COURSE DESCRIPTION

This course will introduce participants to selected therapy models which seek to reveal both “normal” (functional) and “abnormal” (dysfunctional) coupling patterns and generate a variety of intervention options useful in the assessment and treatment of couples-in-crisis who are experiencing various degrees of danger and opportunity.

CLASS LOCATION: 1327A Norman Hall

CLASS SCHEDULE: Tuesdays, 12:50pm - 3:50pm, Aug. 28 – Dec. 11, 2007

INSTRUCTOR: Peter A.D. Sherrard, Ed.D., LMFT, LMHC, ABPP, NCC Associate Professor, Dept. of Counselor Education, College of Education, University of Florida

ASST. INSTRUCTORS: Courtney Allen callen76@hotmail.com Jason K. Neely jkneely@ufl.edu

PADS’ ADDITIONAL CREDENTIALS: Clinical Member and Approved Supervisor, AAMFT (American Association for Marriage and Family Therapy)

ADDRESS: 1215 Norman Hall (Office #1216), Univ. of Florida PO Box 117046, Gainesville, FL 32611-7046

E-MAIL ADDRESS: psherrard@coe.ufl.edu

PHONE: (352) 392-0731, Ext. 234 (Office); (352) 846-2697 (FAX)

OFFICE HOURS: To see Dr. Sherrard outside of class, make an appointment with Candy Spires in 1215 Norman Hall or phone her @ 392-0731, x223.

COURSE GOALS

◆ Provide a review of basic concepts relevant to the practice of emotion-focused, cognitive-behavioral, eco-systemic, solution-oriented couple & marital therapy;

◆ Encourage student development of an initial working model of emotion-focused, cognitive-behavioral, eco-systemic, solution-oriented couple & marital therapy that is informed by the professional literature;

◆ Encourage student development of an appreciation for the benefits of meta-frameworks as aids in treatment planning and intervening in couple & marital therapy;

◆ Provide vicarious experiences in using meta-frameworks to analyze videotaped (movie and therapy) case examples;
◆ Provide direct experiences practicing selected frames of reference and therapeutic interventions in classroom role-play exercises;
◆ Gain basic familiarity with the professional research literature relevant to couple and marital therapy.

**ALERT**
This course will include audiotapes, discussions, guest lecturers, interviews, live demonstrations, readings, slides and videotapes of sensitive material. Enrollment indicates a willingness to actively participate and to honor the privacy of those who have shared so we can learn. Should there be particular concerns, please talk with the instructor.

**APPLICABLE PROFESSIONAL STANDARDS ADDRESSED in MHS 6440**

The following 2001 CACREP (COUNCIL for the ACCREDITATION of COUNSELING and RELATED EDUCATIONAL PROGRAMS) STANDARDS are addressed in part in this course:

◆ **SUBSECTION A**
**FOUNDATIONS of MARITAL, COUPLE and FAMILY COUNSELING/ THERAPY PROGRAMS:**
1. Philosophical and etiological premises that define the practice of marital, couple, and family counseling/therapy
2. Ethical and legal considerations specifically related to the practice of marital, couple, and family counseling/therapy (e.g. the ACA and IAMFC Code of Ethics)
3. The role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status and equity issues in marital, couple and family counseling/therapy

◆ **SUBSECTION B**
**CONTEXTUAL DIMENSIONS of MARITAL, COUPLE, and FAMILY COUNSELING/ THERAPY**
1. Marital, couple, and family life cycle dynamics, healthy family functioning, family structures, and development in a multicultural society, family of origin and intergenerational influences, cultural heritage, socioeconomic status and belief systems
2. Human sexuality issues and their impact on family and couple functioning, and strategies for their resolution
3. Societal trends and treatment issues related to working with diverse family systems (e.g., families in transition, dual-career couples, and blended families)
SUBSECTION C

KNOWLEDGE and SKILL REQUIREMENTS for MARITAL, COUPLE, and FAMILY COUNSELOR/ THERAPISTS

1. Interviewing, assessment, and case management skills for working with individuals, couples, families and implementing appropriate skill in systemic interventions

2. Preventive approaches for working with individuals, couples, families and other systems such as pre-marital counseling and relationship enhancement

3. Specific problems that impede family functioning, including person abuse and interventions for their resolution

4. Specific problems that impede family functioning, including issues related to discrimination and bias.

The FLORIDA INSTITUTIONAL PROGRAM EVALUATION PLAN (IPEP) ACCOMPLISHED PRACTICES STANDARDS are NOT addressed in this course.

MHS 6440 PRIMARY TEXTS for FALL, 2007 **


ADDITIONAL RESOURCES SUGGESTED


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**MHS 6440 PERFORMANCE CONTRACT (Fall, 2007)**

MINIMUM EXPECTATIONS FOR "A" LEVEL PERFORMANCE:

1. Regular ATTENDANCE and PARTICIPATION in each class.
2. Completion of the assigned READINGS in the required texts and handouts.
3. Satisfactory completion of TWO LEARNING LOGS, due SEPTEMBER 18, and October 23 (See Exhibit O).
4. Satisfactory completion of the MARRIAGE CONCEPTS QUESTIONNAIRE; due SEPTEMBER 4 (See Exhibits B & C)
5. Conduct an ACTUAL INTERVIEW with a married couple before OCTOBER 2 using either structured interview format (See Exhibit J or Exhibit K).
6. Brief REPORT summarizing the significant highlights of the MARITAL INTERVIEW regarding how the couple solved disagreements and what the couple says constitutes a satisfactory and “successful” marriage; due October 9.
7. Satisfactory completion of the ALL KNOWN TASKS assignment, due October 16 (See Exhibit E).
8. Satisfactory completion of the CLASS ROLE-PLAYS.
9. Satisfactory completion of the CASE STUDY WORKSHEET summarizing the assigned class role-play case; due @ the time of the assigned role-play as co-therapists (See Exhibit F).
10. Satisfactory participation in REFLECTING TEAMS, “AS IF” TEAMS (See Exhibit H), and CONSULTATION TEAMS (See Exhibit I)
11. Satisfactory completion of the ROLE-PLAY FEEDBACK FORMS for distribution to Role-Play participants (See Exhibit G).
12. Satisfactory completion of the WHAT I HAVE LEARNED REPORT at semester's end; due December 4.
THE FOLLOWING EXPERIENCES ARE ENCOURAGED:

12. Critically OBSERVE at least two (2) different videotapes demonstrating couple communication patterns; at least one should be a therapy session available from the Counselor Education Office Collection (see Exhibit L) or the Library; the other can be drawn from the Movie list (See Exhibit M).

**Please be advised**
The instructor may elect to keep a copy of your papers and power-point presentations for future reference.

"Marriage is many things to many people: a contract of convenience, a plight of truest love, an agreement made with a friend, or even with an enemy, or oftentimes, with a stranger you're convinced you know."  [Alice Hoffman in Here on Earth].

"In every marriage more than two weeks old there are grounds for divorce; the trick is to find and continue to find, grounds for marriage.”  
[From the play: Double Solitaire, by Robert Anderson].

“The growth of [marital] love is not a straight line, but a series of hills and valleys... Sometimes idiosyncrasies that used to be irritating become endearing...and sometimes they do not.” In marriage we learn to live with each other, “accepting each other’s sharp edges and corners...(as) part of the complexity of a partner who has become woven deep into our (very) own selves” [M. L’Engle in Two-Part Invention].

