sheets.
3. Warmly welcome and review homework
4. Introduce TANGO exercise and role play as needed
5. Coach through TANGO first time
6. Have couple practice TANGO on videotape for about 8 minutes without coaching
7. Review the videotape with the couple and process what they learn by watching themselves
8. Review homework for the coming week

SELF QUIZ ON TANGO SESSION

1. What do the TANGO stand for?
 - a. T
 - b. A
 - c. N
 - d. G
 - e. O

2. If a couple is struggling with doing the TANGO during their videotaping of the exercise the counselor should
 - a. Coach them through
 - b. Stop them and have them start over
 - c. Let them go and review it on tape to see where they got off track

3. When a couple selects a topic for the TANGO the therapist should
 - a. Coach them, since it is very important they choose something that will work
 - b. Let them pick something, even if the therapist doesn't think it will work
 - c. Select the topic for them

LOVE OR USE OF GRACE IN CONFLICT RESOLUTION

This week's intervention is a conflict resolution skills training exercise. This intervention is from chapter 11 of the Hope Focused text, taken with some revision from Intervention 11-5.



Stop here and review the video lecture of Dr Ripley and Dr Worthington discussing communication and conflict resolution interventions

In the clinical trial studies of the Hope focused approach the LOVE intervention has been used in each of them. Similar to the TANGO intervention the LOVE intervention teaches principles for resolving conflicts. In fact the L (Listen) O (Observe) and V (value your partner) portions of the intervention overlap in principle with the G (Get it?), O (Observe) and N (Nurturing) found in the TANGO. In this way the principles of listening are reinforced for two weeks as essential principles in both communication and conflict resolution.

The revision of this intervention beyond the original LOVE intervention involves a discussion of solveable and perpetual (or pure grace for Christian-enriched couples) problems. Theorists and researchers (Christensen, Gottman) have found that acceptance of some issues in marriages is adaptive and even healthy. Couples that continue to attempt to change, actively resolve and influence a partner in an area that has not achieved change is likely to add stress to the relationship without effecting positive change.

Conducting the session

Welcome the couple to the session warmly. Review homework with them to see how the TANGO-at-home exercise went. Problem solve around issues they addressed in doing the homework. If the couple continues to struggle with doing homework, continue to put the responsibility of doing homework on the couple and curiously explore why it's difficult to implement what they learn in therapy at home.

Timing. This is also a busy "packed" session. Be careful not to let HW or discussion of solvable problems use up all your time. It's essential they practice the concepts on video and watch themselves.

Solvable and Perpetual problems (10-15 minutes). Review solvable and perpetual problems with them. Perpetual problems are issues that have come up repeatedly in their relationship, often from early in the relationship, and have not improved much. It may be something that when discussed doesn't lead to solutions. Couples can also tell it's a perpetual issue because they become more committed to their personal point of view rather than moving towards understanding and compromise. Solvable problems are issues in a relationship that have a good chance of coming to a resolution on. Have them discuss this concept, applying it to things their marriage.

Example of solvable problem: Where to go on vacation, whether to take a new job, being more affectionate in their relationship, how to divide housework.

Example of (often) perpetual problems: Having an introverted personality, health problems, being messy, wanting to fix things in the relationship. Many personal chronic problems that have been going on for years may not be able to be completely solved like chronic depression. There may also be dynamics in the relationship such as who has power of which decisions which have been perpetual for a long time.

Christian enriched alternative: Review solvable and “pure grace” (perpetual) problems with them. Have them discuss this concept. Some problems can be solved with thinking and a little grace. But other problems allow us to develop our ability to be like Christ, purely gracious and merciful - and not try and fix it but wait for God to work in you and your partner. Christ still loves us even though we continue to fall into sin our whole lives.



Practice the LOVE with a real problem to solve (25 minutes; optional videotape review). You’re going to teach the couple to use 3 skills and one principle in resolving problems. They should choose a solvable problem to discuss, perhaps the same topic they discussed in the TANGO if they feel they can make headway in it. Then go over the LOVE handout with them (no more than a minute) checking in throughout that they understand. Tell them that this intervention is helpful in resolving conflicts like this whereas the TANGO (or other communication intervention you’ve used) are focused completely on understanding each other. These principles will help them resolve their problems. Note to them that the L, O and V are a repeat of the skills they learned in TANGO and are important both in communicating and in resolving conflict. You can breeze through LOV with most couples and concentrate on E.

What is E? Make sure you understand what the E means in LOVE. While you already are familiar with the LOV (from previous skills, and common skills taught in mental health training), the E may be new to you. The E is evaluating common interests. Whenever there is a disagreement between two people there are common interests. It is the WHY? Or WHY NOT? of their position in a disagreement. The couple should not try and change each other’s position in the disagreement, but instead try and see if the interests behind the position can be met.

The most powerful interests are basic human needs (Fisher & Ury, 1991):

Security (economic and psychological well being),

Belonging (bonds, guidance),

Recognition (attention, valuing),

Control (freedom to make decisions).

Look for basic human needs as the interests behind the positions. Help the couple see their needs behind their positions in a soft and vulnerable way.

For example, if a couple were disagreeing about how much time the wife should spend working then there are interests behind stances. If the husband wants the wife to work less hours then perhaps his interests include her having enough time and energy for household responsibilities (security), to not see his wife stressed out (belonging), and to feel important to her (recognition). The wife’s interest in working more hours may include

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providing for the family (security), and performing well at her job (recognition). If the couple can SOFTLY share their interests they may find they agree on the interests. He likely agrees with providing enough for the family and wants his wife to perform well at her job. The wife also likely wants to not be stressed, have enough energy for household responsibilities and believes her husband is important. By exploring shared, or common, interests they can be more creative in finding solutions to their problems.

Coach the couple through the LOVE acronym with a real life problem. If time, ask if they want to discuss an issue using the LOVE principles on their own without your involvement. Videotaping this discussion and having the couple view it is optional.

Ask them the following questions as you review it. We recommend you memorize these 4 questions to demonstrate competency to the couple instead of referring to notes.

1. *Did you feel like you listened to your partner?*
2. *Were you able to observe what was going on during the conversation? Do you notice anything about it now that you're watching it that you didn't see before?*
3. *Did you express yourself in a valuing way to your partner, and not devalue your partner?*

Any "no" on this is simply an opportunity for growth and change, so be sure to use positive frames and language to help the couple learn new skills for problem solving.

4. *Did you feel like you engaged in finding solutions that would meet both of your real interests in the situation?*



Go over Homework with them. Discuss with them when specifically this week they can do the HW, overcoming any obstacles.

- End the session with a prayer or well-wishing statement.

ALTERING THE TREATMENT PLAN AFTER TANGO AND LOVE

If the couple has had trouble with the TANGO or LOVE interventions, and the clinician believes that additional sessions focusing on that intervention would be fruitful for the couple, then this is the point where an additional skills-based intervention could be added.

QUESTIONS TO ASK YOURSELF BEFORE YOU ADD THE SESSIONS.

DID THE COUPLE UNDERSTAND THE PRINCIPLES OF GOOD COMMUNICATION, EVEN IF THEY WEREN'T ABLE TO DEMONSTRATE COMPETENCE IN THE TECHNICAL ASPECTS OF THE INTERVENTIONS? If they understood the concepts you may want to consider not returning to the techniques. It's not important that they use the actual TANGO or LOVE technique correctly, but that they work to use the skills and principles in a natural way in their marriage.

IS THE COUPLE CAPABLE AND MOTIVATED, AT THIS STAGE OF THEIR LIVES, OF ACTUALLY ENGAGING IN SKILL BUILDING? We want to maintain hope for the couples, yet sometimes the couple is at a point where additional time and energy spent on skills will not produce actual fruit in the relationship due to lack of motivation and abilities. If this is the case, do not spin the couples' wheels, and your own, by pushing skills that are highly unlikely to be helpful. If you have this situation with a couple you may need to further simplify the interventions, breaking them down into smaller pieces. You would also need to discuss with the couple how everyone is perceiving how the counseling is proceeding thus far. You may need to discuss that at the pace you are moving and considering their goals, that you feel uncertain whether they will meet their goals in 8-10 sessions and have them decide what they would like to do with their remaining time in treatment at this point. Discuss with supervisors whether changes to the treatment plan are needed at this point.

