

**APPLYING AN INTEGRATION OF SOLUTION  
FOCUSED THERAPY AND FAMILY OF ORIGIN THERAPY  
MODELS IN WORKING WITH COUPLES**

by

Jay Jenny Steele

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in Partial Fulfillment of the Requirements  
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THERAPY AND FAMILY OF ORIGIN THERAPY MODELS  
IN WORKING WITH COUPLES***

***BY***

***JAY JENNY STEELE***

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree**

**of**

***MASTER OF SOCIAL WORK***

***Jay Jenny Steele*      1997 (c)**

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## INTRODUCTION

This practicum report attempts to illustrate the effectiveness of an integration of two separate models of family therapy. The solution focused therapy model and family of origin therapy have been combined to provide therapeutic intervention to couples who are experiencing various difficulties in their relationships. It is the author's belief that a combination of these treatment modalities would be beneficial in helping couples work through their problems. The practicum had several learning objectives for this author as a Master of Social student:

- 1) To expand my knowledge of the dynamics of couples in conflict and the various issues involved.
- 2) To increase my knowledge of the brief solution focused, and family of origin treatment approaches to marital therapy.
- 3) To acquire advanced skill, as well as a development of style, substance, and confidence in the application of these two interventive approaches in a supervised setting.
- 4) To determine the efficiency of the integration of family of origin and brief solution focused models of therapy.

The solution focused model focuses on the couple's immediate problem. The emphasis of treatment is shifted from the therapist trying to understand the problem and how to help clients solve it, to helping clients focus on solutions to their problems (De Shazer et al., 1986). While the solution focused model deals mainly in the here and now of couple's problems, it is also important to remember that there are times when a partner or each partner brings unfinished business and emotional issues from his or her childhood. For this reason a skillful integration of

both brief solution focused and family of origin therapies in working with couples experiencing relationship difficulties is the intent of this practicum.. The practicum report will include a review of some of the existing literature in the areas of brief solution focused therapy and family of origin therapy, followed by a description of the practicum design. Following the design a description of specific case examples will be given before finally moving on to discuss the outcome and evaluation of solution focused and family of origin models in marital therapy.

The author's choice in working with couples stems from the belief in the importance of healthy relationships. Divorce and or separation of couples is a highly prevalent problem in our society, and often involves intense emotional reactions for both adults and children. The inevitable social and financial changes often create an enormous amount of stress for all of those involved.

Weiner Davis (1992) identifies many long lasting effects on the majority of children from divorced families. Although not all couples choose to have children a great many do and the benefits of having parents with a healthy marital relationship cannot be underscored. Framo (1981) described most children's problems as being metaphors about the quality of the relationship between the parents, and frequently disturbed children are the result of a disturbed marriage. Marital therapy is important not only for strengthening the marital relationship itself but also for contributing to the growth of healthy children into healthy adults in our society. As such, marital therapy plays an important preventative role in decreasing the need for future social work intervention.

# SECTION I

## LITERATURE REVIEW

### CHAPTER I

#### FAMILY OF ORIGIN

#### 1.1 Introduction

Life in the family of origin (the family one is born and/or raised in) is a powerful experience for everyone. At some point, most of us leave our family of origin, but leaving emotionally is not that easy. Regardless of the physical distance we continue to reenact the dynamics of our original family in the new families we establish. In fact, it seems that one of the most difficult things in life is to gain emotional separateness from the powerful early family environment and not continuously repeat it or react against it (Richardson, 1993). This difficulty has historically led to the development of great interest in the area of family of origin by many therapists.

Transgenerational approaches to family therapy have grown out of the work of such pioneers as Murray Bowen (1968), James Framo (1980) and Norman Paul (1974). These therapists all believed that childhood experiences are carried into adulthood. For example, Bowen (1978) proposes that current relationships stem in part from the construction of the current triangles according to “scripts” laid down in the family of origin. The adult’s inability to avoid old patterns and remove him/herself from current dysfunctional patterns is due to his/her low levels of differentiation of the self (increased emotional separateness from one’s family of origin). Bowen (1978) sees continued undifferentiation possibly resulting in marital conflict,

dysfunction in one spouse, or impairment of one or more children. Bowen (1978) contends that this impairment from undifferentiation may be transmitted across multiple generations with the generations of the most undifferentiated offspring marrying partners with similar levels of undifferentiation (Hawkins & Killorin, 1979). Certain intense relationship problems in the present result from unresolved mourning for an earlier lost relationship. One's current intimate relationships are confused by repeated attempts to get others to fulfill an unmet need, or an interrupted relationship (Piercy & Sprenkle, 1986). And finally, Framo emphasizes trans-generational projective identification, in which children subtly collude in identifying and acting out the projected introjects or (bad objects) of their parents. Framo's theory is largely based on the objects relations concepts of Fairbairn (Piercy & Sprenkle, 1986). These three pioneers' ideas are only a sample of the widespread belief in the therapeutic community that our present is affected by our past. The ways that childhood experience influence adult lives are central to most theories of personality. This however is very often not a conscious recognition. Patterns of interaction to which people become accustomed to in their families of origin often play large unacknowledged roles in their life. Given their complexity most people do not attend to patterns enacted in their family of origin unless they have reason to. This places a responsibility on the practitioner to look past the here and now and keep in mind that systemic models have broadened to take into account the many times when a partner will bring to the relationship unfinished business and emotional issues from his or her childhood.

## 1.2 Family of Origin Issues in Marital Therapy

From the perspective of the family life cycle, the family begins in the future spouse's individual struggles to separate from his or her own family of origin, and in the cohabitation of the couple. The major tasks of this life stage begin as both partners move, physically and emotionally, away from their families of origin and towards each other (Karpel & Straus, 1983, p.51). It stands to reason that not everyone is able to meet this task successfully and as a result the struggle is brought forward into the marriage or current relationship. In fact Framo (1981) suggests that marital difficulties largely stem from attempts to master earlier conflicts from the original family; these conflicts from the past are being lived through the spouse and in some instances the children. These beliefs have led to the wide use of family of origin intervention in marital therapy.

Many systems-oriented therapists have also found the exploration of family of origin issues useful in working with couples and marital problems. Gerson et al., (1993) demonstrated the use of family of origin frames in understanding three common couple interactional situations: pursuing/distancing, overfunctioning/underfunctioning and blaming/placating. With the use of family of origin frames and focusing on the larger historical perspective the anxiety and blame in the system is often diffused and couples tend to become less reactive to one another. By helping each partner observe that the roots of his/her behavior are derived from his/her own background rather than solely from the fault of the other, each partner is more likely to focus on his/her own behavior and contribution to the problem. (p. 344).

In the family of origin approach frames are often used to describe the developing understanding of family issues that are discovered and interpreted with the couple. It is only a construction elaborated by the therapist and client and is not necessarily the truth. It is only one way to frame perceptions among many possible interpretations (Gerson et al., 1993, pg. 342). Gerson et al., (1993) describe several family of origin frames including those listed below.

A coping frame describes how someone learned a particular way of reducing anxiety in his/her childhood. The focus is on specific experiences that may have lead to this way of coping.

A modeling frame describes how someone learned to model his/her behavior by observing important figures, usually parents, during childhood. The focus is on general patterns of behavior observed and followed.

A role frame describes how someone learned to play a particular role in his/her family while growing up, a set of behaviors that became familiar if not comfortable. The focus is the persons position in the family system and why he/she came to take a particular role.

A reversal frame describes how someone developed a particular set of values in reaction to how things were when he/she was growing up and a determination to do things differently with his/her own family and relationships. The focus is on how the person came to want these things to be so different, the nature of the over reaction, and it's possible consequences (Gerson et. al., 1993, pg. 343).

Family of origin therapy has also been found useful in helping couples deal with sex and intimacy issues by examining how family of origin affects intimacy through the impact of family loyalties, secrets, and scripts. Sex is understood in the broader family patterns (Hof & Berman,

1986). Ingram (1995) also described the clinically based effectiveness of family of origin therapy in the treatment of couples where one partner has been sexually abused. Sex role crisis within a marital relationship is another problem area that has been amenable to family of origin work since appropriate ways for males and females to behave within a marriage are passed down through family myths and norms which can produce catastrophic fears and scripts (Reibstein, 1988, p. 157).

A family of origin focus in couple therapy has been found to be helpful in dealing with a multitude of issues couples bring to therapy. There are numerous problem areas for couples, as noted above, for which the concepts and clinical applications of family of origin therapy are indeed found to be clinically useful and can be used as part of the treatment for enhancing overall marital adjustment.

### **1.3 Assessment**

Assessment is an ongoing procedure during the therapy process. There are often unrecognized connections between the husband and his family of origin, the wife and her family of origin and the couple's individual and marital functioning. There are several different ways the therapist can gather information about the spouse's family of origin in marital therapy in order to gain an understanding of these connections. Information can be obtained during an interview with the couple and family of origin members, or formal and informal questionnaires. One very common method of obtaining family of origin information is through an interview with the couple.

The interview with the couple can include a verbal description from the couple, writing out a family of origin history or a genogram.

### Verbal Description

Framo (1981) stressed the need for family of origin information in marital therapy to be gathered by securing verbal descriptions from clients. The therapist is given the opportunity to follow up on leads or observe reactions of the couple. Framo considers three main areas of inquiry: the husband and wife as individuals and then the relationship. Framo's assessment includes a brief statement of the problems, prior marriages, mate selection, the spouse's commitment to each other and to the marriage, fighting styles and a brief history of each partner's family of origin.

### Writing History

Some therapists ask the client to write a history of growing up in his or her family of origin and to read the history aloud during the session. The therapist can ask the client to highlight memories, incidents, and attitudes that continue to stand out in the client's present emotional state. This helps with the identification of continued unresolved issues in the intergenerational process that may be impacting on the individual and the marital relationship. The therapist is able to explore these issues further in order to determine their complexity and intensity. Omission of important areas in the developmental sequence of the clients life are also useful assessment tools and can give important clues in identifying the necessary agenda for intergenerational work. (Framo, 1981).

## Genogram

A very popular tool used both in intergenerational assessment as well as intervention is the genogram. The genogram provides a visual record of the important events and changes that have taken place in the client's family of origin. Hartmen and Laird (1983) emphasized the importance of the genogram in objectifying family projections, identifications, relationships, experiences, and events which have been influential in constructing the client's self. Differentiation of self, triangulation, loyalties, unresolved grief reactions, intimacy and personal authority are key family patterns for assessment. Names, dates, sibling position, place of birth, occupations, illnesses, heroes and villains, losses, family themes, toxic issues and emotional cut-offs are all important information gathered in the genogram. Such history taking can be approached in different ways and in greater or lesser depth (Hartmen and Laird, 1983).

Clients are very often focused on their current issues and have difficulty understanding the significance of family of origin questioning. They may view questions related to their family of origin as irrelevant to their current issues or frustrating. Therefore, the timing of introducing family of origin into the assessment needs to take into consideration the nature of the client's presenting problem and the client's readiness for family of origin work.

## **1.4 Therapeutic Goals and Methodology**

### Therapeutic Goals

Goals will vary depending on the method of family of origin treatment used. Clients goals are varied and at times the spouses themselves have different goals and agendas for therapy. Often client's goals change as therapy progresses and clients develop deeper awareness

and perceptions of their problems. Framo (1981) identified several common goals of therapy including: discovering which issues from the old family are being projected onto the spouse; more realistic expectations of the relationship and each other and an ability to communicate more clearly about anxiety-laden topics; interruption of repetitive dysfunctional interactional patterns; more empathetic understanding of each other; and less preoccupation with righteousness. A common goal for the therapist is a higher differentiation of each partner. Differentiation of partners is always a goal for therapy. At the low end of differentiation, feelings and intellect are so fused that their lives are dominated by automatic emotional response which is detrimental in the marital relationship. Higher levels of differentiation are more flexible, adaptable and independent. The greater the separateness of emotional and intellectual responses, the greater the reduction in blaming and triangulating (Maultrup, 1981).

### Therapeutic Methodology

Family of origin therapy can be conducted under several different methodologies. Goals such as insight and differentiation are emphasized more in transgenerational therapies than in more explicit problem solving techniques. Three common methodologies are direct work with the couple, sessions with the couple's family of origin and group therapy with couples.