MHS 6440 SCHEDULE...FALL 2007

PART 1

AUGUST 28  MARRIAGE: History & Vision

Consider:

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<th>Date</th>
<th>Topic</th>
<th>Reading Assignment</th>
<th>Consider</th>
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OCTOBER 16  Intervention 3


OCTOBER 23  Intervention 4


OCTOBER 30  Intervention 5


MHS 6440 SCHEDULE…FALL 2007
PART II

MHS 6440 MODELS of COUPLE THERAPY THEORY

Each student will participate in at least two therapeutic role-plays, one as a co-therapists and the other as a client. Select three role-play partners (2 to serve as co-therapists and 2 as a client couple, then reverse roles in a second role-play). The partners are to review the schedule and select 2 chapters in the Gottman (2004) case book [OR they may prefer one of the alternative cases cited below for the date chosen] and conduct a therapeutic role-play in class based on the case chosen.

Treat the chapter on which the role-play is based as a case file describing prior therapeutic encounters and providing background on the couple. The student partners constitute a NEW CO-THERAPY TEAM meeting with the couple about one year after termination of the prior therapy described in the chapter.
The role-play couple will be expected to imaginatively emulate the “character” of the clients portrayed in the chosen case study; they may choose a “new” presenting problem as long as it is congruent with the character of the case record.

The role-play co-therapists may adopt the frame of reference used by the Gottmans, or adopt the perspective described in the alternate case suggested for that date from one of the case study texts cited below for that date as the organizing perspective for the role-play. Please do not write a script; rather identify the basics and let it develop “on stage” from those basics.

Prior to the Role-Play exercise, the Co-therapists will present a 1-2 page handout (see Exhibit F) summarizing the case and the perspective they have chosen as their guide.

The alternate couple & marital therapy ROLE-PLAY CASE STUDIES are selected from:


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“I think fiction, in order to say anything, has to startle and upset you at some point...reading such things is a rehearsal, in a way. Without realizing it, we rehearse what we would do. And then, if we are called upon to face it, we do what we had rehearsed.” - Lois Lowry, The Writer, 116, 9 (Sept., 2003), 11.

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CASE ROLE PLAY SCHEDULE

November 6: GOTTMAN CASE, C.7, OR
MARIA & HAROLD in Gurman [Brief Strategic Couple Therapy (MRI) (p. 5-25)]
[See also Coppersmith in Gurman, C. 14, pp. 369-386]

Clients ___________________________ ___________________________

Co-therapists__________________________ __________________________

Nov. 6: GOTTMAN CASE, C.13 OR
JANICE & TOM in Gurman [Cognitive-Behavioral Couple Therapy (pp. 26-58)]
[See also Epstein & Baucom (pp. 37-61)
and Rampage (pp. 353-370 in Dattillio, pp. 37-61]

Clients ___________________________ ___________________________

Co-therapists__________________________ __________________________
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<thead>
<tr>
<th>Date</th>
<th>Case Number</th>
<th>Title</th>
<th>Authors</th>
<th>Readings</th>
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<tbody>
<tr>
<td>November 13</td>
<td>C.11</td>
<td>OR\nSANDRA &amp; JOSEPH in Structural-strategic Couple &amp; Marital Therapy (pp. 86-117)</td>
<td>[See also Stanton in Gurman C. 10, pp.253-269 or Greenan &amp; Tunnell, c.7, pp. 164-191]</td>
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<td>Clients</td>
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<td>November 13</td>
<td>C.4</td>
<td>OR\nJOHNNA &amp; CARL in Gurman Trans-generational Marital Therapy (pp. 118-147)</td>
<td>[See also Kerr in Gurman, C. 5, pp. 111-154]</td>
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<td>Clients</td>
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<td>November 20</td>
<td>C.8</td>
<td>OR\nBRENT &amp; ABBY in Gurman Affective Reconstruction (pp. 151-179)</td>
<td>[See also Snyder in Lawson &amp; Prevatt, pp. 81-110]</td>
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<td>November 20</td>
<td>C.9</td>
<td>OR\nJENNIFER &amp; COLE in Integrative Behavioral Couple Therapy (pp. 251-277)</td>
<td>[See also Eldridge, Christensen &amp; Jacobson in Lawson &amp; Prevatt, pp. 51-80]</td>
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<td>November 27</td>
<td>C.3</td>
<td>OR\nBRAD &amp; ANN in Gurman Emotionally Focused Couple Therapy (pp. 221-250)</td>
<td>[See also Johnson in Dattilio, pp. 450-472]</td>
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<td>November 27</td>
<td>C.6</td>
<td>OR\nSARAH &amp; JOE in Gurman Collaborative Couple Therapy (pp. 281-307)</td>
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<td>December 4</td>
<td>GOTTMAN CASE, C.10</td>
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<td></td>
<td>MARK &amp; VICTORIA</td>
<td>in Gurman [Narrative Couple Therapy (pp. 308-334)]</td>
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<td>[See also Prevatt in Lawson &amp; Prevatt, pp. 288-309]</td>
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<td>December 4</td>
<td>GOTTMAN CASE, C.2</td>
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<td>REGINA &amp; FRANK</td>
<td>in Gurman [Solution-Focused Couple Therapy (pp. 335-369)]</td>
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<td>[See also Hoyt &amp; Berg in Dattilio, pp. 203-232, or deShazer &amp; Berg in Gurman, pp. 97-110]</td>
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<td>GOTTMAN CASE, C.5</td>
<td>OR</td>
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<td></td>
<td>KARL &amp; SUE</td>
<td>in Gurman [Brief Integrative Marital Therapy (pp. 180-220)]</td>
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<td>[See also Gurman in Gurman, C. 12, pp. 303-336]</td>
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<td>December 11</td>
<td>GOTTMAN CASE, C.12</td>
<td>OR</td>
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<td></td>
<td>AARON &amp; PHYLLIS</td>
<td>in Gurman [Object Relations Couple Therapy (pp. 59-85)]</td>
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<td>[See Nichols (pp. 233-256) or Sander (pp. 427-449) in Dattilio or Nichols in Gurman, C. 8, pp. 199-228]</td>
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Amatea (1989) Brief Strategic Intervention for School Behavior Problems
Berg & Miller (1992) Working With the Problem Drinker
Bertolino & O'Hanlon (1999) Invitation to Possibility Land
Cade & O'hanlon (1993) A Brief Guide to Brief Therapy
Erickson, M. ...see his Collected Works
Haley (1963) *Strategies of Psychotherapy*
Haley (1973) *Uncommon Therapy*
Imber-Black & Roberts (1992) *Rituals for Our Times*
Madanes (1990) *Sex, Love and Violence*
Minuchin & Fishman (1981) *Family Therapy Techniques*
Molnar & Lindquist (1990) *Changing Problem Behavior in Schools*
Nardone & Watzlawick (1993) *The Art of Change*
O'Hanlon (1999) *Do One Thing Different*
O'Hanlon & Beadle (1997) *A Guide to Possibility Land*
O'Hanlon & Hudson (1995) *Love is a Verb*
O'Hanlon & Martin (1992) *Solution-Oriented Hypnosis*
O'Hanlon & Weiner-Davis (1989) *In Search of Solutions*
Roberts (1994) *Tales & Transformations*
Sager (1981). *Marriage Contracts*
Watzlawick (1978) *The Language of Change*
Watzlawick (1988) *Ultra-Solutions: How to fail most successfully*
6440 EXHIBIT B: MARRIAGE QUESTIONNAIRE I

NAME_____________________________________Gender______BIRTHDATE_____

How long were your parents married (if they were)? ________
  Are they still Married_______ Divorced?________

Do you think you will be married during your lifetime?  Yes   no   don't know
  IF yes, what age?________  How long will your marriage last?______
  If you get a divorce, will you remarry?________________

Answer the following questions as fully as possible. Use additional sheets as needed.