CHECK YOUR COUNTERTRANSFERENCE. Are you feeling pressured to have the couple reach a level of functioning that is not realistic? Do you have personal issues causing you to become over-involved with the couple or lose hope for the couple? Perhaps it's relevant to your own life and an opportunity for personal growth. However, sometimes couples also "pull" us into their dynamic, causing us to feel hopeless or to side with one person, or other unhealthy situations. This often happens several sessions into the treatment and may cause you to want to get off-track from the treatment plan due to their unhealthy dynamic and your role in it. However, perhaps the best treatment is to stay on track, and demonstrate confidence in them as a motivator to work for continual improvement.

In the end there's no easy answer whether to continue on the original standard treatment plan designed by the Hope theorists and tested in research, or alter the plan to tailor it to the needs of the couple. Both paths are valid. If you are under supervision you should consult with your supervisor about this issue.

THERAPIST'S TASK LIST FOR LOVE SESSION

- Prepare for the session by reviewing the DVD lecture material on communication and conflict resolution. Review the conflict resolution chapter in the Hope textbook with special attention to Intervention 11-5, the LOVE intervention. Review before session or yearly as needed.
- Memorize the processing questions after the couple completes the LOVE intervention
- Gather needed materials: worksheets and homework sheets. Videocamera, tape or DVD, video player are optional.
- Greeting and homework review
- Discussion of solvable and perpetual/pure grace problems (10-15 min)
- LOVE intervention
- Process what was learned
- Review homework for coming week

SELF-QUIZ ON LOVE SESSION

1. What is the order of the LOVE treatment session?
 - a. Welcome, review HW, solvable problems discussion, LOVE coaching, homework for coming week
 - b. Welcome, review HW, solvable problems discussion, LOVE with videotape, review tape, homework for coming week
 - c. Welcome review HW, LOVE coaching, solvable problems discussion, LOVE with videotape, review tape, homework for coming week

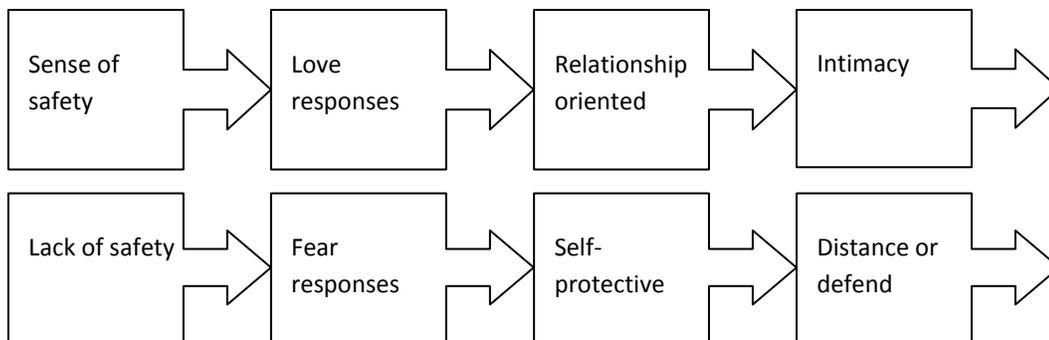
2. What principles from LOVE overlap with TANGO?
 - a. L (listen) and O (observe)
 - b. (observe) and V (value)
 - c. L (listen) O (observe) and V (value)

3. When evaluating common interests with couples counselors should look for basic human need interests behind the couple's positions in the conflict. The 4 basic human needs discussed in this chapter were
 - a. Security, power, love and valuing
 - b. Security, belonging, recognition and control
 - c. Security, bonding, love and control

CLEAVE TO YOUR SPOUSE

Therefore a man shall leave his father and mother and shall cleave unto his wife. And they shall be one flesh.
Genesis 2:24 (KJV).

As the intervention begins to focus on intimacy there are some important tips at this point. Increasing intimacy can bring fear for many couples. This is particularly true if there is not a general sense of safety in the relationship. If partners do not feel safe they fear being hurt or taken advantage of. This leads them to become self-protective which causes partners to engage in distancing or defensive behaviors. This pattern is circular in that the cycle repeats itself with a decreased sense of safety and an increase in distancing and defending. For couples who have not yet been able to establish a sense of safety by this point in treatment they may need extra support or may need to spend more time in other aspects of the Hope intervention before the closeness interventions will be effective.



Stop here and watch the video lecture by Dr Worthington on the CLEAVE and Closeness interventions

As the couple enters your office today give them the hand-out on CLEAVE: Building closeness. Let them read it before you begin the session. Review homework with them to see how the problem solving intervention went. Problem solve around issues they addressed in doing the homework. If the couple continues to struggle with doing homework, continue to put the responsibility of doing homework on the couple and curiously explore why it's difficult to implement what they learn in therapy at home.



The CLEAVE intervention session will focus on a sculpting technique to physically demonstrate what causes increased intimacy for the couple. There is a handout in the website, www.mmatecenter.com.

Start the session by having them use the space in the room as a metaphor for their closeness. Have them stand up and ask them to stand however close they feel towards each other this week. If they stand as far away as possible, and even with their back towards their spouse that means they feel completely separated and alone. Standing right together would mean they feel completely bonded.

Ask them whether getting closer to each other (taking a step towards) brings up any fears. Process those fears with them first before going forward.

Christian enrichment: For Christian couples you can have them read the Scripture basis of the CLEAVE intervention, Genesis 2:24. "Therefore shall a man leave his father and mother, and shall cleave unto his wife: and they shall be one flesh" (KJV; other versions do not use the Cleave term).

Ask them to discuss each of the 5 parts of the Acrostic.

C: Change actions to positive. For C discuss things that are valuing and devaluing in their relationship. Return to the Lovebank concept from earlier in treatment and ask what was done for that homework that helped to increase the positive. Ask them if they can return to it right now and say something positive & valuing to each other. How did that feel?

L: Loving romance. Ask them what was one of the more romantic things in their relationship since they've met. Have them discuss what about that was romantic for them. While repeating that exactly might not be possible this week, ask if they can do something similar this week to increase their romance?

E: Employ a calendar. Depending on the couples needs, this can be the major focus of this intervention, to help them adjust schedules to spend time together, or a minor focus. Have the couple pick a time during the week when they will spend some positive time together. You can use this time to discuss how date nights are going, and problem solve around them if goal of increased intimacy isn't being met or they're not consistent.

A: Adjust attention elsewhere. Intimacy requires time. Discuss if there are obstacles to achieving the intimacy they want. Perhaps other "intimacies" (anything they spend time with and feel close to) that need to be de-emphasized or ended. This can be friends they spend time with, internet, television, hobbies, work, etc. All couples need some outside interests, but if there are things that have become obstacles to what they want, explore it. Some couples may not have this as an issue, for others it may be an important issue.

V: Value your partner. Discuss how they can show their value for each other in an observable way this week. This may overlap some with the C and L but is the principle behind the actions they selected before.

E: Enjoy yourselves sexually. Discuss with them whether they would like to make a reasonable goal this week to increase their sexual intimacy. They can employ their calendar to plan for it if they want to make plans for sexual encounter/s this week. They could have a goal of discussing what they enjoy sexually. If the couple has difficulty with their sexual intimacy you can prescribe that they guide each other physically with what they enjoy sexually but to not actually have sex, just show each other what they enjoy. If you encounter resistance here be curious about what is difficult about this issue for them. Therapists might want to review the sexual intimacy questions from the intake and ask the couple if the intervention thus far has increased their satisfaction with their sexual intimacy from the initial level.

Finish the session by having the couple sculpt again how close they feel now. Point out how the positive interactions they have had as part of the session have increased their intimacy. Note how they have the waypower and willpower to increase their intimacy. Warn them that sometimes increasing intimacy can cause people to become afraid. Increasing the bonds between them may make them feel tied up in a negative way. If they feel this way, it's really important to learn that about themselves and you can consider together next week where that may have come from in their lives and how to overcome it.

THERAPIST'S TASK LIST FOR CLEAVE SESSION

- Prepare for the session by reviewing the closeness chapter in the Hope textbook with special attention to Intervention 13-4, the CLEAVE intervention. Review before session or yearly as needed.
- Memorize the CLEAVE basic concepts.
- Gather needed materials: worksheets and homework sheets.
- Greeting and homework review
- Discuss the CLEAVE ideas with an eye towards practical ways to use the principles in CLEAVE
- Process what was learned
- Review homework for coming week
- Give mid-treatment assessment to couple to complete in the office

SELF-QUIZ ON CLEAVE

Answers to self-quiz are found in the appendix.

1. This chapter characterizes the primary resistance for couples in the area of closeness as
 - a. Poor skills
 - b. Lack of knowledge
 - c. Fear of intimacy
2. The couple you are working with expresses a good deal of fear of being vulnerable with each other in previous sessions. As you face this session with this couple it would be important to do what?
3. What does CLEAVE stand for?