### Interview with the Couple

During the family of origin interviews the current marital issues are revealed in light of past family beliefs, norms, roles and reactions. Partners gain insight into their own contribution to relationship problems, learn to view marital differences and struggles from a wider perspective and usually become more accepting as a result. It is easier to become more accepting when a

partner's behavior is seen not out of an effort to frustrate, but as the product of previous life experiences and expectations. The concept of learning more about each partner's family of origin is carefully presented. It can be explained to the couple that before we can assist in their struggle, we must first know each of them better, both in terms of personal perspectives and family backgrounds. The therapist can then proceed to conduct comprehensive family background interviews with each partner. The goal in the first few sessions of therapy is to develop a systemic frame that ties together the current interactional process with family of origin issues. The direct interview is preferred in gathering the family of origin information. In this way the therapist can assess the intensity of the reaction of each partner to exploring particular family of origin issues and determine which emotionally charged areas should be elaborated on or deferred (Framo, 1981).

The therapist needs to be timely in presenting the family of origin frames to the couple. Presenting family of origin frames prematurely can lead to denial, rejection and even withdrawal from therapy. Each frame is only one interpretation among many possibilities and as new facts are uncovered or revealed, a good frame should be flexible and adaptive enough to adjust (Gerson et al., 1993, p. 342). By helping each partner observe that the roots of his or her behavior are from his or her own family background rather than solely the fault of the other, each partner is more likely to focus on his or her own behavior and contribution to the problem. Couples may also become less angry and reactive to one another. Family of origin frames can be quite useful in developing new perspectives and considerations for alternative behaviors in the ongoing process of couples therapy (Gerson et al., 1993).

### Interview with the Family of Origin

Framo (1981) introduces the significance of sessions with the client's family of origin. Clients begin to understand how their family of origin issues are impacting in their current relationship and working out a better relationship with family of origin frequently becomes a goal in its own right.

There are considerable variations in the family of origin sessions. They differ in intensity, time, focus, issues and degree relatedness. The role of the therapist is to facilitate and assist clients in working through previously determined agendas. The therapist needs to stand ready to intervene and probe or redirect, based on the client's previously clarified goals for experience (Erikson, 1992).

Extended family of origin sessions offer an opportunity for clients to go home again and deal with issues that helped shape their lives. Framo (1981) believes that following the family of origin sessions of both partners, most marriage relationships improve since some of the myths have been cleared away and transference distortions diminished. Having moved backward in time the client can begin to move forward and deal more realistically with her/his spouse. Whatever freeing up occurs as a result of family of origin work, the client still has work to do in using the new freedom or understandings in his or her own marriage. Triangles, roles, scripts and loyalties are examined from the family of origin since these ties to our family of origin reflect strain and conflict in current relationships, limiting interaction. Goals of therapy are to focus in the redefinition of the relationship context so trust or worthiness can be mutually redefined. A further goal is to modify present relationships to partners family of origin, to open

up cut offs and to develop better boundaries in fused relationships (Reimal & Schindler, 1994). The overall goal of the therapeutic process is to encourage partners to make peace with family history and reveal emotional stories so they can be freed up in their present relationships (Freeman, 1992).

Nichols (1988) describes common techniques used in family of origin therapy to achieve these goals when members of the clients family of origin cannot be present. For instance symbolic re-enactment of childhood issues is accomplished by using an empty chair and other evocative techniques where the client symbolically deals with family of origin issues.

### Group Therapy

Group therapy can be particularly helpful in preparing couples to deal with family of origin issues. The group process itself has many benefits including: helping partners come to recognize the universality of certain marital problems and feel less different than other couples. feedback from the group carries a great deal of impact and clients learn from one another and use each other as models of what to imitate or avoid. During the couples group sessions the spouses become much more aware of their unrealistic expectations of marriage and their spouse. At a certain stage in the course of the couples group, individuals may start questioning his or her own behavior or attitude towards the spouse. This examination of the self provides entry into bringing in family of origin as a way of dealing with his or her unrealistic expectations of the partner or the marriage (Framo, 1981). Hawkins and Killorin (1979) describe their workshop where the goal is to introduce clients to family of origin experience where issues of unresolved grief, differentiating the self, or self esteem issues can be elicited.

### Integration of Family of Origin Work with other Therapies

Family of origin work has also been found useful in combination with other therapies. For example, Zimmerman and Dickerson (1993) have found it useful to introduce family of origin work into their social constructionism and second order cybernetics orientated therapies. Although the goal of their model is to externalize clients from their problems and focus on the client's competencies throughout therapy, family of origin issues are introduced. Zimmerman and Dickerson (1993) believe that family of origin work can be done in the short term and have been known to ask couples if they are interested in the 10 minute analysis or the 10 year plan.

Family of origin issues are discussed with the partners in an effort to locate the context of development for current behavior patterns and beliefs impacting the relationship. Behavior patterns and patterns of relating are viewed as coping mechanisms developed in the original family that are now getting in the way of the marital relationship. In this way an explanation is offered for the problem and partners are able to feel less blame. Clients are able to see the difference between the original relationship where the patterns developed and their current marital relationship. These processes of seeing the pattern as the problem and locating the beliefs that support the pattern in a family of origin context aid in deconstructing the meanings that support the problem. Therapy becomes a dual process of both deconstructing meanings while at the same time reconstructing or restoring new meanings (Zimmerman & Dickerson, 1993).

## 1.5 Evaluation

The previous examples are indicative of the wide use and belief in the efficiency of family of origin therapy although little empirical evidence exists to support these beliefs. The following is a brief report of three existing studies which attempt to establish such support.

1. Lane and Wilcorin (1988, 1989) investigated the relationship between family of origin experiences and marital adjustment during the transition to parenthood. The subject sample investigated was obtained from volunteer married men and women who, during the third trimester of pregnancy, attended childbirth preparation classes offered through a regional medical health centre. All subjects were anticipating the birth of their first child. The sample consisted of 96 persons (48 couples) who completed self-report instruments at two measurement periods. Standardized and nonstandardized instruments were used in the study. The two non-standardized instruments were the General Information Questionnaire and the Post partum Questionnaire. One standardized instrument used in the study was the Dyadic Adjustment Scale. Results of the study revealed predictable negative changes in marital relationships between the last trimester of pregnancy and nine months subsequent to the birth of the child. It also revealed that the transition to parenthood was less stressful on marital adjustment for husbands and wives with healthy family of origin experiences. This indicates that marital adjustment may be impeded by the stress of transition to parenthood for spouses with negative experiences from their family of origin. These findings suggest that the focus in family of origin issues for new parents may be of equal or greater importance than other marital issues (p. 221).

2. Wilcoxon and Hovestadt (1985) investigated the relationship between family of origin experiences and marital adjustment across years of marriage. Subjects from an initial pool of twenty randomly selected couples were requested to anonymously submit recommendations for potential subjects to complete the total sample of 100 subject couples. The sample was a non clinical population from a metropolitan area. Data was anonymously collected with subjects receiving standardized instructions to maintain uniformity in collection. Two instruments used were the Dyadic Adjustment Scale, and the Family of Origin Scale to compare the relationship between family of origin experiences and marital adjustment. Data revealed that the relationship between family of origin experiences and marital adjustment was statistically significant for couples who were married for a brief duration and that the correlations between these measures were significantly different when comparing brief versus long marital duration. These findings suggest that the focus of family of origin issues in early years of marriage may be more amenable to important insights and changes leading to marital adjustment (p. 164).
3. Laham (1990) investigated the relationship of marital adjustment between subjects receiving family of origin therapeutic intervention and subjects who did not receive the intervention. The subjects were 71 well educated, Caucasian, middle and upper class clients. The participants were married and unmarried cohabiting couples who had been treated by James Framo during the period of 1972-81. The population included 43 clients that had received Framo's family of origin intervention and 28 clients that had not received the intervention. The couple's level of marital adjustment were measured by the Dyadic Adjustment Scale and the Criteria of Marital Therapy Outcome Scale. The major

hypothesis of this study proposed that subjects who received a family of origin therapeutic intervention would be significantly different from those who did not receive the family of origin intervention as qualified on the two outcome measures. Analysis failed to establish any significant difference between groups on either outcome measure. Despite the study's inability to validate the research hypothesis and prove any significant differences between the groups, the effectiveness of the specific treatment intervention was established in several general measures. For example, as scored on the Dyadic Adjustment Scale, 100% of the subject sample reported good or moderate marital adjustment following the family of origin treatment intervention. Similarly, the criteria of marital therapy outcome results indicated that 94% of the subjects receiving the treatment intervention scored in the good or moderate successful outcome categories. Although there remains insufficient data to support the superiority of this intervention style, results did indicate that the concepts and clinical applications of intergenerational therapy are useful as part of a treatment in enhancing marital adjustment (Laham 1990, p. 221).

Although there are numerous problem areas for which family of origin therapy has been found to be clinically useful, further studies such as these are required to provide evidence for family of origin therapy as a valid form of marital therapy. It can not be concluded however from this lack of empirical research that family of origin therapy does not work. Synder and Wells (1991) and Greenberg and his associates, Johnson & Greenberg (1995) demonstrate that treatments that have not been studied previously may be as effective as those that have been. The clinical support for family of origin therapy suggests that this may be the case with this

particular therapy. Unfortunately it is the lack of existing research in family of origin that has affected this therapy's credibility. Once again, more empirical evidence is needed in this area to support the numerous continuing claims of effectiveness made by so many marital and family therapists.

## **1.6 Summary and Discussion**

Family of origin work is very deeply rooted in the family therapy movement which claims it is a useful therapeutic model. It is however unfortunate that little empirical evidence and research exists to provide validation to this claim.

One of the existing problems which has affected the amount of research in this area is that the methodology of this model does not lend itself to research quite as easily as the more behavioral orientated therapies that have more easily operationalized interventions. Although the family of origin model has a well articulated methodology there is less structure to the therapeutic process and the stages of therapy are less clear than with some other models. Perhaps we will see more empirical research in this area in the future since we seem to have moved forward with more research taking place in the non-behavioral methods.

Another step forward is the development of good standardized measures for assessing process and outcome. One such currently existing tool is the Family of Origin Scale. This measurement tool and the development of others may serve to facilitate further empirical investigation in this area and begin to address important research questions. One research question that definitely calls for deeper investigation is, "What specific problem areas are more amendable to family of origin work?" Empirical evidence exists supporting the usefulness of

family of origin therapy with couples experiencing difficulties during the transition to parenthood (Lane & Wilcoxon 1988), however research has not continued to pursue further validation for family of origin therapy in other specific problem areas for couples. Research clearly needs to focus on the ability of family of origin therapy to have an effect on specific disorders and problem areas within a couple relationship.

Further research is also needed in this area which incorporates more longitudinal studies and follow-up studies, as well as assessing change at different points in time. Research needs to strive for a better understanding by answering the many existing questions: therapists need to continue to put questions forward and to continue to examine treatment results using systematic follow-up.

It is true that like everything else therapy is a sign of the times and in this 90's decade quick fixes are in. A therapy that deals with old wounds and historical pain can be looked upon with dismay by clients and therapists. This along with the fact that family of origin work doesn't usually lead to quick dramatic outcomes often results in having its usefulness for developing new perspectives and suggesting alternative behaviors in the process of couple therapy to be easily overlooked.

They should not be so quick however to toss the therapy aside or to view a therapy which deals with the past as useless or unnecessary. There is continual testimony to the incredible power and influences childhood experiences have on individuals in their adult patterns of relating to one another. Insight into these dysfunctional behaviors and patterns is more than an added bonus in therapy. A renowned therapist, John Bradshaw, once said that he has witnessed an

overwhelming number of couples who come into therapy believing that they are fighting over the mortgage or laundry, but what was really taking place were destructive patterns as a result of unfinished family business. There is a calmness and often a great sense of relief that comes with understanding our own behavior. Behavior therapies on their own seem to lack these underlying insights into our behavior. Not only do we become less tense when we come to understand that we are not to blame for our partner's behavior, as quoted earlier, but our defenses are melted down, and room for discovery and change open up. This discovery leads to a new awareness of ourselves. It is possible to have behavioral change without such awareness, but this is likened to walking through a maze blindfolded. There is less clarity and an increased likelihood of confusion. Without awareness we are less in control and always more in the dark. Behavioral therapy in itself has a sense of incompleteness and it is much less likely to have the far reaching effects of a combination of therapies which includes insight.