1. Please give your personal definition of "Marriage."

2. From your viewpoint, what are the advantages or benefits of a marriage?

3. What are its disadvantages?

4. How do you tell whether a marriage is successful?

5. How has your idea of marriage changed since you were a child?
   (use back of this page for your response).
A. The Marriage Quiz (Larson, 1988).

INSTRUCTIONS: Below are listed twenty myths about marriage that have been identified in the professional literature (Clayton, 1979; Crosby, 1985a, 1985b; Ford & Englund, 1979; Lazarus, 1985; Lederer & Jackson, 1968). Circle either T (True) or F (False) to indicate your evaluation of the validity each marital myth.

T  F  1. A husband's marital satisfaction is usually lower if his wife is employed full time than if she is a full-time homemaker.

T  F  2. Today most young, single, never-married people will eventually get married.

T  F  3. In most marriages having a child improves marital satisfaction for both spouses.

T  F  4. The best single predictor of overall marital satisfaction is the quality of a couple's sex life.

T  F  5. The divorce rate in American increased from 1960 to 1980.

T  F  6. A greater percentage of wives are in the work force today than in 1970.

T  F  7. Marital satisfaction for a wife is usually lower if she is employed full time than if she is a full-time homemaker.

T  F  8. If my spouse loves me, he/she should instinctively know what I want and need to be happy.

T  F  9. In a marriage in which the wife is employed full time, the husband usually assumes an equal share of the housekeeping.

T  F  10. For most couples marital satisfaction gradually increases from the first year of marriage through the child-bearing years, the teen years, the empty nest period, and retirement.

T  F  11. No matter how I behave, my spouse should love me simply because he/she is my spouse.

T  F  12. One of the most frequent marital problems is poor communication.

T  F  13. Husbands usually make more life style adjustments in marriage than wives.
14. Couples who cohabitated before marriage usually report greater marital satisfaction than couples who did not.

15. I can change my spouse by pointing out his/her inadequacies, errors, etc.

16. Couples who marry when one or both partners are under the age of 18 have more chance of eventually divorcing than those who marry when they are older.

17. Either my spouse loves me or does not love me; nothing I do will affect the way my spouse feels about me.

18. The more a spouse discloses positive and negative information to his/her partner, the greater the marital satisfaction of both partners.

19. I must feel better about my partner before I can change my behavior toward him/her.

20. Maintaining romantic love is the key to marital happiness over the life span for most couples.

INSTRUCTIONS FOR PARTS B AND C: For each of the following statements, select the number (1 to 7) of the category that best fits how much you agree or disagree. Enter the number on the line next to each statement.

AGREE: Completely (7) A Good Deal (6) Somewhat (5)

NEITHER AGREE NOR DISAGREE: (4)

DISAGREE: Somewhat (3) A Good Deal (2) Completely (1)

B. Expectations of Marriage (Bornstein & Bornstein, 1986)

1. "Our love (i.e., romance and excitement) will continue unabated over time."

2. "My spouse should be able to anticipate my thoughts, feelings, and needs."

3. "My husband/wife would never hurt me or strike back in anger."

4. "If you truly loved me, you would always try to please me (i.e., meet my every need and desire)."

5. "Love means never having to be angry or upset with your partner."

6. "Love means always wanting to be together."

7. "Our personal interests, goals, and values will always remain the same."

8. "My partner will always be open, direct, and honest with me."

9. "Because we are in love, my spouse will always respect, understand, and accept me no matter what I might do."
10. "It would be terrible if my husband/wife ever embarrassed, belittled, or criticized me."
11. "Our level of sex, affection, and commitment must never decline."
12. "We must always be in agreement with one another on matters of import."

C. Beliefs about your marriage or significant relationship (Beck, 1988).

1. If a person has any questions about the relationship, then it means there is something wrong with it.
2. If my partner truly loved me, we would not have any quarrels.
3. If my partner really cared, he or she would always feel affection for me.
4. If my partner gets angry at me or is critical in public, this indicates he or she doesn’t really love me.
5. My partner should know what is important to me without my having to tell him or her.
6. If I have to ask for something that I really want, it spoils it.
7. If my partner really cared, he or she would do what I ask.
8. A good relationship should not have any problems.
9. If people really love each other, they should not have to work on their relationship.
10. If my partner does something that upsets me, I think it is because he or she deliberately wants to hurt me.
11. When my partner disagrees with me in public, I think it is a sign that he or she doesn’t care for me very much.
12. If my partner contradicts me, I think that he or she doesn’t have much respect for me.
13. If my partner hurts my feelings, I think that it is because he or she is mean.
14. My partner will always try to get his or her own way.
15. My partner must always listen to what I have to say when I want to say it.
The questions presented below are designed (1) to stimulate your thought about your own development as a couple and marital therapist, and (2) to guide your reflection on the particular theory you will present in class.

**Influences**
What models/schools of therapy have most influenced your own (i.e., the author’s) approach to therapy? Discuss the specific aspects of the models/schools that have influenced you (i.e., the author).

What book has been the most impact on your approach to family therapy? Why?

**Components**
What makes couples unique as a treatment focus?

How does marriage change a relationship (if it does)?

How does change occur in therapy and how does this relate to what you do?

What are the major theoretical tenets (assumptions) that guide your practice?

What are the major goals of your treatment approach?

How are your interventions congruent and/or consistent with your theoretical tenets and therapeutic goals?

What elements organize your approach to “assessment” and “diagnosis”?

How do you decide whether a behavior is "normal" or "dysfunctional"?

What relative importance do you give affect, cognitions and behavior change in your approach to family therapy? Why?

To what extent do you see therapy as education?

How do one or more of these construct fit or do not fit into your evolving theory: power, resistance, homeostasis, morphogenesis, family structure, self-disclosure, self-awareness, justice, circularity, reinforcement, transference, behavioral rehearsal, differentiation, object relations, paradox, triangles.

How important are the following in your own evolving theory?

- Attending to intra-psychic dynamics
- Skill identification and skill building
- History taking
- Administrative control & structuring initiatives
- Quality of therapist-client relationship
- Use of homework and psycho-education
**Delimitations**
How do you decide what unit to see in therapy (individual, couple, family, extended family, etc)?

Since couples and families present multiple problems, what are your decision rules regarding what problem to attend to first? What are the formal stages of your treatment approach?

**Therapist-Client Considerations**
What personal qualities do you believe are important for the therapist to demonstrate in treatment?

What personal values do you have that may affect how you work with couples and families?

How do you determine and deal with the "fit" between a particular couple or family, the treatment approach you employ, and how you employ it?

How is your approach modified when working with individuals, couples, and families with different religious, ethnic, and socioeconomic backgrounds? How does it change across life cycle stages?

What place do gender & sex role issues, feminist theory, and multi-cultural influences have in your approach to therapy?

How much responsibility do you take for change and how much do you allow the couple or family?

**Interventions**
A beginning therapist usually starts with a delimited range of interventions. What are your major interventions?

What do you attempt to do in a first session? What does this say about the theory that guides your therapy?

How does the nature of your interventions change as the stages of your therapy progress?

What role do you give in-session enactments? How important are out-of-session assignments? What guides you in the development of these assignments?

**Change in Theory**
How has your approach to conducting couple and family therapy changed since entering this training program?