MID-INTERVENTION ASSESSMENT

We recommend that you take an assessment of the couple's relationship at this point to have a written empirical measure of change. A copy of the assessment we use in our research is found online at mmatecenter.com. The assessment feedback can be briefly discussed with the couple in the next session.

EMOTIONAL SOFTENING EXERCISES OR BECOMING MORE LIKE GOD BY HAVING TRUE FELLOWSHIP IN MARRIAGE



Stop and view the Demonstration video now. The demonstration video is a general video of emotional softening, not specifically the empty chair technique described in this chapter.

“Rejoice with those who rejoice; mourn with those who mourn.” Romans 12:15

Introduction

This is the point in the intervention where the intervention shifts from behaviorally skill-focused work to emotions with forgiveness work on the horizon. The empty chair/sanctuary technique is central to this intervention. Your end-goal is to help the couple explore patterns of relating that cause problems in the relationship- usually interpersonal patterns learned in childhood.

General Format of the Session

Welcome the couple to the session warmly. Address lateness issues or not doing the marriagework as before. If more than 25 minutes late then we recommend you reschedule the meeting. Review homework from the previous week.

Before you begin the intervention this session, have the couple either (a) discuss how the counseling is going for them so far and what they’re finding to be helpful or not helpful for them. Or (b) review the written assessment instruments given at the end of the last session and compare their answers with the initial measures to help them see how things are changing, or aren’t. Use this as an intervention to discuss the course of treatment.

This week’s intervention marks a switch in the tone and approach of the intervention. It is drawn primarily from emotion-focused marriage therapy and is a unique aspect of this revision of the Hope Focused approach. Review the training videotape to create an emotional softening for the couple. That video does not use the empty chair technique specifically but a discussion with emotional softening. Frame it that this intervention is focused on looking at how their past influences their relationship today.

Religiously enriched version. This intervention is focused on looking at how to create true fellowship in their marriage. To do that, they need to “weep with [their spouse] when they weep, and rejoice with [their spouse] when they rejoice.” So we’re going to begin by looking at some past weeping and how it affects their fellowship today.

THE THERAPIST

Creating a mood or tone in the office is very important for this- the warm, empathic and charismatic PERSON of the counselor is essential. You need warm, soft, emotionally inviting tones. You need to express valuing love towards them as Christ feels towards them. If you, as the therapist, go into this session with some judgment or frustration towards the couple it will be very difficult to create a safe, warm environment for them to take risks and be vulnerable. If you have those feelings towards your clients at this time you need to explore and reframe the feelings using supervision to acknowledge and manage them and be able to offer the best environment for the couple. Tell them you’re going to go deeper today than you have in the past and go more to the heart of matters in their relationship.

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If you have a couple who has expressed resistances and fears of intimacy and vulnerability, then you should first process those fears with them. Do not move into the empty chair technique until they have processed any fears about sharing their hurts from their past with their spouse with them.

THE EMPTY CHAIR

Borrowing from emotion focused and originally Gestalt technique each partner should imagine that a parent or other important offender has walked into the session today. We recommend that you select the spouse who is most able to access emotions and express them first to engage in the empty chair technique.

Step 1: Talk with them about the offense and what that person was like for a few minutes. Don't get stuck in this step.

Step 2: Ask them if they would like their partner to hold their hand while they talk with the empty chair to show support. Then have them say to the empty chair how they have been hurt/ angered/ damaged/ vulnerable... due to their actions. Coach them through this and encourage them to access emotions, don't run from them. Encourage them to express how their offense has affected them and made their life more difficult.

Step 3: They should turn towards their partner and tell her how their fears affect them in their relationship- not tell it to the therapist. Keep coaching the speaker in his communication. Then ask the partner to reflect back (as learned in earlier sessions) what they heard their spouse say. The partner just wants to express understanding, that's all. Tears, or soft concern is good.

Then switch partners.

Don't rush this session, take the time to unpack some of the fears and hurts or offenses from their past in other relationships that have been hard for them to deal with and at least sometimes cause them to struggle. If you have to add a session then do so with the couple's permission.

Creative options for evoking emotion:

Emotion is necessary for this part of the intervention to work. Attending closely to emotions and empathic reflection are likely the most important skills needed to assist the couple.

If the client moves away from emotion the therapist should refocus her to stay with the feelings and not move out of them. Stay focused on the present- use immediacy.

Metaphors can be helpful to keep the client in the moment and intensify their experience.

Christian alternative to empty chair: Have them imagine they are in a perfect sanctuary. It's a spiritual place where God has blessed the space with peace and safety. God completely protects everyone that comes into that place. Have them describe it. Then have them imagine that their parent or offender comes into that sanctuary and sits. What do they need to say to the offender? Don't push forgiveness here (could return to this in the forgiveness session if helpful) just use it to help them access feelings. Do the steps the same way just with the sanctuary metaphor.

Note patterns of withdrawal or attack. If the client appears to be going into a shell use a turtle or armadillo metaphor- they feel the need to protect themselves and that it's not safe out here. If they throw barbs at their partner note that they must feel unsafe because they're throwing porcupine quills. Then help them explore where that pattern of armadillo or porcupine came from in their life- did it exist before marriage even?

DEALING WITH RESISTANCE IN EMOTION WORK

Especially with the change in format there is a chance of some resistance to this intervention module. In addition many clinical couples will have significant fears and they may manifest as resistance. Frame any resistance in terms of talking about fears being difficult. Normalize fears, and even a fear of admitting being afraid being normal too. Some clients may respond better to "hot" emotions like anger instead of "soft" emotions like fear, vulnerability or sadness. If they can talk about things in the past and present that make them angry- wonder with them how anger can be a theme in their life but fears or sadness aren't present. This is taken from Emotionally Focused Therapy approach. Do not let them tell their partner what makes them angry in the relationship though- that is a recipe for disaster. Is there anything from their past that made it "OK" to be angry but "not OK" to be sad or afraid? You want them to share the soft emotions with each other- not hard quills but soft underbelly. That's intimacy and increases their bonds.

RESISTANCE RELATED TO SIGNIFICANT MISTRUST

For couples that have a pattern of mistrust then revealing vulnerable things in session evokes fear. It's good to recognize the fear but not let the clients dwell on it or else they become fear-bound. Explore where the fear has come from in their lives. How would their parents respond to them if they made a mistake? Did they feel they were trusted by their parents? Did they trust their parents to always look out for them and care for them? If a partner seems to lack insight into mistrust issues use the "Columbo" approach – be curious and puzzled how they came to be mistrusting of their spouse when they had such a trusting life before that.

THE NAÏVE SPOUSE AND OFFENDER

It is very unusual but occasionally there are people who unknowingly marry someone with significant problems in living and appear to genuinely go from a very trusting (perhaps too trusting) life to being significantly hurt by a spouse. This would cause the person to reduce trust. This experience should be discussed with some delicacy as the partner with significant problems often has a narcissistic injury around his or her problems. If this is the case helping the naïve partner gain some empathy towards the offending partner's past and it's role in causing the significant problems. Helping the partner with significant problems explore the past can help change attributions from partner-blame to understanding past roots to problems. Sometimes a change in attributions from the marriage being the problem to the past being a

Christian adjunctive to trust discussion: read I John 4 :18 "In love there can be no fear, for fear is driven out by perfect love. Fear has to do with punishment and anyone who is afraid is still imperfect in love"

What does that mean to the couple- the fact that fear and love can't live together?

Do you sometimes fear God as judge, spy, or punisher?

Is there a parallel between fear with God and fear with spouse?

Where did this fear come from on your life?

Is it true? Cognitive techniques may assist with combating the fear

large part of the root of the problem is helpful to the marriage. This type of couple benefits from discussing what “baggage” they brought into the marriage.

THE UNTRUSTWORTHY SPOUSE

If there is a spouse who is currently not being trustworthy this entire exercise is highly unlikely to be fruitful. Instead a focus on what contributes to the untrustworthy behaviors from the past might be helpful to encourage the partner who is not trustworthy to change behaviors and get needs met in a more healthy way. Discuss with the couple what needs are being met by the untrustworthy behaviors. This might require adding extra sessions here. If significant progress can't be made in this module with this type of couple the therapist should discuss with the couple whether confession and forgiveness should be addressed in a more psychoeducational manner since they appear to not be ready to actually engage in the process.



Go over Marriagework with them. Discuss with them when specifically this week they can do the HW, overcoming any obstacles.

Resistance religious enrichment: If they get stuck, you could ask them to pray to God to help them with this- they should pray for themselves, not their partner and not you for them.