## **CHAPTER II**

### **SOLUTION FOCUSED THERAPY**

#### **2.1 Introduction**

Family therapy is a vastly growing field where new approaches are continually emerging. One of the more recent trends has been towards the short term models of family therapy. Bloom (1992) places the beginnings of short term psychotherapy as part of the community mental health movement that emerged in the 1960's. Bloom describes what had originated as an attempt to meet the increased needs of the mental health community in the following decades proving itself clinically and empirically to be a useful therapy. In fact many brief therapists see long term therapy as complicating the problem it was meant to eliminate.

Therapy sessions are usually limited in number in brief therapy, however most brief therapists are reluctant to define their practice in relation to time. Wylie (1990) quotes Weakland, associate director of the Brief Therapy Centre at Mental Research Institute as saying "brief therapy" is an unfortunate term. He prefers to call his work "efficient therapy" as does De Shazer, co-director of BFTC. Gurman is quoted as saying, "Brevity is a metaphor for clarity about what needs to be changed, an attitude about being task orientated" (Wylie, 1990, p. 29).

Brief therapists hold in common the belief that therapy must be goal orientated, well defined, time limited and aimed at relieving the client's presenting complaint. The idea of underlying causes to the presenting complaint is rejected for the belief that the client's need does not extend beyond what the client thinks and presents as the problem (Wylie, 1990).

The brief models of family therapy have been influenced by the work of such pioneers as Gregory Bateson, Jay Haley and Milton Erickson. Gregory Bateson organized a research project in the early 50's and included in his research group were Jay Haley, John Weakland and Don Jackson. Each of these men would later branch off and form roots in the brief therapy movement bringing with them the influence of Bateson's early work in communication as a revolutionary way of looking at the development and maintenance of human problems (Mackinnon, 1983).

In 1959, Jackson left the research project and formed the Mental Research Institute (MRI) in Palo Alto, a therapy centre that continued to make use of the project's knowledge. Jay Haley joined the MRI in 1962 and was instrumental in making the principles and practices of Milton Erickson more explicit as well as providing ideas from his own work in brief therapy. Wylie (1990) wrote, "Milton Erickson has been to the development of brief therapy what Sigmund Freud was to long term psychotherapy" (p.28). Erickson was very orientated toward getting people to do things that would encourage them to discover solutions. He cooperated with clients and discovered and used what clients were already doing well. Erickson's move to change existing behavior usually depended on implicit or indirect means of influence consisting of stories, metaphors and riddles delivered while the patient was in a trance (Wylie, 1990). Even when behavior is explicitly discussed his aim is often not to clarify the reality of a situation but to alter and ameliorate it by some redefinition. Paul Watzlawick and Richard Fisch were also influential in developing the MRI method. MRI beliefs included the use of deliberate intervention to alter the system with a maximum of 10 sessions; the importance of interactional sequence and observable behavior interactions in the present and foremost the focus was on the complaint and failed attempts to resolve it.

Following the MRI, the Brief Therapy Centre was established in 1968 at the Mental Research Institute. In 1978 the Brief Family Therapy Centre was established as a research and training orientated therapy centre. The brief therapy approach is described as developing solutions and will be described in further detail in the next section of this chapter.

## **2.2 Brief Solution Focused Therapy: The Model**

One form of therapy developed at the Brief Family Therapy Centre in Milwaukee by Steve De Shazer and his colleagues is solution focused therapy. The approach holds that clients already know what to do to solve the complaints they bring to therapy and thus the job for the therapist becomes to help clients construct for themselves a new use for the knowledge they already have (De Shazer , Berg, Nunnally, Molnar, Gingerich, and Weiner Daus, 1986). The model has grown from one which focuses on dealing with how problems are maintained and how to solve them to a more recent focus on solutions. The model has continued to grow and many other therapists have developed their own version of solution focused therapy, including Kim Berg, William O'Hanlon, and Michelle Weiner Davis. There are several common assumptions that are inherent in the solution focused model:

- 1) Solution focused therapy relies on what the client brings in as the complaint.
- 2) It is not necessary to know the cause or function of the symptom in order to resolve it.
- 3) Therapy is goal driven.
- 4) Focus is on solutions rather than problems.
- 5) There is deliberate intervention to alter the system.

- 6) Complaints develop in the context of human interaction.
- 7) New beneficial meaning can be constructed for at least some aspect of the client's complaint.
- 8) Change in one part of the system leads to changes in the system as a whole.
- 9) Changes can be made rapidly.

(1) Solution focused therapy relies on what the client brings in as the complaint

Wylie (1990) describes the role of the brief therapist as paying attention to what the client says and addressing what the client thinks is the problem. The client's complaint is used as the lever for prying the system out of its rut. De Shazer (1986) states that the key to brief therapy is utilizing what clients bring with them to help them meet their needs in such a way that they can make satisfactory lives for themselves (p. 207).

(2) It is not necessary to know the cause or function of the symptom in order to solve it.

O'Hanlon & Davis (1989) confess that they do not believe that there is a real problem underlying the complaint. Spending time trying to understand the function or purpose of the complaint can delay indefinitely focusing on the problem behavior and the solution (Wylie, 1990), De Shazer (1986) states that details of the client's complaints are unnecessary in resolving the complaints.

(3) Therapy is goal driven

Goals help set the focus for therapy, for the client, and the therapist. Reducing a broader vague complaint to a more specific one makes the solution appear simpler and more

attainable. Parts of the problem expressed in very specific behavioral terms create workable steps and serve as a guide toward the solution (De Shazer et al., 1986). Weakland (1974) proposes that change can be effected most easily if the goals of change are reasonably small and clearly stated. Minor changes in overt behavior are often sufficient to initiate progressive developments (p. 150).

(4) Focus is on solutions rather than problems.

The focus of therapy becomes to look for what is right rather than what is wrong. Clients are seen as already holding the key to resolving their problems and therapy should aim towards helping clients find that key. Davis (1989) describes the importance of tuning out what is wrong in order to help clients find the resources they need to move towards solutions.

(5) There is deliberate intervention to alter the system.

Therapists actively work toward getting people to take action, most often of the observable kind (Haly, 1976).

(6) Complaints develop in the context of human interaction.

Solution focused therapy seeks to help clients do something different by changing their interactive behavior and/or their interpretation of behavior and situations so that a solution can be achieved (De Shazer et al., 1986, p. 207).

(7) New and beneficial meaning can be constructed for at least some aspect of the clients complaint.(De Shazer et al., 1986, p. 207)

Out of the raw data of the client's complaint, there are often facts that can serve to create the frame that the client has been going in one positive direction (Haly, 1976).

(8) Change in one part of the system leads to changes in the system as a whole.

The idea that engineering change, any change, in behavior as the goal of therapy does not preclude the belief that even a minor difference can have far reaching and dramatic effects in client's lives. A single well targeted intervention causing a small change in behavior or attitude can shift the client's entire intrapsychic and interpersonal system (Weiner Davis, 1992).

(9) Changes can be made rapidly.

The process of reviewing the past to find explanations is bypassed. Solution focused therapists believe that most people want to change and that change does not have to be a lengthy process (Weiner Davis, 1992, p.91).

### **2.3 Methodology**

The structure of the solution focused model is simple but the execution of it requires all the skills of interviewing and all the knowledge of people and relationships that are needed in most other approaches (Nunnally & Lipchik, 1989).

The format of the approach as designed by the Brief Family Therapy Centre includes in the initial session:

- 1) Introduction to the set up and procedures
- 2) Statement of the complaint

- 3) Explanation of exception to the rules of the complaint
- 4) Establishment of goals for therapy
- 5) Definition of potential solutions
- 6) Intermission
- 7) Delivery of message from the team (De Shazer et al., 1986).

In subsequent sessions, the focus is on the exceptions and the building of these exceptions since the complaint has already been talked about. Earlier models of brief therapy, such as that described by Weakland (1974), paid more attention to the problem and believed that problems persist only if they are maintained by ongoing current behavior of the client and those they interact with. Therefore, if the problem maintaining behavior is appropriately changed or eliminated, the problem would be resolved or vanished. An estimation of the behavior maintaining the problem was a goal for the therapist. In the BFTC model of solution focused therapy, much less attention is directed at the problem and behavior maintaining the problem. Instead, the focus is on solutions. The brief solution focused model contains several important components including:

- 1) The complaint
- 2) Creating an expectation of change
- 3) Goals
- 4) Exceptions and solutions
- 5) Re-framing

6) Tasks

7) Compliments

1) The Complaint

During the initial session, the therapist receives a statement about the complaint and allows the client to tell his/her story as needed. Attention is paid to as much detail about the complaint as possible since more details about the complaint increases the potential for intervention and goals (De Shazer et al., 1986). Often clients come in with complaints that are very vague and the therapist will use constructive questioning to assist clients in describing their complaint much more specifically.

2) Creating Expectation for Change

The therapist then works to direct the client away from thinking of negative complaints and elicits questions and responses that convey a positive attitude and allow clients to feel that a solution is within reach. What you expect to happen influences what you do, and if you expect something different to happen, then doing something different makes sense. Questions about what things they want to be different when the complaint is resolved are often used in this stage (De Shazer et al., 1986, p. 213). Since the expectation of change has been created, the therapist elicits descriptions of any changes in any area of the client's life. Anything that prompts the client to say that things are better needs to be identified as a verification of change and needs to be highlighted (p. 214). The therapist implies through questioning that the problem can be solved and that there are ways to know that the problem is solved. The more alternate futures or solutions talked about, the stronger the client's expectations of change will be (p. 220).

### 3) Goals

Goals are some piece of the solution expressed in the most specific behavioral terms possible in order to serve as a useful guidepost toward solution (De Shazer et al., 1986). Goals are set by the end of the first session so that there is a focus for therapy and some way to evaluate progress. Questions are formed to help narrow down vague goals to more specific goals so that solutions appear simpler and more attainable.

### 4) Exceptions and Solutions Development

Exceptions at times when the complaint does not happen are very effective in creating an expectation of change. Complaints are often maintained by the idea that what the clients decided to do about the original difficulty was the only right and logical thing to do. The explanation of exceptions to the rules of the complaint challenges these thoughts and is the beginning of bringing about solutions. Exceptions are used to find out what happens when the complaint doesn't happen. Any exceptions to the complaint involve behaviors, perceptions, thoughts, feelings, and expectations that are outside the complaint constraints. These can be used as building blocks in the construction of a solution. Both therapists and the client need to know what the clients are doing that is working. There are always exceptions to complaints and they give clues to the kinds of perceptual changes that will resolve the problem (De Shazer et al., 1986, p. 215). Questions such as, "is there a time that the complaint doesn't occur?" and "what

is different about those times?” help guide the client toward discovering exceptions. When the exceptions are identified and described, questions are used to build on these exceptions toward a solution. Solutions involve determining what works so that clients can do more of it. Questions such as “when this happens what will you be doing differently?” and “What will others be doing differently?” describe alternate ways of knowing that a solution has evolved. This leads to goal setting because the client may want more of what happens when the complaint does not happen.

Solutions are related to clients doing something to become more satisfied with their lives. Those aspects of the situation that are excluded from the client’s complaint are potentially useful for designing interventions and prompting solutions. Therefore the therapist helps clients not only construct solutions out of the known factors, but also from what may be excluded (De Shazer et al., 1986, (p. 212). Effective behaviors in one area of life can also be used as metaphors for solutions in the complaint area. Solutions are not only behavioral changes that the client constructs to alter the difficulty but can also be the construction of an acceptable alternative perspective that enables the client to experience the complaint situation differently (De Shazer et al., 1986).

##### 5) Frames and Reframing

Being able to view the complaint situation from another perspective helps the client to see the complaint differently. Reframing is a technique used by the therapist to assist the client in bringing about perceptual changes. Frames and the labels attached to the frames dictate what we can see. Simply seeing the situation different may increase satisfaction and because of this construction of new reality the individual behaves differently (De Shazer et al., 1986, p. 209).

The therapist seeks to change the conceptual or emotional setting and places it in another frame which continues to fit the facts. The therapist needs to think about whether or not the new frame will be accepted and reinforced by others. Frames help people see situations differently and then behave differently. The therapist seeks to provide a frame which reflects a more beneficial direction for the purpose of promoting more useful behavior.