How could your approach to the theory and practice of couple and family therapy be strengthened? How do you propose to accomplish this?

Brief Solution Focused Therapy (BSFT) pioneered in formulating a collection of task assignments that can be transferred from one clinical case to another. Steve de Shazer’s (1985) Formula First Session Task (p. 2) exemplifies this practice because it gives clients specific instructions, yet the instructions are general enough to use with more than one case.

The Formula First Session Task:
"Between now and next time we meet, we would like you to observe, so that you can describe to us next time, what happens in your family that you want to continue to have happen."

Many of the tasks and exercises originally developed within other theoretical approaches to Couple Counseling are transferable too. From the class readings and/or other references describing the Couple Counseling model you were assigned in class, you and your in-class partner (i.e., your co-therapist) are to present in writing THREE ALL KNOWN TASKS characteristic of the model you have been assigned. Use the following outline to report the task; cite the reference (in APA style) and e-mail a copy to the entire class.

1. State the purpose and desired outcome of the task [i.e., what are you trying to accomplish by assigning clients this task]?

2. State the task by providing the specific wording by which the task is given to clients [i.e., provide the verbatim delivery as best you can].

3. Provide a documented case example illustrating the use of the task assignment.

4. Provide hints regarding the circumstances and conditions that make the choice of this task pertinent [i.e., when and with whom will the task be most useful? what types of clients or problems or situations are a “good fit” for the task? what kind of story or message structure should “surround” or contextualize the task in order to maximize its effectiveness?]?

5. Report cautions relevant to task assignment [i.e., criteria for its use and contraindications negating its use].

6. Provide references and page numbers using APA style.
### 6440 EXHIBIT F
### CASE STUDY WORKSHEET for the ROLE PLAY ASSIGNMENT

Assigned couple therapy role plays will be drawn from:

This worksheet is to be used as a guide while preparing for each role-play. Co-therapists are to summarize the case information for their classmates by answering the questions below in writing and sending copies of their summary to the class and to the instructor(s) via e-mail no later than 24 hours before the class when the role-play will be conducted.

**AUTHOR __________________________ CHAPTER #_______**

**SUMMARIZED BY: __________________________________________________________**

**A.** Introduce the Clients

**B.** Construct the problem presented in the chapter:

- **B1.** What was the focal problem presented in the chapter? How did each partner differ in their statement of the focal problem?
- **B2.** What was the presenting problem as framed by the therapist(s), if different from that stated in B1?
- **B3.** Briefly summarize the history of the problem as presented (i.e., who, what, when, where and how).
- **B4.** What did they do to solve the problem? What (desirable and undesirable) outcomes resulted?
- **B5.** What did each partner want to happen at the time of the case report? What was their goal?
- **B6.** Were there any exceptions to problem rule mentioned in the case study?
- **B7.** How do you think they will know when the problem is solved?

**C.** Summarize the theory advanced by the writer(s):

- **C1.** What specific interventions were used in the chapter?
- **C2.** What therapeutic strategies were evident in the chapter?
- **C3.** What theoretical propositions were exemplified in the chapter?
D. Summarize the outcome

D1. What was the result of the chapter therapist’s intervention?
D2. What changed? What stayed the same?
D3. What would you have done differently if you were the therapist(s) in the chapter?

E. Role Play Planning

E1. What problems do you anticipate as this person/couple returns for a consultation?
E2. What therapeutic orientation do you plan to follow as you consult with this person/couple?
The plan for the ROLE-PLAY EXERCISE is as follows:

1. The Co-Therapists will hand out to all class members (except the role-play clients) copies of their summary of the case presented in the role-play (see Exhibit F).
2. The role-play Clients are asked to stay “in character” throughout the exercise.
3. Several members of the class will be assigned to serve on the Reflecting Team (See Exhibit H) and will be available to comment when the Co-Therapy Team and/or Dr. Sherrard requests their participation.
4. Several members of the class will be assigned to serve on the “As If” Team (See Exhibit H) and will be available to comment when the Co-Therapy Team and/or Dr. Sherrard requests their participation.
5. Several members of the class will be assigned to serve on the Consultation Team and will ready to briefly present either a Solution-oriented Message (see Exhibit I) or a Homework assignment (See Exhibit E) for delivery to the role-play clients at the end of the role-play session.
6. All class participants (except the Co-Therapists) are asked to complete the Role-Play Feedback form (see Exhibit G) so that the Co-Therapists have a set of “outside views” to consider as they reflect on their performance.
7. We'll try to do all this within 75 minutes so that two different role-plays can be conducted during each class...so let’s get organized quickly!
8. After class (at 4PM or via appointment), the role-play participants are invited to discuss their role-play experiences outside of class with Dr. Sherrard if they so
### 6440 EXHIBIT H: ROLE PLAY #____ FEEDBACK FORM

Co-Therapists: _________________________________________________________
__________________________________________________________________
__________________________________________________________________

⇒ What is the client system problem from your point of view stated in systemic terms (i.e., the pattern that connects)?

⇒ How is the couple organized by the problem? What patterns persist?

⇒ How will you know when the problem is re-solved?
What therapist actions were taken to assist the couple in re-solving the problem-determined pattern of relationship?

What other therapist actions can be taken to assist the couple? What would you do?

What do you think the co-therapists did well?

Feedback from ___________________________ Date __________
A. The ROLES described:

- The INTERVIEW TEAM consists of the Role-Play Interviewers and Interviewees; they conduct the Role-Play interview totally independent of the REFLECTING TEAM and “AS-IF TEAM” members…this means the Reflecting Team and “AS-IF Team” never interrupt the Interview Team to propose questions or advice. The Interview Team conducts the interview for a time, then, when ready, they can invite the Reflecting Team and AS-IF Team to talk about the interview; after the Reflecting Team and AS-IF Team have finished their reflections, the Interview Team can continue (as time permits) the interview, talking - or not talking - about the ideas they had while listening to the reflections. [That is, the Interview Team can have a conversation about the Reflecting Team’s (and/or AS-IF Team’s) conversation about the Interview Team’s first conversation before continuing the Role-Play interview].

- The REFLECTING TEAM consists of INTERVIEW OBSERVERS who carefully listen and observe the Role-Play interview, noting distinctions that are drawn and/or can be drawn in an effort to facilitate “differences that make a difference”…over time (i.e., Bateson’s definition of change, 1972, p. 453). [“In short, there are two different meanings in Bateson’s use of the word difference: First, something is distinct in its being different from its background, and second, a change is a difference over time brought about by a difference…Questions that often clarify problematic situations are those that comprise comparisons and relationships. Questions that search for differences that make differences are those that focus on the changes, e.g., how can this be explained?” (Andersen, 1991, p.17). Questions of the first type search for understanding; questions of the second type promote change. “Briefly spoken, a change can be of two kinds: it can either limit or expand the ability to describe and explain and act” (Ibid., p. 30].

- The AS-IF TEAM consists of members of the Reflecting Team who focus on taking the point of view of a particular member of the Interview Team (i.e., the Role-Play Interviewers, the Role-Play Interviewees, and any other identified participants).
B. The PROCEDURES followed:

- During the Role-Play Interview (30 minutes or so), “Reflecting Team” and “AS-IF Team” members are encouraged to practice “positive connotation” while observing the Interviewers and the Interviewees work (30 minutes or so) in class. Team members are asked to carefully observe what Interviewer and Interviewee attend to (and what they ignore), particularly what might be considered as “unique outcomes” to the problem story presented (i.e., novel contradictions, elaborations, exceptions, and/or restatements pertinent to relationship dynamics and/or problem performance/persistence). These may provide entry points into alternative meanings that generate new possibilities for understanding and action. [Note: Team members may infer these “unique outcomes” even if they were not explicitly stated by the parties being observed].