THERAPIST'S TASK LIST FOR SOFTENING SESSION

- Prepare for the session by reading this chapter and reviewing the article by Greenberg, Warwar, & Malcolm, (2008) on the use of Gestalt techniques in forgiveness and emotion focused therapy. Review before session or yearly as needed.
- Gather needed materials: homework sheets.
- Greeting and homework review
- Explain the plan for the day to the couple and address any concerns.
- Work through the 3 steps of the empty chair and switch
- Process what was learned
- Review homework for coming week

SELF-QUIZ ON SOFTENING

Answers to self-quiz are found in the appendix.

1. For religious couples this chapter suggests using what concept, instead of the empty chair?
 - a. Sanctuary
 - b. The cross
 - c. Heaven
2. What should the character of the therapist be like in this session?
3. Describe the three steps for the empty chair technique?

Emotion work is not detailed in the Hope Focused Marriage Counseling book.

Additional reading on emotion work:

Greenberg, L.S., & Goldman, R.N. (2008). *Emotion focused couple therapy: The dynamics of emotion, love and power*. Washington D.C.: American Psychological Association. This book is a good full description of the emotion focused approach to couples counseling.

Greenberg, L.J., Warwar, S.H., & Malcolm, W.M. (2008). Differential effects of emotion-focused therapy and psychoeducation in facilitating forgiveness and letting go of emotional injuries, *Journal of Counseling Psychology, 55*, 185-196. This study compared the effectiveness of emotion-focused therapy (EFT) involving gestalt empty-chair dialogue in the treatment of individuals who were emotionally injured by a significant other with therapy in a psychoeducation group designed to deal with these injuries. In addition, this study examined aspects of the emotional process of forgiveness in resolving interpersonal injuries and investigated the relationship between letting go of distressing feelings and forgiveness. A total of 46 clients assessed as having unresolved, interpersonal, emotional injuries were randomly assigned to an individual therapy treatment of EFT or a psychoeducation group. Clients were assessed at pretreatment, posttreatment, and 3-month follow-up on measures of forgiveness, letting go, depression, global symptoms, and key target complaints. Results indicated that clients in EFT using empty-chair dialogue showed significantly more improvement than the psychoeducation treatment on all measures of forgiveness and letting go, as well as global symptoms and key target complaints.

Johnson, S., et al. (2005). *Becoming an emotionally focused couple therapist: The workbook*. New York: Brunner-Routledge. This workbook takes the therapist through workbook-type exercises to learn the emotion-focused approach to couples counseling. Particularly good for the therapist who is new to EFCT.

Pascual-Leone, A, & Greenberg, L.S. (2007). Emotional processing in experiential therapy: Why 'the only way out is through.' *Journal of Consulting and Clinical Psychology, 75*, 875-887. Abstract: The purpose of this study was to examine observable moment-by-moment steps in emotional processing as they occurred within productive sessions of experiential therapy. Global distress was identified as an unprocessed emotion with high arousal and low meaningfulness. The investigation consisted of 2 studies as part of a task analysis that examined clients processing distress in live video-recorded therapy sessions. Clients in both studies were adults in experiential therapy for depression and ongoing interpersonal problems. Study 1 was the discovery-oriented phase of task analysis, which intensively examined 6 examples of global distress. The qualitative findings produced a model showing: global distress, fear, shame, and aggressive anger as undifferentiated and insufficiently processed emotions; the articulation of needs and negative self-evaluations as a pivotal step in change; and assertive anger, self-soothing, hurt, and grief as states of advanced processing. Study 2 tested the model using a sample of 34 clients in global distress. A multivariate analysis of variance showed that the model of emotional processing predicted positive in-session effects, and bootstrapping analyses were used to demonstrate that distinct emotions emerged moment by moment in predicted sequential patterns.

GROWTH BY APOLOGY OR BECOMING MORE GODLY BY CONFESSION

Psalm 32:5 "Then I acknowledged my sin to you and did not cover up my iniquity. I said, "I will confess my transgressions to the LORD"— and you forgave the guilt of my sin. Selah"

This intervention is informed primarily by chapter 9 from the Hope focused text.



Stop here and watch the DVD lecture of Dr Worthington discussing the FREE and REACH models of forgiveness and the video demonstration of the forgiveness intervention.

FOUR PATHWAYS TO FREEDOM THROUGH FORGIVENESS

As described in the treatment planning portion of this manual we believe there are four pathways that can be taken through the forgiveness intervention to be most helpful to couples. If needed, the pathway could be revised at this point based on the therapists' clinical experience with the couple thus far. The decision about the pathways is based on the couples stage of change (Miller & Rollnick 2002). The four pathways are

Stage of Change	Description of Stage	Stage-matched Intervention
Prevention focused	If the couple is happy and stable and looking to learn principles of forgiveness they are in a prevention category. They are motivated to learn and willing to engage in the behavior but have no substantial need for change (Miller & Rollnick, 2002).	The materials below would be framed in terms of learning the "how to" of empathy, confession and forgiveness to prevent future problems with confession or forgiveness. If no current hurts exist then a common hurt could be used for exercises.
Action-focused	If the couple has an offense that could be addressed, they are motivated to address it, and appear to be ready for the action stage of change	They follow the standard treatment protocol in this manual. They will engage in both confession and forgiving each other.
Preparation-focused	If the couple has an offense that could be addressed, they are motivated to address it but do not feel ready to act today on it. They would be in the preparation stage of change.	This couple should receive additional interventions from chapter 9 of the Hope focused marriage counseling text before the standard protocol. Generally selecting a session or two worth of material from 9-1, 9-2, 9-3 and 9-4.
Pre-contemplation	If the couple is unhappy but do not	They should receive a different path of

believe that forgiveness is needed then they would be considered to be in the pre-contemplation stage of change.

treatment completely. Therapists should spend some time exploring their beliefs about forgiveness and apologies in their relationship. Respect that the decision is theirs to make. See if they can move to the preparation stage. If open to it they could receive interventions 9-1, 9-2, 9-3 and 9-4 from the Hope focused marriage counseling text. If not open then use further emotional softening interventions and discuss with them moving towards termination without addressing confession and forgiveness.

INTRODUCTION

Confession is good for the soul. We propose that it is also good for the dyadic situation of couples counseling. Scripture clearly advocates for confession to God (Psalm 32:5) and others (James 5:15). Some research (Worthington, Mazzeo and Canter, 2005) has indicated that confession is predictive of forgiveness in intimate relationships. Forgiveness is now considered a positive event in most relationships (Kachadourian, Fincham & Davila, 2004). While it is possible for couples to misuse confession and forgiveness as part of a negative interpersonal pattern, it is generally considered to be a positive event in couples counseling.

Good confessions: Good confessions are heartfelt. The confessor should be perceived as sincere by the offended partner and emotional expressivity is helpful in perception as sincere. Some partners have difficulty with emotional expressivity in general and therefore may need some coaching in giving a heartfelt confession. In turn, the spouse may need to be gracious and understanding of a spouse that is less outwardly expressive but may indeed be heartfelt.

Poor confessions: Some partners confess out of a sense of shame or poor self-perception. They may not actually be culpable for their actions. Sometimes partners with an axe to grind may pressure or allow their spouse to apologize for actions that they are not actually responsible for. In the worst cases an abused spouse may apologize for actions associated with being abused, while the abuser does not take responsibility for the abuse. Therefore, a thorough exploration with both partners of the contextual factors, timing, and the original offense or offenses are necessary to ensure a good couples dynamic around apologies or confession.

Choosing offense topics: The entire intervention at this point hinges on choosing a relationship topic with a chance of success in treatment. Therapists should use their clinical judgment when working with the couple to focus on a particular topic. Use the forgiveness measures assigned to this week's intervention as a way to focus the couple. They need to choose the same event or set of events to focus on in counseling. If there are two offense-related events they could do but they'll need to complete the forgiveness measure twice if that is the case. It would likely be helpful to consider returning to the same situation they indicated in their initial forgiveness assessment to see if it is relevant. However, if irrelevant, the therapist should discuss with the couple the topic they want to discuss. The best outcomes generally come from events where both partners hurt each other around a similar situation. If the couple is still conflictual and resistant at this point in treatment then a moderately difficult topic, or even a mild topic, is suggested. The couple should choose something with a chance of success in creating empathy and apology. Frame the intervention *as a way to learn how to go through the process of forgiveness*. They may feel pressure to hear an apology from their mate for a severe offense, but if either feels unable to move forward then the session could become their newest offense! They may benefit from working through several smaller offenses. Worthington has helped couples by framing offenses in terms of \$1.00, \$5.00, \$20 and \$500 offenses. The couple should discuss how severe they feel the offense is, and how ready they feel to discuss the topic and make progress on it today.