Similar to frames are themes which combine meaning and action to facilitate change. By identifying the overarching themes that operate repetitively the therapist generates a new frame for viewing problems that span many different levels of experience. These connections allow clients to gain new perspectives on old problems, thus enabling different choices which lead to different behavior. The therapist works to choose the themes that are most relevant to the presenting problem and offer the greatest promise for change (Papp & Black, 1996).

#### 6) Tasks

Tasks are offered in the framework of achieving what clients want out of therapy. The goal of tasks is to get clients to have different experiences and behave differently. Tasks should be simple enough so that the clients can easily carry them out. Clients are more likely to accept and perform what will make sense for them (De Shazer et al., 1986). Tasks should use what the client sees as important and what the therapist sees as important for organizational change (Haly, 1976).

Tasks or directives can be straight forward or indirect. Metamorphic tasks make use of analogies saying something in action that resembles something the client wants to have happen. Metamorphic tasks are useful because it isn't always appropriate to make explicit what the

therapist wants to happen (Haly 1976). A change directed by a therapist toward a specific goal is not as true or long lasting or transformational as these the client discovers indirectly (Watzlawick et al., 1974, p. 93).

Tasks can also be paradoxical in nature where the therapist wants the client to resist by asking them not to change. When this approach is successful clients spontaneously change. The therapist then accepts the change when it happens. The therapist may even go as far as to say that the change is temporary and there is likelihood of a relapse. The therapist presents to be puzzled by the improvement and continues to offer encouragement for the new behavior (Haly, 1976). Listed below are three tasks commonly used at the Brief Family Therapy Centres (De Shazer & Molnar, 1984).

- 1) Between now and the next we meet, observe what happens in your (life, marriage, family, or relationship) that you want to continue to have happen. The client's situation is defined as one in which the therapist expects something worthwhile to happen and lets the client know that the therapist expects change.
- 2) Do something different is another intervention commonly used which helps to remind clients that they haven't exhausted their resources of available responses to the problem. The task serves to promote random, or apparently random behavior that are part of the complaints they have brought to therapy. Again, it reaffirms to clients the therapist's expectations that change can and will happen, and that the clients can change and solve the problem (p. 299).

- 3) Pay attention to what you do when you overcome the temptation or urge to (perform the symptom or some behavior associated with the complaint). This task presupposes that clients will overcome the urges or temptations, at least some of the time, and that they will perhaps do something different to overcome them (p. 302).

Tasks can also be given in the way of writing assignments such as observe and take notes, or write, read, and burn. The latter writing assignment can be found useful with someone who wants to decrease time spent in mourning or loss or obsessing about something. Therapists can also write to clients in-between sessions as a way of helping provide an elaborate reframe and move clients further towards discovering and maintaining a solution (Nunnally & Lipchik, 1989).

#### 7) Compliments

Compliments is a technique used throughout solution focused therapy. Compliments help clients see themselves as normal persons with normal difficulties. They are based on what the client is already doing that is useful (De Shazer et al., 1986). Compliments are statements of praise or affirmation used to create conditions of successful therapy by increasing therapists' maneuverability and empowering the client to move toward desirable therapeutic change. Compliments serve to draw on the client's resources and feed back some of the key beliefs about the problem. Compliments are purposely given and the type of compliment often varies with the stage of therapy. For example compliments in the beginning stage of therapy demonstrate understanding towards the client and help build rapport. They also serve to encourage and highlight exception and solution by complimenting what clients have already been doing that is

good. Middle therapy compliments acknowledge the progress that has been made. Final stage compliments emphasize more of the client's ability to choose a more desirable course of action for themselves and to act upon those choices in meaningful ways. Compliments empower clients and promote change (Wall et al., 1989).

## **2.4 Solution Focused Therapy With Couples**

The process of solution focused therapy is relatively constant across marital therapy, individual therapy and family therapy (De Shazer & Berg, 1986, p. 97). However each category of clients possess their own uniqueness and marital therapy offers its own distinctive challenges. One such challenge is that couples' strengths and problem solving skills are often camouflaged by the intense emotional reactions which characterize intense marital embroilments. Partners frequently respond to each other without thinking and persist in their patterned behavior without achieving the desired results. Solution focused therapists help partners stop blaming or diagnosing themselves or their spouses and, instead suggest ways to alter unproductive patterns and achieve a better balance (p. 82). Solution focused therapy reminds couples of their problem solving skills which when put to use, enable them to break the vicious problem cycle and develop long lasting solutions (Weiner Davis, 1992, p.81).

Solution focused therapists believe that problems in a marriage are maintained and aggravated by the way people go about solving them (Weiner Davis, 1992, p. 101). If such problem maintaining behavior is changed or eliminated, the problem will be resolved or vanished. In other words, the attempted solution can become the problem (Weakland et al., 1974, p. 147).

Further to this, people fail to recognize that what they are doing is not working and continue to do more of the same. Once one partner recognizes that they have been playing a role in keeping things the same, a change initiated in their actions will most probably lead to change in their partner's reactions. This is significant for partners who are stuck in the blaming game debating who is right or wrong, or who should change first (Weiner Davis, 1992, p. 107).

### Goal Setting

Goal setting with couples is just as important as with individuals and families. Having vague goals can be worse than having no goals at all because couples may believe that they know where they are headed when really they don't (Weiner Davis, 1992, p. 110). One of the goals of therapists is to set as concrete goals as early as possible in the course of treatment so that a specific approach to the problem can be designed. The broader the goal, the more difficult it is to design this approach, and to measure success or failure. A frequent goal of many couples coming into therapy is better communication. The therapist needs to make this very vague goal as specific as possible by asking them to spell out what they might consider a real, concrete sign that they were on the right path (De Shazer, 1975, p. 23).

Goals need to be concrete, specific and described in behavioral terms. They need also to be broken into small steps to be achievable. For example, therapists will often ask clients, "What will be the first sign that things are starting to be on the right track?" In this way couples are being asked to look for the first sign of change and not the end of the goal. Expecting too much too soon can lead to steps along the way going unrecognized and discouragement on the part of the couple (Weiner Davis, 1992, p. 111).

### Solutions and Exceptions

Solutions and exceptions are examined in marital therapy by the therapist helping the couples figure out what they are doing differently when this marriage is working. By examining the differences between times when the problems occur and when they don't, solutions are discovered. Couples are encouraged to do more of what works until the positive times crowd out the negative ones. Exceptions can even be identified and extracted from couple's arguments, accusations and blame, however once directed towards what is working, change happens (Weiner Davis, 1992, p. 124).

An emphasis is given to problem free times; couples are frequently asked questions such as, "Notice what is different about the times in which you and your spouse or partner are getting along." Couples are asked to think about what they themselves are thinking and feeling when the couple is getting along. This is especially helpful for partners who are stuck on having their spouse change first. Couples who have difficulty identifying current exceptions are asked to recall what they were doing differently in the past that made their marriage more satisfying and then to reinstate those activities and behaviors that once worked (Weiner Davis, 1992, p. 129). When couples start doing the things they once enjoyed together, the relationship often improves. Most people assume that spending more time together will be the logical result of feeling better about each other. Therefore, they wait for the hostile feelings to be replaced by positive feelings before doing these things that once gave them joy. Davis (1992) says the reverse appears to be true as well. In other words, when couples engage in pleasant activities together, it triggers pleasant feelings, which in turn breed a cooperative spirit (Weiner Davis, 1992, p. 132).

Solution focused therapy with couples not only focuses on identifying what is working and building on this but also on blocking the unproductive patterns which haven't been working (Weiner Davis, p. 141). A couple's problems generally unfold in the same way, at the same time, in the same location much of the time. Arguments can become highly patterned and once these patterns are discernible, any minor change might yield different results (Weiner Davis, 1992, p. 140).

### Maintaining Progress

It is natural for couples to worry about old habits sneaking up and more of the same happening. Weiner Davis (1992) identified a number of tasks and questions frequently given to couples to assist in keeping the changes going. Clients are informed that the best way to maintain positive change is to carefully identify how it happened so that they can do more of what has been working. Clients are asked to observe what is happening that they want to see continue to see happen. Other questions asked to assist couples in keeping the changes going include:

- In what way have the changes helped you to feel better about yourself, your mate and your relationship?
- How did you get that to happen?
- What is each person doing differently?
- What do you need to do to keep these changes going?

If you find yourself tempted to do the same old thing, notice what you do to overcome the temptation. Keep track of what you do instead.

- If you were to backslide what would you be doing?
- How will you handle the situation differently?
- How will your spouse recognize from your new handling of things that things are different?

The process of solution focused therapy including goal setting, identifying exceptions and solutions, and maintaining change can easily and effectively be applied to therapy with couples.

## **2.5 Evaluation**

Reliably evaluating the effectiveness of any therapy is not easy. It is for certain that the systematic evaluation of brief solution focused therapy has been a difficult task. Commonly therapists have offered only general clinical impressions of their results with no follow up cases after termination and very little research. This has left clinical judgments to be the main method of evaluation. In solution focused therapy the essential task of evaluation is a systematic comparison of what treatment proposes to do and observable results. Evaluation depends on whether the behavior has changed, and the complaint relieved. In follow up, inquiries are made as to whether the treatment goal has been met, the current status of the complaint, and whether or not other improvements have been made in areas not specifically dealt with in treatment (Weakland et al., 1974, p. 164).

Critics suggest that solution focused therapy is unable to be helpful to those people who are very troubled. These critics also say that believing that chronic problems can be relieved in a

few sessions, however skillful the technique is, nothing more than fantasy. Gurman, in Wylie, (1990), says focusing on the behavior and never addressing the function or purpose behind the behavior can be less than efficient. The example he quotes is that "Interrupting the sequence of behavior in marital conflict may solve the problem, but not if one spouse begins to fight in order to maintain distance because of a life long fear of intimacy" (Wylie, 1990, p. 31). Another charge against solution focused therapists is that they are unwilling to delve into past issues because of their own anxiety about confronting such painful material and forget that people come into therapy because the past is only too much with them (Wylie, 1990, p. 34).

Despite these above mentioned charges solution focused therapists believe that their technique can be just as effective as other therapists in addressing the same kinds of clients problems. Lipchik (1994) says the effectiveness of brief therapy depends on therapists respecting and responding to the idiosyncrasies of clients and their situations: the process must be expeditious but not rushed; methodically consistent but not standardized; efficient but never impersonal and sharply focused but not oblivious to more hidden messages from clients (p. 39).

Unfortunately the debate continues as controlled outcome studies to evaluate the effectiveness of solution focused therapy have yet to be undertaken. The following are examples of the clinical studies in support of the efficiency of solution focused therapy. The first study supplied by Weakland (1974) used the evaluation categories of: a) complete relief of the presenting complaint, b) clear and considerable, but not complete relief of the complaint; and c) little or no such change. Evaluation was based on the presenting complaint. Overall results for 97 cases with an average of 7 sessions were as follows; 40% success, 32% significant improvement and 28% failure (Weakland Et al., 1974, p. 164).

In a second study, Kiser (1988) conducted was a comprehensive long-term follow up study at the BFTC. Kiser tracked the progress of 164 BFTC clients for six, twelve and eighteen months after therapy. Over 85% of clients reported their goals as having been met or substantial progress made during therapy. The success rate at eighteen months was as high as six months post treatment which suggests that the effects of therapy were not temporary (Nunnally & Lipchik, 1989, p. 7).

Critics continue to question such reports on brief therapy because of what they feel is lack of scientific accuracy, lack of control groups, failure to take into account chance improvement, as well as the subjective nature of the response questionnaires, which they do not view as reliable research (Strean, 1981; Wylie, 1990). What the critics of brief solution focused therapy have in their favour is the fact that no empirical research exists to provide evidence for the effectiveness of this therapy, and that even clinical and follow up studies are sparse and have been far from perfected. However, the extraordinary claims of efficiency continue, and to the credit of the solution focused therapists, the lack of empirical evidence does not mean that the therapy isn't as effective as those with existing empirical studies (Lebow & Gurman, 1995). In fact, there is no statistical evidence that one sort of therapy is demonstrably better than the other. Budman and Gurman report in Wylie (1990) that virtually all studies of individual, marital and family therapy taken together, show positive results for 2/3 - 3/4 of treated clients compared to untreated clients (Wylie, 1990, p. 34). Research has also failed to show any correlation between length of therapy and successful outcome (Haley, 1990). Solution focused therapist will have to strive to conduct good research that will provide the empirical evidence that is needed to gain them credibility and silence their critics.