- Reflecting Team and “AS-IF Team” members are encouraged to be curious together about these contradictions, elaborations, exceptions, and restatements (i.e., unique outcomes), to wonder “out loud” about how they might have occurred...and/or...how the lived experiences of the participants might have contributed to these contradictions, elaborations, exceptions or preferences...and/or...what might happen if these unique visions became the rule rather than a unique outcome.

- Team members can wonder about these unique outcomes by asking both landscape-of-consciousness and landscape-of-action questions:
  
  ♦ Are those unique outcomes preferred? Why or why not? Do they have a history? A future? If so, what is it?
  ♦ What different attitudes and actions can they elicit in the problem-determined system?
  ♦ Who else might be aware of and give support to these unique outcomes or preferred developments (in past, present, or future)?
  ♦ What different actions or behaviors can one anticipate as response to these preferred events?

- Team members should realize that these events or ideas have probably been overlooked (i.e., not attended to) by the Role-Play Team, so be respectful as you present these alternative actions and perspectives. Remind yourselves that you are asking/presenting "re-authoring" questions …novel frames for further reflection. Remember, in eco-systemic description, there is no blame; the emphasis is on the punctuation of sequence and pattern.
Team members can also recall that they are helping the Role-Play Team make meaning in response to preferred developments; they are not simply noticing or commenting on "positives."

C. SUGGESTIONS:

- Team members (three to six) interview one another for no more than 10 minutes. One member may begin by asking a question based on her/his curiosity about the “preferred developments” s/he has noticed.

- Use the language of HYPOTHESIS. Each question can reflect some “interest” in both the occurrence and the history of the “unique outcome”, and entertain possible futures as well.

- “Situate” each remark; that is, indicate what about your own personal experience, education, or thinking has informed each question.

- By "situating" each question and using the language of hypothesis, you make it apparent that your remarks are not necessarily right or even helpful for the Role-Play Team, because your reflections are based primarily on your own experience and ideas. Situating your remarks may include why you think the comments can be helpful - even though the listeners may not immediately experience it that way.

- If a team member does not "situate" a question, then another team member can ask the questioner to do so.

- If a member makes a comment rather than poses a question (i.e., “I wonder...”), another member can respond by asking what question this comment might evoke.

- The reflecting team's musings become similar to an "overheard conversation" on which the Role-Play Team can "reflect", picking those remarks and questions that have most meaning for them and that best fit their experience and intention.

- The reflecting team can also be thought of as an audience for the preferred story told by the Role-Play Team.
DeShazer and his colleagues have distinguished THREE TYPES of helping relationship that determine the kind of goal-oriented, solution-focused interventions which can be used with clients. They tailor the stability/change message (i.e., the COMPLIMENT and CLUE) to fit the relationship definition.

⇒ CUSTOMER: A complaint and a goal for change have been identified jointly by helper and helpee; the helpee sees her/himself as part of the solution and is willing to do something about the problem. Therefore the COMPLIMENT (i.e., stability message) and CLUE (i.e., change message) includes an ACTION task.

⇒ COMPLAINANT: A complaint or goal for change can be identified jointly by helper and helpee BUT no concrete steps toward solution are apparent OR the helpee does not see self as part of the solution and, in fact, may believe that the only solution is for someone else to change. Therefore, the COMPLIMENT and CLUE presents only an OBSERVATION task.

⇒ VISTOR: Neither complaint nor goal for change has been identified jointly by helper and helpee; there is no specified reason for change and the parties are “just talking”. Therefore, NO CLUES are offered, ONLY COMPLIMENTS.

Remember, these labels are meant to describe the type of RELATIONSHIP between helper and helpee and NOT individual characteristics, attributes, or traits of either party.

The Message Structure: Compliment And Clue

⇒ The COMPLIMENT focuses attention on desirable attitudes, beliefs, perceptions, values and behaviors already evident in the client’s life that should persist—The message commends these familiar traits in order to emphasize their role in giving stability to life and, by implication, to encourage the client to keep on doing the “desirables” mentioned.

⇒ The CLUE focuses attention on desirable attitudes, beliefs, perceptions and behaviors already present on the periphery of awareness (i.e., exceptions) that are brought to the center of awareness so that one can “change” by “doing more” of the exception behaviors.

⇒ COMPLIMENT and CLUE are wrapped in a narrative of “BEAUTIFUL NOISE".
Solution-Oriented Worksheet

Client Name________________________________________Date_______Session #___

Type of Therapy Relationship: ____CUSTOMER____COMPLAINTANT____VISITOR

Unique phrases and words used in the Client’s narrative which are elements for the creation of “BEAUTIFUL NOISE”:

Assets of note that are candidates for “COMPLIMENTS”:

Exceptions of note which are candidates for the “CLUE”:
DELIBERATE EXCEPTIONS -

SPONTANEOUS EXCEPTIONS -
Writing An Intervention For A Customer

A solution-oriented intervention contains three elements - an acknowledgment of the client's narrative account in slight reframe (the “beautiful noise”), an indication of what should remain the same (i.e., the therapist’s compliments), and a suggestion of what can change (i.e., the therapist’s clue). Each element of the intervention must match the client’s own sense of her/his situation sufficiently to communicate understanding and respect while also introducing a novel twist...a “difference that can make a difference”.

In paragraph form, the format for an intervention is as follows:

I RECOGNIZE THAT YOU THINK...(insert aspects of the client’s narrative - words and phrases that the client used to describe the concern/conflict/impasse/ problem - which, when reflected back, acknowledge that you heard her/his story - the “beautiful noise”):

I AM IMPRESSED WITH...(insert a COMPLIMENT or two or three - the “stability” message):

I WONDER WHAT WILL HAPPEN IF/WHEN... (insert a CLUE, either the Formula First-Session Task, an Observation Task, a Do Something Different Task, a deliberate exception noted earlier, or a spontaneous exception - the “change” message):

and come back and tell me how it went.
CENTRAL PHILOSOPHY of SOLUTION-ORIENTED APPROACHES

⇒ Client resistance is not a useful concept; rather, it is a commentary on the attentiveness and flexibility of the therapist/supervisor.

⇒ Change is inevitable

⇒ Only a small change is necessary

⇒ Clients have the Strengths and Resources to change

⇒ Problems emerge when routine solution attempts no longer work

⇒ You don't need to know a great deal about the problem in order to solve it.

⇒ The purpose of brief therapy is to influence the client in such a way that his/her original complaint is resolved to his/her satisfaction. (Fisch, Weakland, & Segal, 1983).

⇒ The ABC's of Solution-oriented change efforts:
   - If it ain't broke, DON'T FIX IT;
   - Once you know what works, DO MORE OF IT;
   - If it doesn't work, don't do it again; DO SOMETHING DIFFERENT.

⇒ The purpose of counseling (i.e., therapy) is to facilitate wise choices on which the person's later development depends. (Tyler, 1969).
PART 1: HISTORY of the RELATIONSHIP (About 45 Minutes)

Question 1. Why don’t we start at the very beginning. Tell us how the two of you met and got together.
   Do you remember the first time you met? Please tell us about it.
   Was there anything about (partner’s name) that made her/him stand out?
   What were your first impressions of each other?

Question 2. When you think back to the time when you were dating, before you got married, what do you remember? What stands out?
   How long did you know each other before you got married? What do you remember of this period? What were some of the highlights? Some of the tensions? What types of things did you do together?