Christian enrichment: Have the couple confess their sins against each other to God first by writing it down before going to each other.

Tying empathy to confession: For some couples there will be a natural tie between the two concepts in this session. As they empathize with each other they will naturally want to take the step of apology or confession. For other couples they may require some coaching to move from empathy into confession or apology. Don't pressure them. If they seem stuck in inability to empathize then curiously wonder what is difficult about it for them. Discuss previous experiences when addressing this topic, or with confession in general. Taking the time to explore resistances will produce better fruit in the end. Use skills and experience built in the emotional softening module to assist the couple in engaging in the treatment fully.

These sessions can be further augmented by having the couple read the book "Forgiving and Reconciling" by Everett Worthington, Jr. This is a self-help text that communicates the REACH model of forgiveness in various relationships.

GENERAL FORMAT OF THE SESSION

Welcome the couple to the session warmly. If they were late do the same thing from session 1-4 notes address this as before. If more than 25 minutes late then reschedule the meeting.

Ask about the homework. If they didn't do it, follow the protocol from earlier sessions.

Explain that you're going to look at two important and related topics today- Empathy and Apology. For Christian intervention you can read Psalm 32:5 (The Message version below) for them as a context for the importance of confession.

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Then I let it all out;
I said, "I'll make a clean breast of my failures to God."

Suddenly the pressure was gone—
my guilt dissolved,
my sin disappeared.

Empathy with Sculpting. This week you're going to do a similar experience as last week when they shared their fears and vulnerabilities with each other. But this time use sculpting techniques in this. At the beginning ask them to stand up and use the room as a metaphor for how close they feel today. Then they can sit down and they are to use the discussion last week, the homework and their understanding of their partner and try to walk a mile in his or her shoes. Have them turn towards each other and explain their understanding of their partners' hurts and vulnerabilities. Tears are good here so don't let anyone stop them if they start to come. You could have the couple repeatedly sculpt how they feel (the repeated sculpting is demonstrated in the forgiveness DVD clip with Dr. Worthington). At the end have them stand up and use the space in room as metaphor again- they should be closer.

Resistance: If one or both of them is having trouble doing this. First, ask if they had any guesses what made them feel more separated rather than closer. If they don't observe it, then you can observe that, even though things got worse for the moment, this indicates that they have the power to make their relationship better or worse by what they are saying or doing. They just graphically demonstrated that. Suggest the obvious: if they made it worse, they can also act differently and make it better. Second, normalize that this isn't easy work. Then ask their partner if he or she can help them with understanding what the difficult things in their life have been like. Have them explain it to their partner and ask the partner if they can now reflect back what they hear. Any further resistance should be processed with a curiosity about what is getting in the way of empathizing with their partner. For the religiously enriched version, you could ask them to pray to God to help them with this- they should pray for themselves, not their partner and not you for them.

Exploring the meaning of apology. Ask them about the history of apologies in their relationship. What do they believe about apologies. Ask them to define what apology means to them, what it meant in their family of origin, and then their emotional response to realizing they offended or hurt their partner and what it's like to apologize. This may be a fruitful exploration for many couples, and produce insight into their partner and self. For our purposes, apology is defined as having 3 parts

- an admission of blameworthiness and
- regret/ remorse for the actions that caused the offense and
- allows the offending party to attempt to obtain a pardon from the offended individual (Schlenker & Darby, 1981)

Review the 7 principles for a good confession in their hand out. Ask for questions. Ask if they seem to want to give a confession for one thing to each other right now.

Pre-contemplation to Preparation stage couples: Don't push it. It leads to half-hearted apologies which are offensive. Use this as a psychoeducational opportunity. Process their feelings and discuss what it would take to take the next step towards apologies. Have them apologize for a fictional offense. Tell them they can use the information they're learning the next time there is an offense in the relationship.

Action stage couples: There is a powerful intervention for couples who are ready for it. If you have a couple who is ready to deeply engage in confession have them as homework write down as many wrongs as they can think of in the history of their relationship against their partner. They can be small thing- like repeatedly forgetting to do a chore, or big things like not being there in a crisis or not being trustworthy. Write as many as they can and bring them to the next session to say them out loud in therapy.



3 minutes. Go over Homework with them. Discuss with them when specifically this week they can do the HW, overcoming any obstacles. End the session with a prayer or well-wishing statement.

THERAPIST'S TASK LIST FOR CONFESSION SESSION

- Prepare for the session by reading the Confession and Forgiveness chapter in the Hope text. Review before session or yearly as needed.
- Decide, in supervision if available, which of the 4 pathways through forgiveness you plan to take with this couple.
- Gather needed materials: hand out and homework sheets.
- Greeting and homework review
- Explain the pathway through confession and forgiveness and address any concerns.
- Map out your steps for treatment, based on your pathway
- Process what was learned
- Review homework for coming week

SELF-QUIZ ON CONFESSION

Answers to self-quiz are found in the appendix.

1. Describe the plan for the four stages of change in regards to confession and forgiveness?

Prevention:

Action:

Preparation:

Pre-contemplation:
2. A couple has difficulty engaging in empathy but the therapist moves forward and does confessions anyway, expecting it of the couple. What mistake has this therapist made?
 - a. Not a mistake, therapists should expect a lot from couples
 - b. Didn't match the readiness level of the couple
 - c. Didn't spend enough time in empathy

3. A couple chooses a topic for this confession session that appears to be not important to them. What should the therapist do?
 - a. Discuss with the couple whether this topic is going to be helpful and what is going on that they're choosing an unimportant topic for the intervention.
 - b. Discuss the topic they chose, respecting their choices
 - c. Give them a new topic
- 

GROWTH BY FORGIVING

OR AS I HAVE FORGIVEN YOU, FORGIVE EACH OTHER



This session is informed by the Confession and Forgiveness chapter of the Hope focused text. There is a DVD demonstration of this session.



Before you begin this session review the video lecture by Dr Worthington discussing the Joshua Memorial and Final Report commitment exercises to prepare yourself to give the homework this week.

INTRODUCTION

This week moves the couple from confession or apology into forgiving. This session involves some psychoeducation about the process of forgiving. If the couple is in the “prevention” category then all of the time may be spent in psychoeducation with a fictional common relationship offense. Have the couple design their own topic of offense. If the couple is in the action stage of change then they should continue working with the topic from the previous week if possible.

Welcome the couple to the session warmly. If the couple did the list of confessions from their history then have them read their confessions to each other. This is a natural opening to enter into how to forgive each other.



Introduce the REACH Model to forgiveness (5-10 minutes). There is a handout or laminated card for them to keep to remember the concepts. The following describes the kinds of things that a therapist could say as they discuss the REACH model.

Christian enrichment: Stop here and pray to God for a clear memory of the things that are true about the hurt. Discuss how would God describe the situation?

RECALL THE HURT

Ask the couple to work on the same hurt they started on the week before if in action stage. Prevention or preparation stage participants should use a fictional event of their choosing. Discuss the situation. For non-religious couples have the couple pretend they are a journalist reporting about it objectively. For religious couples have them discuss how God would describe the situation from His perspective. They need to remain somewhat calm and soothed as they recall the hurt.

Christians can consider that Scripture asks them to put on compassion

Eph 4:32: Be kind and compassionate to one another...

Psalm 86:15 But you, O Lord, are a compassionate and gracious God, slow to anger, abounding in love and faithfulness.

Discuss with the couple how God has been compassionate to them at some time in their life.

EMPATHY IS UNDERSTANDING THE TRUTH

As the event is being recalled, try to see it objectively first and then through the eyes of the offender. Discussion questions are below but keep it interpersonally warm, not a “quiz.” These questions are just ideas for how to phrase things. The goal is to

Situational factors. What situational factors may have contributed to the partner being hurtful (e.g., stressed, rushed, not understanding your sensitivity to the issue)?

Suffering. Could your partner have been acting out of his or her own suffering, pain, guilt, or anger learned through hurtful experiences in the past?

Sorry. Can you feel sorry or even compassion for your partner? Empathy can break a chain of hurts that may have started decades earlier in your experiences even before you were a couple.

If you are feeling doubts at this point, try and counter them. Couples can also return to the empathic letter they wrote in homework before for further help.

Some Christians feel that empathy is negating the sin against them and the person’s responsibility but state that forgiveness means there was a sin, or it wouldn’t be needed.