## 2.6 Summary and Discussion

Family therapy is a field where new approaches are continually emerging. Current popularity has been given to those approaches intended to accomplish a set of therapeutic objectives within a limited time frame. It is quite possible that this recent trend has been influenced by a demand for increased therapy services and economical constraints as some may claim but it is also possible that these therapies actually work.

Brief solution focused therapy is one of these more recent approaches to family therapy, and there have been more and more overwhelming claims to the efficiency and effectiveness of this therapy. Despite the critic's concerns that solution focused therapy is oversimplified, brief therapists remain firm in their conviction that even complex problems can be redefined or reduced to more workable components. Empirical research is definably lacking for solution focused therapy as it is for many of the newer models of therapy, but there is also no available evidence that the therapy doesn't work. Skepticism is not necessarily warranted here since we know that many different techniques and approaches are seen to produce positive change and results.

## **CHAPTER III INTEGRATION**

### **3.1 Integration**

Solution focused therapy and family of origin therapy have strong clinical evidence as effective therapy models each with its own distinct advantages. One of the obvious advantages of solution focused therapy is the relatively brief length of time within which therapeutic goals can be accomplished. Another significant strength of the model is its ability to allow self determination and put the client in the driver's seat of his or her own life and problems. The model provides a built-in defense mechanism preventing the therapist from becoming overly responsible for clients' problems. Clients are empowered through the development of solutions to solve their own problems at hand. These skills can be transferred to all other areas of their life. Evaluation is facilitated by the clear behaviorally defined goals which allow both client and therapist to recognize when therapy is working and when a shift in intervention is needed. Family of origin therapy is also not without its advantages. Clients learn to recognize and identify current patterns of interaction as they become aware of how their previously unacknowledged childhood roles and experiences influence their current behavior. They are given opportunity to gain new insights into perception, behaviors and interaction which begins to free clients up, allowing them to be more accessible to change in the here and now.

Although solution focused therapy and family of origin therapy are both excellent therapies each model holds its own weaknesses, and for this reason an integration of the two models would be extremely beneficial in increasing the power of their effectiveness. One of the weaknesses of family of origin therapy is its lack of focus and direction while solution focused

therapy has its strength in providing clarity and direction and remaining goal orientated. Some of the solution focused models strengths are also its weaknesses. For example solution focused therapy focuses on the presenting problem and what you hear from the client is all you can know. Therapy is based on straight forward empiricism (Wylie, 1992, p.30). This can be a problem since presuming that clients don't need beyond what they tell us can lead to therapy which is both incomplete and frustrating for clients. Problems often do have roots that are not only not presented by the client but beyond the client's awareness and skillful therapists can help bring these issues into the client's awareness. For example, a spouse may continually blame and become enraged with her spouse for not meeting her needs. While it may be possible to have the client identify and express these needs to her husband. if she has grown up in a dysfunctional, emotionally deprived family, where her needs have gone unmet, it is quite unlikely that her partner will ever be able to meet these unfulfilled needs. She instead will need to become in touch with her past experiences and begin to understand them as childhood hurts and anger that she is projecting onto her current relationship. Gurman said that therapy concentrating solely on the problem behavior may be less effective if it never addresses the function or purpose behind the behavior. His example was that interrupting the sequence of behavior in marital conflict may solve the problem but not if one spouse begins fights in order to maintain distance because of a life long fear of intimacy (Wylie, 1992, p. 31).

There is little or no room in the solution focused model for dealing with past issues or emotions. Adding elements of the past to the therapy does not necessarily mean that therapy has to be long term. Psychodynamic family of origin work can be utilized both briefly and successfully (Betchen, 1992). In fact, many brief therapists have been influenced by classic

psychoanalytic ideas. For example, the psychodynamic model of Simon Budman and Alan Gurman focus treatment on the presenting complaint, but ask why the client is seeking therapy now. It connects the present crisis to deeper issues in the client's life, like unresolved grief, repressed trauma, unsettled interpersonal relationships or unrecognized developmental impasses (Wylie, 1990, p. 28).

It is this author's point of view that therapy would be much more complete to incorporate past issues and feelings which are very often so much a part of what troubled clients bring into therapy, while at the same time continuing to remain task orientated and clear about what needs to be changed. Such an integration would allow therapy to address both problem and person.

## **SECTION II**

### **THE PRACTICUM**

#### **CHAPTER IV**

#### **DESIGN OF THE PRACTICUM**

##### **4.1 Introduction and Purpose**

This practicum describes the author's experience in delivering an integration of solution focused therapy and family of origin therapy models of marital therapy to nine couples experiencing various relationship difficulties. The purpose of the practicum was to aid clients in the improvement of relationship functioning through the reduction or elimination of symptomatic behavior and the development of the necessary skills to develop and maintain mutually satisfying relationships. This practicum also had four personal learning objectives for this author as a Master of Social Work student as previously stated on page one in the introduction of this practicum:

- 1) To expand my knowledge of the dynamics of couples in conflict and the various issues involved.
- 2) To increase my knowledge of the brief solution focused, and family of origin treatment approaches to marital therapy.
- 3) To acquire advanced skill, as well as a development of style, substance, and confidence in the application of these two interventive approaches in a supervised setting.

- 4) To determine the efficiency of the integration of family of origin and brief solution focused models of therapy.

## **4.2 The Setting**

The setting for this practicum was the Family Centre of Winnipeg which is a non profit, accredited agency offering individual, couple, and family counselling. The Centre offers a wide variety of services outside of counselling including family support services for families in crisis and day care placement for special needs children. The counselling services can be accessed by anyone on a fee for service basis. The agency operates from a sliding scale where payment is made according to clients income and what is affordable. Most clients in the agency are self referred although some are referred by Doctors or other agencies. The practicum took place over a four month period from September 1996 through December 1996. All sessions were video taped and live on-site supervision was provided by an agency staff member Loren Gorman for the majority of sessions. Ms. Gorman also served as the solution focused team in addition to supervising behind the two way mirror. The entire practicum experience was overseen by my Advisor Ranjan Roy of the Faculty of Social Work.

## **4.3 The Clients**

The clients for the practicum consisted of nine self referred couples taken off the Family Centre's general waiting list. Cases involving with violence issues, substance abuse and/or mental illness, and same sex couples were excluded. The nine couples chosen were experiencing a wide range of marital difficulties including difficulties with communication, problem solving, trust, intimacy, distancing problems, affairs and intense conflictual interaction. Of the nine

couples three couples were married; three couples were living common law; two couples were separated from living common law; one couple was unmarried and not living together; five couples had children together ranging from one year old to ten years old; two couples had children from a previous relationship. Couples ages ranged from 22 to 56 years and the largest span in age between partners was three years. Couples ranged from unemployed and lower income to middle class.

#### **4.4 The Counselling Process**

##### **A) Assessment**

The first contact with the couple was made by telephone to set up the initial appointment, and to provide explanation for participation in the practicum, video taping, and observation by the supervisor. The initial interview consisted of establishing rapport with clients and an introduction to the set up and procedures. For the majority of sessions the agency supervisor was available to observe behind the mirror. When such supervision was available the sessions would follow the same format of the BFTC which included a consultation break 40 to 45 minutes into the session, followed by a delivery of a message from the team (supervisor and therapist) to the couple. The therapist would then pursue an in-depth discussion of the complaint or presenting problems. The problem would be put in clear behavioral terms and if more than one problem was presented then clients would be asked to prioritize which problem they saw as more urgent. Explanation of the exceptions of the complaint would take place in the initial session to begin examining potential solutions. Prior to the end of the session the couple and therapist would decide whether or not counselling would be beneficial for them at this time, and a contract to

work on specific goals within a period up to 10 sessions would be negotiated. Within the first initial sessions a determination would be made by the therapist as to whether or not it would be useful to connect the presenting problem with deeper issues in the client's life stemming from childhood family of origin experiences. If such a connection was deemed useful then an assessment based on family of origin experiences would be conducted. Family of origin information would either be asked in session or clients would be given a questionnaire to complete at home to discuss in a later session depending on time available. Each partner would be asked to discuss family of origin relationships with siblings and parents and childhood roles, and to highlight memories, incidents and attitudes which seemed to stand out in memory.

B) Intervention

The therapeutic techniques used depended on the dynamics of the presenting problem. Solution focused therapy was the primary intervention. This direct intervention was aimed at helping the couple to identify exceptions to the problem, and focus on the development of solutions. Client's current strengths and exceptions were highlighted and encouraged. Specific questions aimed towards helping clients uncover solutions to these problems were strategically utilized. Clients were also encouraged to discuss as many areas of solution as possible to increase the client's confidence in the possibility of change. Developing overall frames and reframing or relabeling problems was an integral part of stimulating new perceptions and behavior within the couples. Tasks were given to each of the couples to allow them the opportunity to have different experiences and think and behave differently. Compliments were administered appropriately throughout therapy. If the author determined from the assessment that family of origin work would be helpful then there would be some focus on key unresolved

past issues and assisting the client in connecting these issues to the presenting complaint. The therapeutic technique of reframing was also utilized here in making the family of origin connections to the presenting marital difficulties, and developing new perspectives and considerations for alternate behaviors.

C) Termination and Evaluation

Each couple contracted for an open amount of sessions up to a maximum of ten bi-weekly sessions. The number of sessions attended ranged across the couples from as little as 1 session up to as many as 10 sessions. Of the nine couples one couple was terminated due to lack of commitment to therapy, and 1 couple was terminated following the initial interview because one partner was unwilling to commit to therapy. In each of the other couples at least partial satisfaction in the therapeutic process was obtained. Evaluation was based on several criteria:

- 1) Whether or not the presenting complaint was eliminated or improved.
- 2) Whether or not other identified difficulties were eliminated or improved.
- 3) A comparison of the pre and post Dyadic Adjustment Scale scores.
- 4) The completion of a client satisfaction questionnaire.

D) Assessment Measures

i) Dyadic Adjustment Scale (Spanier, 1976)

Spanier's Dyadic Adjustment Scale (DAS) was given to each partner to complete pre and post intervention. The DAS is a standardized 32 - item instrument designed to assess the quality of the relationship as perceived by married or cohabitating couples. Spanier (1976) stated that

dyadic adjustment was in part a process of movement along a continuum evaluated in terms of proximity to poor through good adjustment. The instrument measures four aspects of the relationship which are:

- 1) Dyadic consensus: agreement on issues of importance to the relationship.
- 2) Dyadic satisfaction: satisfaction with and commitment to the relationship.
- 3) Dyadic cohesion: mutually shared activities.
- 4) Affectual expression: satisfaction with expressions of sex and affection.

The DAS has a theoretical range from 0 to 151, with higher scores representing better adjustment. As a total score the DAS has impressive internal consistency, and the subscales have fair to excellent internal consistency (Spanier, 1976).

ii) Client Satisfaction Questionnaire

The Client Satisfaction Questionnaire (appendix A) is a non standardized questionnaire developed at the Family Centre of Winnipeg to help assess the general efficiency of the therapeutic process through clients satisfaction. The post therapy questionnaire asks 13 questions some of which include

- 1) Whether or not the clients perceived therapy as helping them deal with their issues more effectively.
- 2) Their overall satisfaction with therapy.
- 3) Open-ended questions as to what specifically was helpful or could have been more helpful.

## **CHAPTER V**

### **CASE ILLUSTRATIONS**

#### **Introduction**

The following section describes this author's work with nine couples. Each couple presented unique dynamics and issues for intervention. The author utilized process and content recordings of each session. Highlights from each case are used in this section to demonstrate technique and intervention. To respect client confidentiality pseudonyms were used in the case discussions.

The couples are divided into two sections. The first section consists of seven couples who engaged in the therapeutic process, and attended anywhere from 1 to 10 sessions. Most of these couples completed both pre-and post-test applications of the evaluation instruments, and these results are included. A few of these couples however did not complete the post-intervention instruments which limited the evaluation process for these particular couples. The second section contains those couples whose therapy was terminated prior to a full engagement in the therapeutic process. This section includes two couples not seen for more than two sessions. Throughout this discussion the student may be referred to here as the therapist or author and the supervisor may be referred to as the team.