Question 3. Tell me how you decided to get married? Of all the people in the world, what led you to decide that this was the person you wanted to marry?
   Was it an easy decision? Was it a difficult decision? Were you ever in love?
   Tell us about this time.

Question 4. Do you remember your wedding? Tell me about your wedding. Did you have a honeymoon? What do you remember about it?

Question 5. When you think back to the first year you were married, what do you remember? Were there any adjustments to being married?

Question 6. What about the transition to being parents? Tell us about this period of your marriage. What was it like for the two of you?

Question 7. Looking back over the years, what moments stand out as the really good times in your marriage? What were the really happy times? What is a good time for you as a couple? How has this changed for you over the years?

Question 8. Many of the couples we’ve talked to say that their relationships go through periods of ups and downs. Would you say that this is true of your marriage?

Question 9. Looking back over the years, what moments stand out as the really hard times in your marriage? Why do you think you stayed together? How did you get through these difficult times? What is your philosophy about how to get through difficult times?
Question 10. How would you say your marriage is different from when you first got married? (Lots of people have losses here; they have stopped doing things that once gave them pleasure. Explore these with the couple.)

PART 2: YOUR PHILOSOPHY of MARRIAGE

Question 11. We’re interested in your ideas of what makes a marriage work. Tell us about why you think some marriages work while others don’t. Think of a couple you know who has a particularly good marriage and a couple you know that has a particularly bad marriage. Decide together which two couples these are. What is different about these two marriages? How would you compare your own marriage to each of these couples?

Question 12: Tell us about your parents’ marriages. What was their marriage like? Would you say it’s very similar or different from your own marriage?

Question 13: Make a map of the history of your marriage, its major turning points, ups and downs. What were the happiest times for you and your partner? How has your marriage changed over the years?

Question 14: Tell us what you currently know about your partner’s major worries, stresses, hopes, and aspirations. How do you stay in touch with one another on a daily basis? What are your routines for staying in emotional contact?


Record the ages of the couple now, their age at the time of their marriage, the number of years they have been married, if either has ever been divorced from a prior marriage, and if they have children together and/or from a prior relationship.
Movie Review

I. Overview of Movie
   - Plot/storyline
   - Main characters
   - Main relationships

II. Describe the contexts of the main relationships
   - Cultural context
   - Historical context
   - Occupational context
   - Positions on family life cycle

III. Describe the characteristics of the individual characters
   - Personality traits
   - Beliefs
   - Values
   - Stressors
   - Habit patterns

IV. Pretend you are interviewing the couple featured in the movie you watched. Given the information available in the movie, imagine how the couple will answer the questions below (drawn from “the voluntary family exploration interview”**). They are typical of those that you might ask during an intake interview. Use the same questions if you are conducting a “live” interview.

   The relationship before marriage*:

   ♦ How did you meet? What attracted you to each other initially?
   ♦ Tell me a little about your dating relationship. How long did it take until you became serious? What did you enjoy doing?
   ♦ What was it about your partner that led you to choose him/her as your mate?
   ♦ When was the idea of marriage first talked about? In what context? How did you two communicate about it? What was actually said? Who first mentioned it?
   ♦ What obstacles stood between you and marriage? How did your parents (caregivers) react to your courting and decision to marry?
Before your marriage, what did you want your marriage to be like? How is it different than the way you thought it would be? How is it better? How is it worse?

The relationship after marriage:

- What do you consider the strengths of your marriage? What are areas that you still see as areas for growth?
- Many people bring into marriage a set of expectations—a kind of informal contract—regarding what they expect to give and get from marriage. What is your contract with each other? (You might want to give examples)
- In what ways are you similar and different from each other?
- How have you decided to live with your differences?
- What have been the turning points in your marriage up to now?
- How would you describe your communication style(s)?
- How does each of you show that you care for the other?
- Just for fun, try to predict your next argument? How are you usually able to resolve the argument? When you are able to, how do you keep the arguments from getting out of hand?
- What subject typically elicits conflict? How do you address it?
- How do you spend time together?
- How do you see your relationship growing over the next 5 years?
- What goals do you have for your relationship?
- When you look back from retirement what will you remember most fondly about your marriage together?
- When your children look back on the family they grew up in, what will they appreciate most?

Regarding parenting:

- When did you decide to have children? Was it a joint decision?
- What was the best thing about becoming parents? The worst thing?
- What do you remember about the day your first child was born? The second child?
- How do you divide parenting responsibilities? How did you decide on this?
- What about the way you were raised do you want to apply to parenting your own children? What about the way you were raised do you want to avoid applying to raising your own children?
- Do you agree or disagree on how to raise your children? How?
- What is your relationship like with each one of your children?

Family of Origin:

- If I were to meet your mother in an airport, how would I recognize her? How would I know your father?
- How did you get along with your brothers and sisters?
- How are the families you grew up in similar? How are they different?
How did each of your parents handle disagreements?
What did you learn about families from the family you grew up in?

Other issues:

- Significant physical conditions/medications.
- Role of culture and ethnicity in the family.
- Sex roles in the family.
- Role of religion/spirituality in the family.
- Sexuality and sex education in the family of origin.
- Stepfamily issues.
- Careers.
- Involvement in extended family.
- Pets and their roles. Who takes care of them? What are they like?

V. You have gathered a great deal of information... now, create a proposed intervention plan for treating this couple. Include:

- A brief genogram of the couple’s family system.
- Identification of core issues.
- Description of the strengths and weaknesses of the couple.
- A list of short-term goals for therapy.
- A list of long-term goals for therapy.
- The possible interventions for achieving d and e.
- A plan for which members of the couple will you see, how often, and in what configuration (i.e. together, individually, etc.)
- What criteria you will use to determine if and when the couple is “cured”?  
- A projection of number of sessions needed to achieve the goals of therapy.
- A list of possible obstacles you will encounter while working with this couple.
- Other information you see relevant.

* If the couple is not married, use the term “relationship.”

Marriage and Family

301 Paul Watzlawick: Couples considering Divorce with Enmeshed Son in His 20's.
302 John Weekland: The MRI Brief Strategic Model of Clinical Intervention
303 Florence Kaslow: The Divorce Ceremony
304 Steven de Shazer: Brief Solution-Focused Therapy
305 Tom Fogarty: Couple's Therapy
306 Frank Pittman: The Crisis of Infidelity
307 David Kantor: Couples Therapy
308 Gus Napier: Marital Conflict in Which Family of Origin Work Appears to be Crucial Before Marital Work Can Proceed

# Three approaches to Couples Therapy: Intergenerational Gender-Focused Therapy. (Gus Napier)
# Three approaches to Couples Therapy: Solution Focused Brief Therapy (Insoo Kim Berg)
# Demonstrations with Couples in Counseling: Using Assessment & Counseling to Work with Chemical Dependency.

Additional interview demonstration videotapes are available in the College of Education Library and the Medical Library.

See Candy or Patti in the Counselor Education Office (1215 Norman Hall) to arrange a viewing room in the LAB and check out tapes for review.

After Sex
(Dan Cortese, Virginia Madsen, Maria Pitillo, Jonathan Schaech, Brook Shields, and D.B. Sweeney) CONTAINS ADULT LANGUAGE, ADULT SITUATIONS AND BRIEF NUDITY. 96 MINUTES. Lies, Jealousy, and infidelity are served up as three couples (in their twenties) try and figure out just what to do...after sex... with intermittent comments by two therapists.