ALTRUISTIC GIFT OF FORGIVENESS OFFERED TO PARTNER

Forgiveness is a gift offered, not earned. There are three parts to this gift.

The first is *guilt*. Partners discuss a time when they felt guilty and needed forgiveness for something, preferably within their relationship.

The second is *gratitude*. They will discuss how grateful they were when their partner forgave them and didn’t seek revenge or hold it over them. Or if they can’t remember a time when they forgave how they would feel if forgiving were to become a part of their relationship now.

Remind Christians that they received the gift of forgiveness from Christ for all of their sins. Discuss what that means to them.

The third part is *gift*. Couples could use a metaphorical or literal gift here selected from a collection the therapist has or the couple brought in with them. Even a piece of paper with “I forgive you” written on it can be a metaphorical gift can help make the act of giving the gift memorable. Can they offer the gift to each other? Give them an opportunity to say “I forgive you” now.

COMMIT TO FORGIVE

Ask the couple whether forgiveness is a decision or a feeling? We believe it’s both, which means they made a decision to forgive and they have feelings of forgiveness.

For Christians. They can write the hurt and prayerfully nail it to a cross. Or another symbolic act. They can tell God and their priest, minister, or other church leader they’ve forgiven their partner in a letter or in person.

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Doubts about forgiveness will return in the future if the couple is normal. We predict it will happen to you too. There are particular times when you will be more vulnerable to doubts, such as when you are stressed or unhappy about something in your relationship. You might have made the **decision** to forgive and **felt** forgiveness. You might use symbolic acts to help in your commitment like writing a certificate of forgiveness, writing down the hurt and burning the paper, writing a letter to the offender and sharing it with a good friend. You should make a decision what you can do to commit to forgiveness through an act of faith.

HOLD ONTO FORGIVENESS

It is hard to hold onto forgiveness. There are some tips we have to hold onto forgiveness. The primary thing is to understand the difference between decisional forgiveness and emotional forgiveness. *Ask the couple to discuss the difference between deciding to forgive and emotionally feeling forgiving.* Discuss with the couple if they think they could have a hard time holding onto this forgiveness in the future. We want couples to hold onto the experience of decisional and emotional forgiveness, but they may not happen at the same time and they sometimes may regress. So getting back on track is important. These tips below are in a hand-out for the couple to take with them.

First, tell them they will likely feel unforgiving towards their spouse some day in the future. Predict it. Tell them it's normal. Discuss what kinds of things could happen to cause them to feel hurt and angry again (e.g., a similar offense, being generally frustrated with spouse, having a bad day...)

Ask them if they feel upset and angry at each other in the future does that erase the forgiveness they gave? We want them to realize that feeling the emotions of hurt or anger doesn't mean you didn't forgive.

Discuss cognitive strategies to managing thoughts and feelings about the offense/s. They can decide to forgive and not give into vengeful thoughts. Dwelling on the negative emotions will distract them from growing in a healthy way. Do things to distract yourself from thinking about the hurt and anger.

If they told someone about the forgiveness, have them talk with them about it or read the things you wrote about forgiving your partner.

Tell them they can explore why emotions may have regressed- Is the person unusually stressed in life? Is there a situation in life that reminds the of the offense/offenses? Is an anniversary of a major offense coming up? Understanding it can help them from getting bound by it.

Finally, they can walk through the REACH steps of forgiveness again.

DEALING WITH RESISTANCE:

Sometimes partners can do the empathy step but feel stuck in actually offering forgiveness. Some partners have trouble with both empathy/apology and offering forgiveness. Process what their previous experiences with forgiveness have meant for them. Many people feel they're more vulnerable to being hurt if they forgive-

question that assumption, would it actually hurt more if they were hurt again? Perhaps what is really going on is they are trying to keep small piece of their “heart” from their partner to keep from being hurt again. Return to childhood wounds to help them gain insight into why it is hard for them- and for their partner to see that. Validate their experience but communicate that there is a price they are paying for being stuck and discuss it what is lost with their approach. Never use pressure tactics in forgiveness. If stuck, have them turn to their partner and explain what from their past experience is standing in the way of offering forgiveness today but make a commitment to continue working on healing from that past hurt so they can forgive soon.

Go over Homework with them. Discuss with them when specifically this week they can do the HW, overcoming any obstacles.

End the session with a prayer or a well-wishing statement.

After the session: Write a ½ to ¾ page final summary of the intervention experience for the couple. Essentially you simply list the interventions they did each week and how the whole course of counseling has gone with them.



THERAPIST'S TASK LIST FOR FORGIVENESS SESSION

- Prepare for the session by reading the chapter in the Worthington textbook. Review before session or yearly as needed.
- There is a great deal of information to learn for this session so spend some good time working to learn the necessary steps, and substeps.
- Gather needed materials: laminated card/ hand out, homework sheets.
- Greeting and homework review
- Explain the plan for the day to the couple and address any concerns.
- Work through the 5 steps of forgiveness, encouraging the couple to use and apply the steps with a real situation (unless in the prevention group or other resistant groups where a common situation may be more appropriate)
- Process what was learned
- Review homework for coming week

SELF-QUIZ ON FORGIVENESS

Answers to self-quiz are found in the appendix.

1. Write out the "Remember the Hurt" work you need to do with the couple.
2. What are the 3 "S"s in Empathy?
3. What are the 3 "G"s in Altruism?
4. There are two major themes in Commitment to forgiving. What are they?
5. Holding onto forgiveness has a hand-out with it to help walk through the information there. True or False?

TERMINATION

OR BECOMING MORE CHRIST-LIKE BY PERSEVERING IN “TAKING THE PROMISED LAND” IN THEIR MARRIAGE

The goal of the final session of the Hope intervention is to consolidate gains, create a memorable experience for ending therapy, and engage in a healthy goodbye experience for the couple. There are three components of this session:

- (a) reviewing a final report you prepared for them,
- (b) discussing their graduation or Joshua memorial, and
- (c) discussing the treatment and saying good bye.

FINAL REPORT

Have 2 copies ready of the Final Report for the couple, and be ready to review it with them briefly. Final reports tends to be about $\frac{3}{4}$ of a page long, single spaced. It can be formatted along the treatment plan with a general brief discussion of what portions of the intervention the clinician believes were effective for the couple and which portions are areas that the couple should continue growth in. Like the intake report do not read it to them but let them read it and then discuss.

DISCUSS MEMORIAL EXERCISE

This is their final session with you. Review the Graduation Memorial or Joshua Memorial they made and have them explain what it means to them. The Joshua Memorial would be used for those seeking Christian counseling.

DISCUSS TERMINATION ISSUES

Good general issues to discuss as part of termination are listed below.

WHAT ABOUT THIS EXPERIENCE OF COUNSELING DO THEY MOST VALUE?

What do they still have left to do to get to their eventual goal for their marriage? For couples where counseling has been a struggle follow up with a good curious examination as to why the intervention was hard for them to reach their goals at this time in their life.

What do they feel they've really grown in individually in the experience, and what in their relationship? Or Christian: What do they feel God has for them in the future to

For Christian couples involved in a church community- discuss whether there are resources within that community to assist them such as couples classes, pastoral care, retreats or mentoring. Have a list of resources available in local churches if their church doesn't offer these things or their involvement in church is minimal.

continue to make their home in the “promised land” in their marriage and not end up in exile to “Babylon”?

What obstacles could get in the way of maintaining the gains they’ve made and how do they plan to overcome them? Forewarn them that couples therapy has a high rate of recidivism where couples fall back into old patterns of relating and lose the gains they made in counseling. This is the reason for the 5-6 month check in.

Use the opportunity to warmly wish them well and show your appreciation of the work you’ve done together and express your sadness at the end of the relationship with them, but glad at the progress they’ve made.

Discuss a follow up appointment in 5-6 months to check in with how they’re doing in their relationship.

End the session with a prayer (Christian enriched) or well-wishing statement.

Have the couple complete their final assessment of their relationship for you to demonstrate and track efficacy of your treatment of couples. A copy of a final assessment packet can be found on the website.

Schedule follow up appointment. Say final good byes to each other.



THERAPIST'S TASK LIST FOR GRADUATION/ JOSHUA SESSION

- Prepare for the session by reading the Couple Commencement from Counseling chapter in the Worthington textbook. Review before session or yearly as needed.
- Write the brief termination report to give to the couple.
- Memorize the termination questions
- Gather needed materials: Assessment materials, video equipment for post-treatment data collection
- Greeting and homework review
- Discuss the termination questions with the couple
- Process what was learned
- Have couple complete post-therapy assessments

SELF-QUIZ ON GRADUATION/ JOSHUA SESSION

Answers to self-quiz are found in the appendix.