## CASE EXAMPLE ONE

### Couple One: Lil and Roy

#### Session One:

Lil and Roy were an unmarried couple in their late twenties who had lived together for seven of the nine and a half years they had been together. The couple had no children, and had been separated for a four month period prior to coming into counselling. The first session began with an exploration of the presenting problem. It was described as frequent conflict and difficulty communicating with one another. Lil described Roy as being verbally and emotionally abusive towards her, often criticizing her about her weight or degrading her in some other way. These arguments frequently ended with Roy telling Lil to leave. Roy felt he had little control of his anger towards Lil.

In between disagreements the couple tended to avoid each other as much as possible. In the past Lil had attempted to deal with the problem through ineffective coping mechanisms of avoidance such as drinking. Roy had also chosen to deal with the problem through avoidance. He would withdraw from Lil, talk to her less to decrease the chances of losing control of his anger and becoming emotionally abusive.

It was difficult for the couple to identify exceptions to the presenting complaint. The couple reported that the problem had been present since the beginning of their relationship, and they could not think of times when things were better. The therapist continued to explore the complaint and exceptions to different aspects of the presenting complaint.

Roy ..... I let things bottle up and then I call her names until I can make her cry..... I would tell her to leave then when she would come crawling back I would pretend that I didn't want her just to scare her.....

Lil Yeh, I'm always the one to come to him. It's my responsibility to make things better following a fight.

Therapist What's different about your current separation?

Roy I knew she was serious about leaving this time and it hurt me. I'm the one initiating getting the relationship back together this time. I told her you have to give me one last chance to change.

Lil This time I mean it. Before I was always willing to go back without any change.....

Lil and Roy were able to point out the changes that they had made that were already working. After nearly ten years in the relationship Lil was willing to take a stand and Roy was willing to take responsibility for working on the relationship.

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Therapist Roy you say you bottle things up?

Roy Yeh, I don't talk to Lil really unless I'm mad. Right now I'm really just not saying much about anything because I don't want to end up losing it and calling her names.

Therapist I realize this has always been the pattern with Lil but what about others?

Roy            Outside the relationship I'm not like that. I speak my mind and tell people I have a problem especially at work.

Therapist    What's different that allows you to do that?

Roy            I can't do that in the relationship because I get so mad I just want to say bad things.

Therapist    What's allowing you to resist the urge to say bad things in the past few months?

Roy            I'm just doing it. If I get mad I don't talk.

Therapist    What do you do at work when you get mad?

Roy            I discuss things in a calm way..... I guess I could try that with Lil.....

These exploration of exceptions helped increase the couple's expectation that the problem can be resolved, and building on these exceptions moved the client towards a solution. Towards the end of the session the therapist helped the couple clarify their goals for therapy. These goals not only served to further increase expectations for change but would provide a list of solutions.

Therapist    What do you want to see changed as a result of coming to counselling?

Roy            We need to quit fighting. She wants me to quit calling her names. I need to stop keeping everything inside and find out why I'm like this way.

Lil            I just want him to stop putting me down and communicate better.

Therapist    How would you know it was better?

Lil            We'd be able to talk about anything, about things in every day life. If I had problems I'd be able to talk about them freely.....

Therapist      What keeps you from doing that now?

Lil                I'm scared to because I don't know what I'll say that will make him angry.....

Following a ten minute consultation the therapist gave a message to the couple from the team complimenting them on their ability to talk openly about sensitive issues, and on their progress in identifying and working through these issues. The changes that the clients had already made prior to their first session such as Lil taking a stand, and Roy refraining from name calling as well as taking the initiative in repairing the relationship were highlighted.

The therapist made a decision to pursue family of origin work with the couple to examine the possibility of their current problematic interactional patterns stemming from childhood experiences or transgenerational patterns. Roy's goal of wanting to "understand why I am this way" was reinforcing for this decision to pursue family of origin information with this couple. To maximize the available time the clients were given the task of each examining their own family of origin, and considering how this experience influenced their thoughts and behavior. The couple was also asked to individually consider what they would like to be different from their original family. A family of origin questionnaire was utilized here as a tool by the therapist to help anchor the couple ( see Laveman & Bork, 1993). The couple was given the questionnaire to complete at home prior to the next scheduled counselling session.

### **Session Two:**

Session two took place two weeks later. The therapist began the session by focusing on what had been working.

Therapist      What's gone well?

Lil            We haven't had any arguments. He's not mad at me.

Roy            I'm talking to her..... not like before where I would just quit talking.

Therapist    What's allowing you to talk to Lil?

Roy            If something's wrong I just say it right away instead of ignoring it.

Therapist    Lil how is it for you when Roy tells you what's wrong?

Lil            It makes me feel better instead of silence then I know how he feels.....

The therapist made sure to highlight these important changing interactions between the couple, and to continue searching for more examples of how things were better to use as verification of change.

Therapist    What else is happening that you would like to have happen more often?

Lil            We're supporting each other.

Therapist    How are you doing that?

Lil            We are both talking about what we're thinking and feeling.

Roy            It's hard for me because I'm so used to keeping it inside. I've never talked about feelings to anyone before. It wasn't like that in my family.

The therapist used this opening to follow up with the couple on their family of origin task given in the first session.

Roy described his father as being very aggressive and controlling. Roy also felt that his dad had been very critical of him and he had received a message from his father that he wouldn't

amount to anything. Roy's parents separated when he was a child and he had felt abandoned by his father. He lived with his mother and stepfather for awhile, until his stepfather asked his mother to leave at which time Roy chose to remain with his stepfather. His stepfather was described as being very suspicious of women. Roy remembers several women who were treated very badly by his stepfather before being asked to leave. Roy was supporting himself and living on his own at age sixteen.

Roy's current relationship with Lil was being affected both by traumatic childhood experiences and learned transgenerational patterns. Roy had developed a coping mechanism in his family of origin to be by himself and keep people at a distance. It was important to Roy to develop an attitude of complete independence and not needing anyone. This defense against getting hurt carried on into his relationship with Lil, where Roy attempted to maintain emotional distance and a sense of complete independence in the relationship. Roy also learned from the modeling of his father and stepfather how to treat women. He had received very little modeling on how to be in a healthy relationship where sharing, respect and caring were demonstrated.

In Lil's family what stood out the most for her was her father's deep depression. The family had a difficult time dealing with the illness and even though Lil was just a child she was a major support to all of her family including her mother who was often stressed and at the end of her rope. Lil had taken on the role of placater in her family of origin and carried this role into her current relationship where she felt responsible for keeping the peace, and would avoid expressing her needs and concerns in the relationship in order to avoid conflict.

Both Lil and Roy could easily acknowledge how they wanted their relationship to be different than that of their parents and how they themselves wanted to be different in the relationship. The couple was pleased with the changes already taking place in their relationship and had needed no help from the therapist in identifying these interactional changes. The therapist worked towards helping the clients develop more solutions and changes. For example the therapist helped Roy realize that he had already begun to think differently about Lil's weight which helped to promote the existing solution.

Therapist .....so you've been able to discuss the issue of weight with Lil without getting angry.

Roy Yep. It wasn't in a bad way at all. I just said to her don't do it for me do it for yourself. If you want to do it. Whatever.

Therapist Sounds like you're viewing Lil's weight loss differently than before?

Roy Yeh. now I'm looking more at it health wise because she smokes.

Therapist So your concern is for Lil's health rather than her weight?

Roy Yeh, her health and I know she's not happy with it.

Therapist What tells you Lil is unhappy?

Roy She says I don't like myself like this.

Therapist I gather you don't perceive this as a relationship problem anymore, but more a personal issue of Lil's. How did you make this change?

Roy .....well, it's me..... I looked at it and said it's a little thing compared to something like cheating. I'm making too big a deal out of it.

Therapist Lil, do you recognize this change in Roy's thinking?

Lil Yeh, he use to bug me about it and get really ignorant. Now he doesn't bug me. He's concerned.....

Therapist How are you going to be able to maintain this way of thinking?

Roy I don't know. We'll see I guess. There's nothing I can do to change it so I have to get used to it. I can change anything about myself if I put my mind to it.....

The session ended with compliments given on the couple's ability to understand their current difficulties. Lil was complimented on her ability to be clear about what she wants and needs in the relationship, as well as being able to risk conflict and the relationship to keep her own self respect. Roy was complimented on his ability to closely examine his behaviors and determine what it was that he wanted to keep and what he wanted to get rid of. He was also complimented on his incredible ability to quickly make changes. The task was given for each partner to continue taking note of what was going well in the relationship.

### **Session Three:**

Therapist What's gone well in last couple of weeks?

Lil We haven't had any arguments, and we're communicating the way we want to.

Therapist How do you recognize it's the way you want to?

Lil            He's talking to me a lot..... and when something's bothering him he's upfront about it.

Therapist    What are you doing different?

Lil            I'm talking to him more.

Therapist    What's allowing you to do this?

Lil            I used to hold back out of fear of his anger but now he's not getting mad when I talk to him and I think it helps that he's talking more himself.

The majority of the third session was spent on punctuating and building upon change. The therapist also helped the clients build confidence in maintaining these changes.

Therapist    How can you get this communication between the two of you to continue to happen?

Lil            As long as Roy keeps talking about his feelings with me.....

Roy            .....I just have to keep telling myself to keep this up.....

Therapist    How will you recognize when you're unable to keep it up?

Roy            Lil will let me know.

Lil            I can tell when he starts keeping things in.....

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Therapist    - What other changes would you like to see?

Lil            Nothing. Communication was the only thing that's bothering me.

Roy            Nothing. For me either it feels good to get things out and over with.....

Lil            I feel happier inside and closer.....

The end of the session was spent reviewing and highlighting the changes that had taken place in the relationship. Throughout these three sessions several changes had been noted including:

Being more attuned to one another

Communicating about little everyday things

More intensive listening

Communicating about feelings and issues

Demonstrating more affection

Doing more activities together

Overall the clients felt that they had met all of their goals and had been ready to discontinue counselling. Lil's goals had been to:

1. Stop the name calling
2. Be able to talk about little things
3. Be able to talk to each other about things that were bothering them.

Roy's goals had been to:

1. quit name calling,
2. quit taking anger out on Lil,

3. quit holding things inside and,
4. to understand this behavior in the relationship.

Each of these goals had been met and the therapist was confident that some very critical changes had taken place for this couple. Roy had been able to begin to share his feelings and frustrations with Lil preventing a lot of displaced or projected anger. Lil had learned to take less responsibility for maintaining peace in the relationship and had begun to focus on her own needs. It was the therapist's concern that Lil's expectations in the relationship were quite low and that she may have been out of touch with many of her own needs. Lil had come from a family where she learned to expect very little from others and not to consider her own needs. However, in keeping with the solution focused model, the therapist accepted what the client identified as the presenting problem and respected client self determination. Pursuing the problem further when solutions had already developed would have gone against a major assumption of the model which focuses on solutions. The therapist also believed that the couple would continue to build on and transfer to different areas foundational changes that were made individually and in the relationship. Change is one part of a system leads to changes in the system as a whole (De Shazer et al., 1986, p. 209).

It is the therapist's point of view that solution focused therapy was effective in helping this couple reach their goals. Family of origin work was also instrumental for allowing the couple to see how current relationship problems were embedded in ineffective coping styles learned in their family of origin. Having these patterns reflected back in a coherent way by the

therapist de-escalated the conflict in the relationship, and helped the couple to understand each others vulnerabilities with less reactivity taking place.

The DAS (appendix B) further suggested that therapy had been effective. For Lil many vital changes were indicated between the pre counselling and post counselling questionnaires. In the area of disagreements around household tasks and leisure time Lil had changed her response from occasionally disagree to almost always agree. Roy had also made a response change from frequently disagree to almost always agree. This was congruent with the couple's report during therapy that the couple were now doing a lot more together. Another significant response change that was particularly important in highlighting changes that had been reported was the response to the question "How often do you confide in your mate?". Initially Lil responded "occasionally" and post-counselling she responded "all of the time." Surprisingly Roy's response in this area did not change as dramatically even though during therapy he had described himself as going from not talking to his partner at all when things were bothering him to talking to her all the time. Roy's response to "How often do you confide in your mate?" changed from "more often than not" pre-counselling to "most of the time" post-counselling. Several response changes were very telling of the increased satisfaction in the relationship. For example, Lil's response to the question "How often do you discuss or have considered separating or terminating the relationship?" changed from "occasionally" pre-counselling to "never" post-counselling. A smaller change for Roy was from "rarely" pre counselling to "never" post counselling. The question of "In general, how often do you think things between you and your partner are going well?" changed dramatically for Lil from "rarely" pre-counselling to "almost all of the time" post-counselling. Roy's response stayed constant at "things going well most of

the time.” This could possibly be because Lil was less satisfied with the relationship than Roy pre-counselling.