As Good as it Gets
(Jack Nicholson and Helen Hunt) The story of a couple “getting acquainted”.

Best Friends
(Bert Reynolds & Goldie Hawn) “So why, already, did they have to get married?”

Bye Bye Love
(Paul Riser and others) The challenges of divorce, parenting and the longing of the heart.

Chasing Amy
(Ben Affleck & Joey Lauren Adams) “She has someone a little different in mind — another woman.” 113 minutes.
**Fools Rush In**  
(Mathew Perry, Salma Hayek). PG-13 109 Minutes. A WASP and a Mexican girl marry. The movie deals with the collision of two cultures.

**Husbands and Wives**  
(Woody Allen, Mia Farrow, Liam Neeson, Blythe Danner) What happens when a couple’s best friends announce that they are separating. 108 minutes.

**Keeping the Faith**  
(Ben Stiller, Jenna Elfman, and Edward Norton). Rated PG-13…129 MINUTES. Two best friends (one a Rabbi and one a Priest) fall for the same woman (a friend from childhood). This movie deals with diversity and with personal freedom vs. tradition, etc.

**Love and Sex**  
(Famke Jansenn, and Jon Favreau). The female protagonist examines all the stages of love from the first kiss to the final breakup using her own chaotic relationship history. Rated R—Contains adult language, adult content, and brief nudity. 82 Minutes.

**Mr. & Mrs. Bridge**  
(Paul Newman & Joanne Woodward) “…a clean-cut Kansas City couple who find their traditional roles challenged by a changing world.” 127 minutes

**On Golden Pond**  
(Katherine Hepburn, Henry Fonda, and Jane Fonda). Rated PG—105 MINUTES. Two couples, one remarried, one in the later stages of life.

**One True Thing**  
(Meryl Streep, Renee Zellweger, William Hurt). Mother has cancer and needs assistance. The protagonist couple is made up of a middle aged philandering professor husband (detached from the home) and his “in denial” middle-aged wife. Rated R—128 minutes.

**Philadelphia**  
(Tom Hanks, Antonio Banderas, Joanne Woodward). The story of a homosexual couple dealing with AIDS in one of the partners.

**Runaway Bride**  
(Julia Roberts, Richard Gere). A movie about a woman unable to commit to marriage. Rated PG 116 MINUTES.

**Something to Talk About**  
(Julia Roberts, Randy Quaid). A rich, young couple separates after the wife learns of her husband’s affair and lies. The couple eventually works things out and reconciles.

**Sunday Bloody Sunday**  
(Glenda Jackson, Peter Finch, Murray Head) “…two Londoners coping with the non-committal affections of the lover they have in common.” 110 minutes

**Terms of Endearment**  
(Debra Winger, Shirley McLaine) …the impact of the mother-daughter bond on the husband-wife union.
**That Old Feeling**  
(Bette Midler, Dennis Farina). A post divorce (14 years), highly conflicted couple rekindles romance when their grown daughter gets married…Rated PG-13…106 MINUTES

**The Big Chill**  
(Kevin Kline, Jeff Goldblum, Tom Berenger, William Hurt, Glenn Close, Mary Kay Place, Jobeth Williams, and Meg Tilly). Rated R…103 MINUTES. Seven college students (in their early 30’s) reevaluate their lives and their relationships.

**The Mirror Has Two Faces (Really good)**  
(Barbara Streisand, Jeff Bridges). Two professors (Mathematics and Literature—Columbia University) meet through an ad in the paper and test out the theory of marriage without sexual contact. Rated PG-13…126 MINUTES

**The Next Best Thing**  
(Rupert Everett & Madonna) “…the perfect couple—except for one small complication: he’s gay.” 108 minutes.

**The Story of Us**  
(Bruce Willis, Michelle Pfeiffer). A couple with young children decide to divorce while the children are away at camp…Rated R…96 MINUTES.

**Two Girls and a Guy**  
(Robert Downey Junior, Heather Graham, Natasha Gregson Wagner). A “modern romance”: The story of an arrogant, self-absorbed guy and his two girlfriends. Rated R…100 MINUTES. May be offensive to some…leaves little to the imagination.

**When A Man Loves A Woman**  
(Andy Garcia and Meg Ryan). The story of a chemically dependent couple.

**Who’s Afraid of Virginia Wolfe?**  
(Elizabeth Taylor & Richard Burton) demonstrates the games couples play, especially the “double bind” theory.
EXHIBIT O - Dimensions of Couple Therapy Theory Analysis

I. Introduction
   1. Biographical Sketch: personal background and training orientation of main proponent or theorist.
   2. Background & Development: historical and developmental aspects of the approach. Discusses settings in which approach was developed and problems/populations with which it has been used.

II. Conceptual Elements of the Approach
   1. Philosophy and Assumptions: philosophical roots and basic assumptions.
   3. Theory of Individual & Family Dysfunction: components of dysfunctional behavior, critical events (developmental and innate) in the development, and acquisition of dysfunctional behavior (how are symptoms formed and maintained?).

III. Clinical Elements of the Approach
   1. Goals of Therapy: nature and kind of therapeutic objectives (expected outcomes). Address the importance and role of therapeutic goals, effects of therapist values, and the process of goal definition (Who defines goals and by whom are they evaluated?).
   2. Role and Function of the Therapist: major techniques utilized to achieve the goals. Techniques are discussed in terms of the kind of influence they are intended to have. Defines the behaviors required of a therapist working from this approach. (What therapist characteristics are necessary to function from this mode?)
   3. Process of Therapy: the expected nature of the course or development of therapy (stages of treatment).
   4. Mechanisms and Theory of Change: describes the process and ingredients that produce expected change. Address sequence or order of change, and transferability of in-therapy change to life outside of therapy. Defines principles governing behavior changes and ways these propositions are related.
   5. Basic Concepts: summary.

IV. Evaluation, Current Status, and Future Directions
   1. Contributions: defines the unique contributions of the model in terms of both theoretical constructs and clinical utility, and research that the approach has generated.
   2. Limitations: evaluates the model on the criteria used for evaluating a theory: preciseness and clarity, simplicity, comprehensiveness, operational heuristic value, defines the process and mechanisms of planned therapeutic change, predictive value, capable of evaluation, usefulness to practitioners, teachability.
   3. Application: explores the difficulties of implementing the approach in various contexts, discusses the current status of the model's application, and offers hypotheses on future direction of the model's development and applicability.

JOURNAL OF MARITAL AND FAMILY THERAPY (January, 1982), p. 67
EXHIBIT P - MARITAL CASE FORMULATION FORM

COUNSELOR'S NAME __________________________ DATE of first interview __

PARTNER #1: NAME __________________________ AGE ___ WORK ___

PARTNER #2: NAME __________________________ AGE ___ WORK _____

CHILDREN & OTHER FAMILY IN HOME (NAME & AGE) ________________

ETHNICITY __________________ # YRS. MARRIED IN RELATIONSHIP ________

REFERRED BY ___________________ REASON FOR REFERRAL _____________

SCREEN FOR:

♦ DANGEROUSNESS: YES ___ NO ___ WHOM?

   IF YES-to Self: _____ to Others: _____ Hospitalized? YES ___ NO ___

   Family Alerted? YES ___ NO ___ Authorities Alerted? YES ___ NO ___

   Critical Incident Report Filed: YES ___ NO ___ DATE ____________

♦ SUBSTANCE USE and/or ABUSE (including medications):

♦ NATURE of REFERRAL - Why seek help now? Who are the interested parties?
What social systems (e.g., school, court, jail) are involved? Reports required?