1. The termination report should be
 - a. A thorough reflection on what the therapist observed throughout treatment
 - b. A brief review of what was covered in treatment
 - c. A copy of the process notes
2. If a couple comes into the final session and hasn't done their graduation/Joshua memorial, what should you do?
 - a. Reschedule the final session
 - b. Discuss with them what got in the way of doing the memorial and whether it might reflect feelings about ending therapy
 - c. Just say Ok and move on.
3. A therapist expresses sadness at ending the course of couples therapy with the couple, that she will miss the couple and appreciated walking with them in their journey. Is this appropriate? True or False

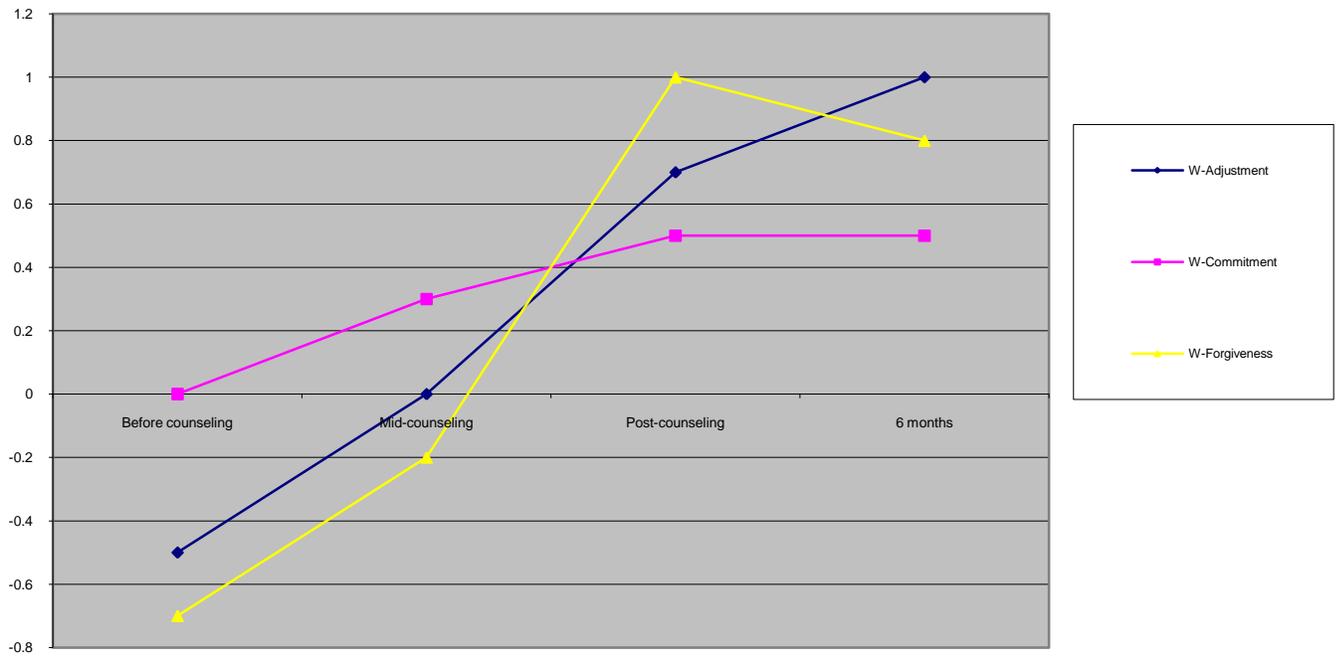
THE 5-6 MONTH CHECK IN

The purpose of the 5-6 month check in is to help with recidivism in couples therapy. Couples therapy has one of the highest rates of recidivism as couples fall back into old patterns of behavior and interpersonal interaction. This check in is intended to encourage them in the gains they made in counseling.

Scheduling this appointment: Few appointments are more difficult to schedule than the follow up appointment after couples therapy. Giving the couple a magnet reminder (similar to how dentists do) will help some. The therapist should also call to remind the couple of their appointment about a week in advance and reschedule from the original appointment if needed. Treating this appointment as a normal, expected part of treatment is the most effective way to encourage couples to show for it. In addition, if couples are paying for treatment requiring them to pre-pay for the session at termination will also assist if ethical, depending on 3rd party payor issues.

STEP 1: FEEDBACK FROM ASSESSMENTS

In the office have the couple complete the follow up assessment packet. Alternatively the clinician could mail the assessment to the couple 2 weeks ahead of the meeting and ask them to bring it completed or use online means of collecting the information before the session. Score the assessments quickly (with administrative help if needed) and show the couple what their data has shown across the assessments taken in their counseling. A sample graph is below and can be easily created in Excel or a similar spreadsheet type program. Since assessments have different scalings, which can be confusing for couples, a z-score or other standardized score is recommended to simplify the graph for the couple to understand. We recommend you do each spouse on a separate graph to keep it simple to see.



After giving the graphical feedback on their self-report response to the intervention ask them if this seems accurate to them each and discuss if not or so.

STEP 2: PROCESS MEMORY AND GAINS

Discuss what things they remember most about the counseling and what things they have continued to do. Help them look for small, often overlooked changes like increased positivity, more openness and trust between partners, less guardedness, etc.

STEP 3: DISCUSS FURTHER MAINTENANCE OR TREATMENT

If the couple has not maintained gains discuss whether additional therapy or some kind of intervention would be helpful to them. If they have made gains, discuss with them whether a yearly check up would be helpful to their marriage to keep them on track or if they feel that the gains made in treatment are unlikely to erode. Discuss with them how they would know when they should return for additional treatment- and that a primary problem with couples is waiting until there are years of damage before seeking treatment. Make yourself, or your counseling center, available in the future with the expectation that gains are hard to maintain and they may need refresher counseling or help with adjusting to new difficult situations that arise in any life.

Say good bye again, pray if Christian couples who wants to pray.

CONCLUSIONS AND SELF-REFLECTIONS

Each clinical case we see is an opportunity for reflection. To conclude this manual I wanted to share 4 important reflections on what I've discovered in my own work as a couples therapist. It's never dull work and each case presents its own set of challenges and rewards. I wanted to just share these reflections on couples clinical work from my own experience for you.

Do you have faith in the truths in the Hope approach? There are many wisdoms in psychotherapy, and in the Hope approach specifically. Faith in what you cannot see is a profound concept. Valuing love, regardless of situation, is weighty. The requirement of work in relationships provides an opportunity for us to share in our own future, and those around us, by where we invest our energies. Repeated forgiveness in a lifetime relationship is a high calling. Ask yourself if the principles of the approach are apparent in your own life. Are you valuing of others? Is there hidden unforgiveness in your heart? Does God have some transformation in you needed so that you will be more like Christ? As I've worked on creating this manual I've found myself repeatedly brought to my knees with God to ask for wisdom, and strength to live out this Christian life. Fear can be so much stronger than love. Past hurts can create veritable grooves of behavior that detract from God's plan. My own faith in prayer and God's work in this world can be called into question. I pray you will also catch a vision for faith, love and work in your own relationships and life.

Hope is not a wish-dream. It's important for us to know the difference between hope and a wish-dream. Your wishes for your couples may be just a wish-dream, not God's plan for this time in this life. Many people who become couples therapists have their own reasons for wanting to "save" marriages. They may be religious passion or personal experiences, but few people are always wise about the relationships in front of them. Watching a relationship deteriorate is hard to do. You will wish that the couple could move in a linear growth towards a healthier relationship. That is a wish dream. Tony Snow, White House Press Secretary who died of cancer in 2008 said this "God places us in predicaments that seem to defy our endurance and comprehension - and yet don't. By His love and grace, we persevere. The challenges that make our hearts leap and stomachs churn invariably strengthen our faith and grant measures of wisdom and joy we would not experience otherwise." Marriage is a heart leaping and stomach-churning experience. Some of the couples goals for a smooth, peaceful and easy marriage need to be sacrificed on the altar as wish-dreams. Some of your goals for them are wish dreams too. Deitrich Bonhoeffer talks about wish dreams. He challenges readers that God will not give us our wish dreams, because that is all they are. They seem good, but God has something better. Having a spouse be more understanding, or kind or considerate may seem good, but it might also just be a wish-dream. Facing the fallenness in this world, and having grace for the sin present in everyone's life is a greater good. It brings humility and deeper love. Hope must be in what is true, real and God's plan for this time. Having couples who all transform into Christ-like, mature and relationally skilled clients in 10 sessions is a wish dream. There are reasons God doesn't give us our wish dreams.