Both Lil’s and Roy’s response to the Client Satisfaction Questionnaire was favorable indicating that they were very satisfied and felt that they had been helped in dealing with their issues more effectively.

## CASE EXAMPLE TWO

### Couple Two: Jean and Tom

#### Session One:

Jean and Tom were an unmarried couple who had been living common law for eight years. The couple were both in their late twenties and had two children, ages six and two. Jean and Tom described themselves as missing out on the experience of dating and building a foundation before moving in together. The presenting problem was depicted as a pattern of getting along for a period of time followed by an eruption of conflict sometimes lasting for days or weeks. Their disagreements would end up in screaming matches, hit below the belt tactics, and on a few occasions had escalated into physical violence. Jean and Tom felt that their interactional pattern was extremely destructive to their relationship and threatened its stability. They were also very concerned for their children who they felt were learning about anger and disrespect. Tom felt a good deal of the fights started as disagreements surrounding household tasks and parental responsibilities. Jean agreed that a lot of arguments did take place over roles and responsibilities, however, she felt that it was more Tom's disrespect for her that caused a great deal of built up resentment. Jean felt Tom's biggest display of disrespect had been a one night affair that had taken place one and a half years ago, and had resulted in the couple separating for three months. Jean said that she and Tom had reconciled because her sister had passed away during the time that she and Tom were separated. She felt because of this that their motivations for reconciling was not genuine.

The first part of the interview consisted of getting as much detail about the complaint as possible. The more details about the complaint pattern the client describes, the more potential interventions and goals, that is, potential ways for the client to know that the problem is solved (Dr. Shazer et al., 1986, p. 215). Following an in depth discussion of the complaint the therapist moved to help the couple uncover exceptions or times when the complaint didn't happen.

Therapist      Have there been times in the relationship when this conflict didn't exist?

Tom             If there was then I don't remember it.....

Jean            No, it's always been like this. It's actually gotten better!.....

This statement was a helpful clue to the therapist that the couple had already begun to make change and was probably aware of what it was that worked.

Therapist      What changes have taken place that have made things better?

Jean            It was really bad before. We used to hurt each other a lot.....

Tom            Yeh, our fights would get pretty ugly.

Therapist      What's changed?

Jean            We still fight, not as much though..... A lot of it is habit. One thing we learned to do is apologize. We don't always do it, but I try to make a point of apologizing to Tom when I hurt his feelings..... for a long time we didn't apologize for our behavior, then we just carried on like nothing happened.....

Therapist      How did you get these things to happen?

Tom            Besides growing up and maturing as people we've learned to respect each other more. I love Jean more and I respect her more.

Therapist     How do you demonstrate more respect?

Jean           The way he speaks to me..... he shows consideration..... he considers my feelings now..... he even demands that the kids respect me and he gets angry when they don't.

The therapist was able to increase the couple's expectation of changing by assisting them in recognizing all of the changes in the right direction that had already taken place in their relationship. At one point during the session Jean became somewhat resistive. She spoke of Tom's previous affair and felt that this issue was still impacting on the relationship and needed to be dealt with, although she didn't feel comfortable discussing the issue in the first session.

Tom and Jean described their fighting style as one in which petty little problems would turn into huge screaming matches. Tom characterized himself as being very insecure, especially about his level of education. He claimed that during fights Jean knew this was the place to hit him. He would become very hurt and react in anger saying very hurtful things back to Jean.

The therapist engaged the couple in a discussion about their own family of origin experiences in hope of shedding some light on the development of ineffective coping styles, and problematic interactional patterns that had been inadvertently brought into the relationship. The therapist then reflected these patterns back to the couple in a coherent way.

Tom's mother had died when he was very young. His father remarried when Tom was in his early school years. Tom and his brother were raised by his father and stepmother. Tom felt

that he was treated badly by his stepmother, especially after she had her own child when Tom was nine years old. Tom felt he was forced to leave home at the age of fifteen years old. He never spoke to his father again, who died a few years later when Tom was seventeen. Jean's parents separated when she was eight years old. She had a sister who was two years older. Jean's mother was remarried to an alcoholic, and Jean and her sister lived with their mother until she was a teenager at which time Jean went to live with her father and stepmother.

Both partners were able to determine ways they felt their family of origin experiences were impacting on their current relationship. Tom learned to stuff his feelings and had years of built up hurt and anger. What had worked for him was to lash out in defense or to leave. Jean was an adult child of an alcoholic. She judged herself harshly and had many cover ups including perfectionism and being overly responsible. One of Jean's common defenses was to strive to be better than those in her family to cover up her inner feelings of worthlessness.

It was painful for Jean to talk about how she used this defense in the relationship by being demeaning and critical of Tom. Jean cried in admission that she had risked hurting Tom to make herself feel better but hadn't realized that this was what she was doing. Tom was shocked to hear that Jean's attack on his insecurities was a cover up for her own. Jean and Tom both feared abandonment and each partner had developed a "I'll hurt you before you hurt me" attitude. Jean feared that Tom had had an affair because he wanted someone more worthwhile and only came back to her out of pity following her sister's death. Tom felt that Jean had withdrawn and criticized him so much prior to the affair that he feared she would be leaving him for someone more worthwhile.

Towards the end of the first session the therapist helped the couple establish concrete goals for therapy. Jean and Tom identified several goals including sharing more household and child responsibilities, doing more things together, dealing with the affair and being able to deal with every day problems without having them escalate into fights. The therapist asked the couple to prioritize their goals, and both partners agreed that learning to interact about disagreements without conflict was their priority goal.

Following a 10 minute consultation with the team the therapist gave Jean and Tom a message complimenting them on their ability to talk openly and honestly about their difficulties. They were also complimented on their ability to recognize what these difficulties were and further move in the right direction towards change. The changes that had already been made towards decreasing the intense conflict in the relationship were highlighted. The couple had decreased the frequency and the intensity of their conflicts, learned to end an argument with an apology, and demonstrated respect to each other much more often outside of the fights.

The couple was given a task of observing what was happening in the relationship when it was more of the quality of the relationship that they were looking for. The second part of the task was to consider individually how they would know when each of them had dealt sufficiently with the old hurts in the relationship.

The first part of the task sent a message to the couple that the therapist expected that there would be times when the relationship was working well. The second part of the tasks sent a message that the old hurts could be dealt with and these ways of knowing were steps towards the solution.

**Session Two:**

Therapist (Following up on task). Tell me about the times in the last few weeks that the relationship had the qualities you were looking for.

Jean We've been getting along..... Tom's been helpful with the kids..... We actually spent a lot of time together just the two of us on the weekend..... It was quality time.

Therapist What did you do to get those things to happen?

Tom I don't know. Sometimes we can coast along for a long time and then it happens..... Stressful times like Christmas are really difficult..... We try to avoid the conflict because neither of us are rational.

Jean Sometimes I think it's all a big smoke screen for something deeper.

Therapist You mean the affair?

Jean Yes. It's really hard for me to use respect and Tom in the same sentence when I think about the affair.

Therapist How have things changed in the last year and a half in regards to how you feel about it?

Jean I've forgiven him, I still remember though and I wonder if he would rather be with someone else.

Tom I would never want to be with anyone else, Jean is the only one that understands me..... The only one I confide in..... We are friends. I used to say I didn't know

why it happened but you were right I was scared Jean was going to leave, I still get that way.

Therapist      How would you know this prior issue was resolved and no longer impacting on the relationship?

Jean            It doesn't really impact on the relationship. I think it is more our day to day inability to work together, and cope with stress that's far more damaging to our relationship....

The therapist was able to successfully stay away from the complaint in the first part of the session by focusing on what was going well for the clients. An attempt was made to shift over to having the couple discuss how they had these things happen. This would give them a prescription of what they needed to do to get the changes that happened between the two sessions to continue. Jean felt the need however to talk about the affair and her feelings about the affair. The couple had not discussed the affair since the reconciliation in order to avoid conflict. There were a lot of unresolved feelings about the affair that had been especially stirred prior to coming to counselling. The counselling sessions gave the couple a safe forum where they could openly and honestly discuss the affair.

Family of origin work was also instrumental in changing Jean's perception of the affair. She was given the opportunity to see how Tom's vulnerabilities had impacted on the decision. Jean was also able to begin considering how her own feelings of insecurity rooted in her family experiences had carved out her thoughts, feelings and behaviors before and after the affair. Jean

now felt reassured that Tom had not returned out of pity but out of love and a choice to be committed to the relationship.

The couple was able to admit that things were better between them however still felt less than confident about their ability to resolve a disagreement without it breaking into a “brawl”.

The therapist engaged in questioning to allow the clients to think about how they would know when the problem has been solved.

Therapist      What will you be doing differently when a disagreement presents itself?

Tom             I’ll just be saying okay, and getting on with it rather than fighting to win about anything. I hate that.

Therapist      What will Jean be doing differently?

Tom             She won’t be pointing out my faults and when I don’t use proper English, she won’t be criticizing me in front of the kids. She’ll take me aside if she disagrees on how I handled something with the kids.

Therapist      How will she react?

Tom             I guess she’ll be happier because I won’t be yelling at her or saying mean things she’ll probably be a lot nicer herself.

Therapist      How will the children know?

Tom             They’ll be a lot happier. I worry about them. They ask why mommy and daddy fight and how come we don’t love each other.

Jean            That's what we want more than anything, to bring up our children to be happy, secure, and well adjusted, not like in our families. We show a lot more discretion than we used to. Our youngest boy is much more adjusted than our oldest.....

Towards the end of the session the therapist provided a summary of all the changes the couple had made regarding their complaint both prior to therapy and during therapy.

Fighting less

Fights are less severe

No violence

More discretion used to protect the children

Apologize to each other

More respect shown

Recognition of your own behavior maintaining the problem.

The question was asked; "How did you get all this to happen?" Both Jean and Tom sat a little stunned before replying "Good question". Following a 10 minute consultation with the team the couple was given the message from the therapist. Compliments were given on the couple's ability to identify and take steps towards resolving their difficulties. They were also complimented on their commitment to do things different in their family and be good parents for their children. A task was given to consider all the gains they had made and how much further they would like to go. A second task of allowing themselves to "step into the ring" and begin to discuss existing disagreements was given. (Conflict for this couple had been reframed as

stepping into the ring. This had provided the perception of the conflicts as a choice. They could enter the ring or not). It also separated the conflict from what else takes place in the relationship. This was successful in helping the couple externalize the problem and view it as a problem in the relationship rather than viewing it as the relationship itself.

### Session Three:

Jean and Tom came back two weeks later with several examples of how they had failed in their task of resolving disagreements. They described to the therapist a discussion that had taken place over sharing more responsibility with the children. The couple had reached a compromise that on weekends they would take turns sleeping in. When it was Jean's turn to sleep in she had woke up and was upset with Tom that he had not kept the house tidy. The couple described their different styles of routine for Saturday and Sunday mornings. Jean liked to get up and get all of her housework done so she could relax later in the day. Tom liked to get up drink his coffee and relax with the newspaper and maybe watch some T.V. sports.

Therapist      How did you resolve this?

Jean            I was really angry that I had gotten up and nothing was done. I really lectured him, then I kind of remembered how nice it was that he had come up with this suggestion in the first place. He has been a lot more helpful with the kids.

Therapist      What would you have liked to have done differently?

Jean            Appreciated what he was doing and not started going off at him. I'd like to have stopped myself and said you have no right to do this. I don't need to make such a big deal if things aren't done my way.

Therapist      This sounds very different. How were you able to talk about this issue and reach a compromise?

Tom              We've grown to a point where we can come to agree on some things.

Most of the session was spent discussing disagreements or discussions that had taken place between the couple during the previous two weeks.