♦ INITIAL IMPRESSIONS – What are your first and intuitive responses? What strikes you? What hunches have you already?

INITIAL QUESTIONS

♦ PRESENTING PROBLEMS – Provide concrete descriptions of problems (i.e., Who, What, Where, When & How) from each person, note problem severity (on a 1-10 scale), and indicate what actions & explanations maintain the problem. Use Circular Questions to elicit each person's contribution to the problems presented.

♦ BRIEF HISTORY of PROBLEMS - When is the problem a problem? How long has it been a problem? When, how, and where did it start? What precipitated it? For whom is it a problem? When is the problem NOT a problem (i.e., Exceptions)?

♦ IDENTIFY SOLUTIONS ALREADY ATTEMPTED - What progress has been made? What has worked? For how long? What is no longer working?
SIGNIFICANT RECENT CHALLENGES – Name Stressors & Life Cycle Changes.

WHAT CHANGES ARE SOUGHT NOW? WHAT DOES EACH CLIENT WANT TO HAPPEN? [i.e., Identify GOALS (the preferred scenario), how desirable the goal and/or preferred scenario is for each client (on a 1-10 scale), and the consensus priority order for goal accomplishment].

HOW WILL EACH CLIENT KNOW WHEN S/HE GETS WHAT S/HE WANTS? (i.e., Identify Objectives, Tasks, & Signposts that alert each client that progress is being made)

INTERSYSTEM RESOURCE ASSESSMENT

FAMILY CONSTELLATION - Genograms: Names, ages, occupations, relationships

INDIVIDUAL SYSTEM ASSESSMENT – Adaptability; Behavioral repertoire; Cognitive style (e.g., representation of sensory input: feel, hear see, smell, taste); Developmental stage; Emotional intelligence; Ethical sensitivity; Explanatory style (e.g., optimism/ pessimism); Intra-psychic dynamics (i.e., aggressive & defensive maneuvers); Irrationality (e.g., deletions, distortions, generalizations); Personality style (i.e., neurotic styles); and Degree of self-focus & self-differentiation.

INTERACTIONAL SYSTEM ASSESSMENT - Marital contract (e.g., validating, volatile, avoidant); Explanatory Emphasis (i.e., political, semantic, syntactic); Talk Time (e.g., small talk/shop talk, control talk, search talk, straight talk); Attributional Strategies (e.g., justification, rationalization, debilitation, vilification); Distance regulation patterns (e.g., pursuer/distancer); Emotional Climate (e.g., turbulent - calm); Reactive Habits (e.g., blaming, computing, distracting, placating, leveling); Four Horsemen (i.e., criticism, contempt, defensiveness, stonewalling).

MULTI-GENERATIONAL SYSTEM ASSESSMENT – Family-of-origin patterns (e.g., anniversary acknowledgments, boundary maintenance, conflict resolution, crisis management, cutoffs, death, decision-making, education, emotional expression, intimacy & distance regulation, life-cycle management, leisure time, money management, parenting, priority setting, role expectations & scripts, sexuality, work).

COALITIONS & TRIANGLES - Oscillations between autonomy & connectedness, triangulation (as stabilizer of relationships in face of anxiety) and de-triangulation. Because triadic relations are routinely dynamic, oscillation occurs over time according to structurally determined patterns (i.e., “invisible loyalties” generate ever shifting “2 against 1” episodes). Determine degree of flexibility/rigidity.

PERSPECTIVE ON TIME – Past, Present and Future; Clock time vs. Street time.

SOCIO-CULTURAL CONTEXT - The social meaning and impact of career, culture, diet, disability, ethnicity, friends, gender, health, illness, income, marriage, parenting, religion, residence, sex, social class, work experience, & world events.

MARITAL ASSETS – Well-developed “LOVE MAPS”; evident fondness & admiration; mindfulness of each other’s emotional needs; mutual influence & respect.
evident; successful joint decision-making; willingness to share power; ability to solve solvable problems (i.e., those that address a particular dilemma or situation where there is no underlying conflict that’s fueling the dispute so the conflict is less painful, gut-wrenching, or intense than perpetual, grid-locked problems), dialogue when gridlocked, and success in creating shared meaning.

**INTERVENTION PLANNING**

♦ HYPOTHESES REGARDING EACH CLIENT and THEIR RELATIONSHIP SYSTEM

♦ THERAPY CONTRACT: #1____CUSTOMER____COMPLAINTANT____VISITOR
  #2____CUSTOMER____COMPLAINTANT____VISITOR

♦ HOW DO YOU PLAN to HELP CLIENTS RE-SOLVE STATED PROBLEMS and REACH STATED GOALS? WHAT OUTCOMES DO YOU ANTICIPATE?

♦ WHAT MESSAGE DO YOU WANT to DELIVER to FACILITATE A DESIRED OUTCOME?

**The MESSAGE STRUCTURE: COMPLIMENT and CLUE**

⇒ The COMPLIMENT focuses attention on desirable attitudes, beliefs, perceptions, values and behaviors already evident in the client’s life that should persist---The message commends these familiar traits in order to emphasize their role in giving stability to life and, by implication, to encourage the client to keep on doing the “desirables” mentioned.

⇒ The CLUE focuses attention on desirable attitudes, beliefs, perceptions and behaviors already present on the periphery of awareness (i.e., exceptions) that are brought to the center of awareness so that one can “do more of it.”

⇒ COMPLIMENT and CLUE are wrapped in a narrative of “BEAUTIFUL NOISE”.

♦ Record unique phrases and words used in the Client’s narrative that may become elements for the creation of the “BEAUTIFUL NOISE” narrative.

♦ Record assets of note that are candidates for “COMPLIMENTS”

♦ Record exceptions of note that are candidates for the “CLUE”:

  DELIBERATE (i.e., INTENTIONAL) EXCEPTIONS

  SPONTANEOUS (i.e., SERENDIPITOUS) EXCEPTIONS
A solution-oriented intervention contains three elements - an acknowledgment of the client's narrative account in slight reframe (i.e., the “beautiful noise”), an indication of what should remain the same (i.e., the therapist's compliments), and a suggestion of what can change (i.e., the therapist's clue). Each element of the intervention must match the client's own sense of her/his situation sufficiently to communicate understanding and respect while also introducing a novel twist...a “difference that can make a difference”.

In paragraph form, the format for an intervention is as follows:

I RECOGNIZE THAT YOU THINK...(insert aspects of the client’s narrative - words and phrases that the client used to describe the concern, conflict, impasse, or problem - which, when reflected back, acknowledge that you heard her/his story; this initiates the “beautiful noise” narrative):

I AM IMPRESSED WITH...(insert a GENUINE COMPLIMENT or two or three; this conveys the “stability” message: keep doing this!)

I WONDER WHAT WILL HAPPEN IF/WHEN... (insert a CLUE, either the Formula First-Session Task, an Observation Task, a Do Something Different Task, a deliberate exception noted earlier, or a spontaneous exception; this conveys the “change” message: do this differently):

AND COME BACK and TELL ME HOW IT WENT.
Exhibit Q: MHS 6440 - Marriage Counseling (FALL, 2007)
LEARNING LOG (Due Sept. 18, & Oct 23).

NAME________________________________________________________ DATE______

Pages read to date: Gottman___________ Gottman 2___________

What is your response (+ and -) to the class-related reading you are doing? What ideas stand out? How is your thinking about marital & couple relationships and/or psychotherapy changing in light of these ideas/experiences?

What questions do you want us to address (and you will pursue) in class? (Use the back of this paper as needed).