Work is not sexy. Learning to be a couples therapists requires learning information, skills and internal change. It requires accessing emotional states and tolerating strong feelings. It is not an easy job, and will not offer great recognition or reward. One of the gifts of being a therapist is that trying to be "great" will only make you self-

centered and thus a poor therapist. But your work will work. And if you work, you will live consistent with what you are teaching, and demonstrating to your clients. How can you ask them to work hard on their relationship if you're not living that out? Memorize treatment steps, read supplementary materials, seek honest supervision, review training just before meetings and scoring assessments. I know it's hard work without immediate reward. Delayed gratification will pay off though so that you will become a skilled, wise, and capable couples therapist who feels the reward of operating at your best, as God intended with faith, true hope and love of your work.

How is your capacity for valuing love? I Corinthians 13 is often recited at marriages, but it is a good standard for your work as a couple therapist too.

Love never gives up.
Love cares more for clients than for self.
Love doesn't want what it doesn't have.
Love doesn't strut,
Doesn't have a swelled head,
Doesn't force itself on clients,
Isn't always "me first,"
Doesn't fly off the handle,
Doesn't keep score of the sins of clients,
Doesn't revel when clients grovel,
Takes pleasure in the flowering of truth,
Puts up with anything,
Trusts God always,
Always looks for the best,
Never looks back,
But keeps going to the end.

I Corinthians 13: 4-7 (The Message; "others" changed to clients)

I pray that this passage will be characteristic of your work as a couples therapist, and that you'll find the mercy and grace of God sufficient on days when it is not.

ANSWERS TO CHAPTER SELF-QUIZZES

Self-quiz on Introductory material

b- adjunctive to (which there are some additions and revisions, it is adjunctive)

c- seek out proper supervision for cases while following this manual

a- a necessary part of assessment in the Hope approach. Clinicians should be aware and sensitive any potential spiritual or religious issues for couples.

a- Assess religion in the relationship but refrain from explicit religious integration to prevent dividing the couple. To further use or integrate into the interventions would potentially divide the couple which is counter to the central goals of treatment.

b. Get informed consent from the couple to use religious types of interventions like prayer, Scripture, concepts and metaphors.

The order of typical treatment is assessment and feedback (c), communication and conflict resolution interventions (a), attachment and emotion focused (d), apology, forgiveness and reconciliation (e) and termination and follow up (b)

Self-quiz for Assessment portion of the Hope project

What are the intake questions you need to have memorized?

1. Why did you decide to seek couples counseling at this time?
2. What are the most positive things about your marriage/ relationship—your strengths as a couple? What are the things that are hardest for you?
3. Tell me a little bit about how you met and about kind of a general history of your relationship.
4. Imagine you went to bed tonight and while you were sleeping, a miracle occurred. You woke up, and to your amazement, everything about your marriage/relationship was suddenly perfect—just like you’ve always hoped it would be. If that kind of miracle happened, what would your marriage/relationship look like? Be as specific and concrete as you can.
5. I noticed in your assessments that (neither of you, one of you, both of you) rated spirituality and religion as very important to you or central to your life. Does that seem correct?
6. Address any other issues of diversity here – race, age/ family life stage, culture, language, disability, economic situation, sexual orientation, etc. You can ask this in a question like “Is there anything about ____ that we should discuss as part of your treatment

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7. In the surveys you filled out [online], you indicated _____. Could you tell me a little more about that?

2. c. Yes, for the forgiveness exercise but not for other things

3. What issues do you want to ask about in the individual intakes?

psychopathology, [particularly depression which has high comorbidity with marital distress] as well as any other factors that may indicate the couple is unsuitable for couples therapy and/or the HFCA. Such factors may include any of the following: untreated substance abuse, ongoing sexual infidelity, domestic violence, untreated sexual abuse, divorce/separation intent, cognitive deficit issues, or low motivation for change. The individual session is also a good time to address any complicating life situations that may affect treatment, such as work stress, financial problems, and/or family issues.

4. What consents do you need to discuss during intake? (answer all that are true)

General consent to begin treatment- TRUE

Consent to use explicitly religious interventions- TRUE

Consent to speak with their pastor- NOT NEEDED, optional

Consent to not have confidentiality between partners except for safety issues (or your policy if different)- TRUE

Consent to not treat them- NOT TRUE, no need for consent in this

5. Which of the following situations would contraindicate couples counseling? (answer all that are true)

Moderate to severe domestic violence- TRUE

Current untreated substance abuse- TRUE

Current substance abuse and mild domestic violence- TRUE

Intent on divorce/ separation- TRUE

Current extramarital affair- TRUE

Use of pornography- FALSE, unless extreme such that it should be the focus of treatment

A reluctant spouse- FALSE

A dishonest spouse- FALSE, unless extreme such that it should be the focus of treatment

6 d. Recommend that the individual seek an individual therapist for assessment and possible treatment of what you have determined may be a psychological disorder that could make HFCA treatment difficult if not treated.

Self-quiz for Feedback and Covenant/Contract session

- c. The client's level of readability
- a. Process the reaction for important themes and insights.
- c. One work week, 40 hours. Typically that is 10 sessions and 30 hours of home work
- b. Help them explore obstacles to completing homework and plans for completing the incomplete homework, and new homework the coming week.
- a. Covenant exercise worksheet and blessings homework
- b. Assisting the couple in creating a common vision for their alternate future. While goals and motivation are secondary goals of the intervention, this is the primary goal.

Self- quiz for the Communication TANGO session

What do the TANGO stand for?

- T- Tell what happened (briefly and directly)
- A- Affected me. (how it affected feelings)
- N- Nurturing statement
- G- Get it? (Reflecting statement)
- O- Observe effects (how is the conversation going so far?)
- c. Let them go and review it on tape to see where they got off track
- a. Coach them, since it is very important they choose something that will work

Self-quiz on LOVE session

What is the order of the LOVE treatment session?

Welcome, review HW, solvable problems discussion, LOVE coaching, homework for coming week

What principles from LOVE overlap with TANGO?

- c. L (listen) O (observe) and V (value)
- 3. b. Security, belonging, recognition and control

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Self-quiz on CLEAVE

1. c. fear of intimacy

2. The couple you are working with expresses a good deal of fear of being vulnerable with each other in previous sessions. As you face this session with this couple it would be important to do what? Honor their resistances, explore and process the resistances, work at their pacing, reward small risks in expressing vulnerability.

3. What does CLEAVE stand for?

C: Change actions to positive.

L: Loving romance.

E: Employ a calendar.

A: Adjust attention elsewhere.

V: Value your partner.

E: Enjoy yourselves sexually.

Self-quiz on Softening

1. a. Sanctuary

2. What should the character of the therapist be like in this session? warm, empathic, safe, charismatic, non-judgmental

3. Describe the three steps for the empty chair technique?

1. Talk about the offense to set it up

2. Talk to the empty chair about how the offense affected them (with spouse's supportive hand-holding or other action)

3. Turn to partner and explain how this experience has affected him or her in their relationship with partner reflecting back what they heard.

Self-quiz on Confession

Describe the plan for the four stages of change in regards to confession and forgiveness?

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Prevention: Learn principles with common relationship problems

Action: Work through REACH together with something they are ready to take action on

Preparation: Use additional session/s to become ready and then work through REACH with a real problem that is likely to succeed

Pre-contemplation but unhappy: Consider using other confession interventions from the Hope manual that are milder in preparation. If movement then consider using confession + REACH model, if not responsive, just psychoeducationally teach the ideas.

2. b. Didn't match the readiness level of the couple
3. a. discuss with the couple whether this topic is going to be helpful and what is going on that they're choosing an unimportant topic for the intervention.

Self-quiz on Forgiveness

Write out the "Remember the Hurt" work you need to do with the couple. Work on same hurt as confession week if possible. Discuss the situation.

What are the 3 "S"s in Empathy? situational factors, suffering & sorry

What are the 3 "G"s in Altruism? guilt, gratitude & gift

There are two major themes in Commitment to forgiving. What are they? decisions and feelings

Holding onto forgiveness has a hand-out with it to help walk through the information there. True or False? TRUE

Self-quiz on Graduation/ Joshua session

1. a. A brief review of what was covered in treatment
2. b. Discuss with them what got in the way of doing the memorial and whether it might reflect feelings about ending therapy
3. True. Attachment between the therapist and clients is normal and expected. It is a human relationship. Expressing sadness at the end, or other feelings of the therapist, is appropriate for most couples. Exceptions may apply to couples with personality disorders.

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