Therapist      What would you have liked to have done differently?

Tom              I was angry at something she had done and shouldn't have taken it out on the kids.

Therapist      What would it look like?

Tom              I would have come home and taken a few minutes for myself. Sometimes I need that when I'm stressed out from work.....

Therapist      How were you able to resolve this issue?

Jean              We both apologized. .... it helped that we talked about it.

Tom              ....it makes you stop and think..... before we would have carried this on for weeks. Saying nasty things to one another. Some things just aren't worth getting worked about.....

The therapist emphasized how successful Tom and Jean had been in actually staying out of the ring during their discussions and disagreements. A focus was on what it was like for the couple to engage in more thoughtful and respectful problem solving and helping them consider how they could get the changes to continue. Tom and Jean were pleased with the direction their relationship had taken. Compliments were given by the therapist on the couple's ability to

recognize what needed to be changed within themselves and begin to put these changes into action. Tom and Jean were fairly confident in being able to recognize when things were slipping back, and what each partner had to do individually to keep them out of the ring, and their relationship on track. There was some concern on the couple's part as to how they would manage more stressful times. They had never made it through the month of December without a major fight. The current session had taken place in mid-November.

The couple made a decision to begin working on a separate goal of parenting the children. Many disagreements over disciplining the children and other issues regarding parenting had taken place over the years. Tom and Jean had very different parenting styles and were each convinced that their own methods were correct. During the fourth and fifth sessions the therapist revisited family of origin work to examine how each spouse's parenting style had emerged, and especially how efforts to do things different than their own parents were strongly impacting on their need to be right in considering a style different from their own.

The couple successfully negotiated parenting issues both in and outside of the therapy sessions. The therapist assisted the couple in using the behavioral changes already made to resolve conflict, and in remaining focused on the identified problems. The last session had taken place in mid-December which had historically been a difficult time for the couple, and so further increased the couple's confidence in their ability to maintain the changes made and not revert back to old patterns of behavior.

The couple met their priority goal which was to learn to interact about differences without it escalating into conflict. There was also change in the three other goals listed in the initial session:

- sharing more household and child responsibilities
- doing more things together
- dealing with the affair

The couple made significant progress in all four of their stated goals for therapy. They had also added a fifth goal towards the end of the third session which was to become more united and consistent as parents. Between the third and fifth session the couple successfully negotiated several rules for the children and made a collaborative effort to enforce them.

The combination of solution focused and family of origin therapy was effective in helping this couple reach their therapeutic goals. Having each partner examine their own and each others family of origin experience helped the couple focus on their own behavior, and become less reactive to their partner. This was instrumental in each partner's ability to understand his/her own part in allowing the conflict to escalate. The family of origin framework was also influential in helping to provide a new perspective on the affair. Solution focused therapy was the primary therapy and was successful in focusing the couple on exceptions. This directed the couple to discover all of the many things that they had already been doing to change the nature of the conflict. A further expansion of this list provided the couple with a list of solutions including a new list of rules for relating with one another.

A comparison of the pre-and post-counselling scores on the DAS provided further evidence of change towards the couple's initial goals for therapy. Jean's overall scores increased indicating some increase in overall marital satisfaction. Post counselling scores for Tom unfortunately were unavailable as a post-counselling questionnaire had not been completed (appendix B) Jean's response to the frequency of disagreements in the area of making major decisions, and household tasks changed from "frequently disagree" pre-counselling to "almost always agree" post-counselling. This coincided with the couple's goals of being able to resolve differences, and share more household responsibilities. The results show a general increase in relationship satisfaction. Pre-counselling Jean responded "more often than not" to the question "How often do you discuss or have you considered divorce, separation or terminating the relationship?". Post-counselling Jean's response to this question changed to "rarely". The response to the question, "How often do you think things between you and your partner are going well?", changed from "more often than not" pre-counselling to "most of the time" post-counselling. This post-counselling questionnaire was completed 4 months after termination of counselling suggesting the likelihood of long term change. In the client satisfaction questionnaire Jean indicated being very satisfied with the counselling service and also reported counselling had definitely helped in dealing with their issues more effectively. Again, data is incomplete as Tom did not complete the post counselling questionnaires.

## CASE EXAMPLE THREE

### Couple Three: Irene and George

#### Session One:

Irene and George were a young couple in their early twenties. They had been together as a couple for a total of seven years and had lived together in a common law relationship for the past four years. Irene and George had two young children, ages two and one. Each partner presented a multitude of complaints regarding their current relationship. Irene felt that she was being taken for granted in the relationship. She found that she was given no appreciation, respect or affection, and described her husband as a chauvinistic man with a barbaric attitude who tried to pass off his insults and derogatory remarks as jokes. Irene found George's humour difficult to accept in the relationship. She portrayed her husband as a real joker who was constantly pulling pranks which she found immature and annoying rather than funny. The fact that there was little communication between her husband and herself in the relationship was especially troubling to Irene. George agreed that there was little communication taking place between he and his partner in the relationship. He also felt that there wasn't enough laughter and fun in the relationship. The biggest problem for George was the lack of trust in the relationship. The mistrust was existent because of incidents that had taken place four years earlier. Irene had on a few occasions taken money from George's pocket or wallet and had also written cheques without his permission. George described the final straw as being when he found a cheque on which Irene had apparently forged George's signature. It was because of this history that George felt the need to always be suspicious of his partner. Irene said she had done everything she could in

the past four years to regain her partner's trust. She felt that George was holding on to this grudge intentionally to keep her at a distance and it was becoming extremely destructive to the relationship. She declared that George had only brought up the issue of mistrust following an ultimatum she gave him that she would leave the relationship unless there was a commitment of marriage. Irene felt that the relationship would never progress until George would get over his anger and grudges. George felt that he had knocked himself out trying to keep the relationship together during the first four years where Irene had made several threats to leave. He described himself as being beat up and at the end of his rope.

The session was filled with blame and emotional intensity. Family of origin exploration was utilized to understand the current destructive behavior partners taking place in the relationship and to reduce anxiety and blame. Each partner was assisted in seeing how the roots of their own behavior was derived from his or her own family background rather than from the fault of their partner. The hope was to have each individual be more understanding and less reactive to his or her partner's behavior and become more focused on how his or her behavior was contributing to the problem. Gerson et al. (1993) found that couples who are in severe conflict may be highly argumentative and defensive which distracts them from the therapist's efforts. They have found this situation particularly amendable to a family of origin approach which often diffuses the intense anger they feel towards each other.

George came from a family of five siblings. Three of these siblings were from his father's first marriage and had lived in the same household. George described his father as being trapped in a marriage where his mother was very controlling and had an explosive temper. George described his mother as being very manipulative and vindictive. He remembered violent

episodes between his parents as well as between he and his mother. There was no affection shown towards George by his parents and he described himself as a loner growing up. George had a mentally handicapped sister over whom he was very protective. He found it sometimes difficult to trust friends having experienced being repeatedly teased about his sister. George's parents were now separated. George felt that his father was finally able to get away once the children were grown. George currently had no relationship with his mother. He had been given an ultimatum by his mother which ended the relationship. Irene came from a family where she had one older brother. Her father was an alcoholic and was physically abusive towards her mother. Irene described her mother as being depressed and uninvolved with the children. There was no attention or affection shown in her family. She described herself as a loner always being very distant from her family. She described her role in the family as a "Cinderella"; her only function was to clean the house and receive nothing in return.

Each partner was given the opportunity to hear the others stories and towards the end of the session the couple discussed their goals for therapy. Irene's goals were: a) to have the trust issue resolved, b) to have better communication, and c) to have George stop pushing his jokes so far that they became hurtful. George's goals were: a) to get over the grudge and mistrust he was harbouring in the relationship, b) to have better communication in the relationship, and c) to have more fun in the relationship.

The therapist asked George and Irene to prioritize their goals for therapy. Both partners agreed that trust and communication were the biggest issues impacting on the relationship. It was agreed that better communication would be the starting place for work.

Irene            We don't know how to talk to each other. I can understand him turning me out sometimes because I talk at him.....

Therapist        How would you like to communicate differently?

Irene            I would like to sit down and talk to him if something goes wrong. I vent at him I can't talk to him when I'm mad. I either don't talk to him or I'm venting.....

Therapist        Are there times when you are able to talk to George without venting?

Irene            Yeh, we talk about the kids quite a bit.

Therapist        How are you able to do that without becoming upset?

George           Irene pretty much sets the rules for the children. I pretty much agree with most of it and if we don't then we discuss it and usually come to an agreement.

Therapist        How do you reach an agreement?

George           I guess it's different when it comes to the kids because it's something we normally mutually agree on.

Therapist        How can you get more of this to happen?

Irene            When we're talking about the kids. George is listening to me. I feel more respected. I need him to show me he's listening more to let me know what I say counts.....

Therapist        George, what would you like to see different about your communication together?

George Irene needs to cool down a bit. I don't know how to deal with her anger so I just clam up. Maybe if she would open up a bit more and tell me what's bothering her.....

Following a consultation with the team the couple was given a message complimenting them on being able to express themselves so honestly. They were also complimented on their obvious care, respect, and demonstration of trust that were obviously present in the relationship. The couple was given the task to observe what they like about their partner in the relationship. A final task was given to George to think about what he could do to move away from the mistrust.

### Session Two and Three:

The overall frame of old hurts was used throughout the second and third session to help place the events leading to the mistrust and the mistrust itself as something of the past. During the second session George talked about being very stuck. He did not see a way that he could get over the mistrust that he felt. The more George spoke of his stuckness the more emotionally intense Irene became. Crying out loud she accused George again of intentionally holding this grudge and abusing her in this way to avoid a commitment.

Therapist What would happen if the old hurt was gone and trust existed in the relationship?

George There would be a commitment.

Therapist How much time is spent remembering these old hurts?

George Every couple of weeks, usually if an incident comes up.

Therapist Is this more or less than a year ago?

George        Less.

Therapist     Good, so things have been getting better. What are the signs that let you know you are getting over this old hurt?

George        Well I think about it less and I have relinquished some financial responsibility to Irene.

Therapist     How will you know when you're over this old hurt?

George        I don't know.

Irene          When he asks me to marry him.

The emotional charge that this issue had for the couple remained. The therapist was able however, to plant the idea that George wasn't really stuck. In fact he had already moved forward away from the past by thinking about the event less, and by behaviorally demonstrating more trust towards Irene in the way of giving her more financial responsibility at home.

The therapist also directed a discussion during this session about what had attracted the couple to one another early in the relationship. This allowed the couple to think about times when the complaint didn't occur and gave the therapist an opportunity to direct them towards more exceptions and solutions.

Therapist     What was different back then?

Irene          He took me out. He thought of me and tried to do things for me..... whether it be going to McDonalds or just for a walk.

George        She was a friend to me..... easy to be with.

Irene            He listened to me and cared a lot.

Therapist       He helped me a lot..... if I needed a hug he gave me one. What really won me over is that underneath all his immaturity..... jokes and all, he helped me get out of a difficult relationship. I had to go to court and he didn't have to but he came.....

Talking about a time when the complaint didn't happen provided the couple with a list of alternate behaviors and also changed the tone of the session dramatically. The therapist also asked future orientated solution focused questions demonstrating to the couple that the therapist assumed positive changes would take place and increasing the couple's own expectation of change.

Irene            There's no serious side to him anymore, everything's a joke and that bothers me.

Therapist       Was there a time when George had a serious side?

Irene            Yes.

Therapist       What was that like?

Irene            It was nice. I could take the jokes then because it was more balanced. There was another side to him. We could laugh together.....

Therapist       What will happen when George allows his serious side to show again?

Irene            We'll get along better..... We'll be growing.

Therapist       What will demonstrate that you are growing?

Irene            We'll show more concern for one another.

Therapist       How will you do that?

- Irene            He'll give me a hug or kiss without me having to ask for it.
- Therapist        What else?
- Irene            He won't be making derogatory jokes.... and he'll be catering to my needs more.
- Therapist        What will George be doing?
- Irene            I don't know. I don't even know what I want.
- Therapist        What will you be doing to show concern?
- Irene            Doing things for George. I like to do things for him but not if it's not appreciated.
- Therapist        How is George going to demonstrate appreciation?
- Irene            He'll let me know..... sometimes George does tell me what I do around the house is important and appreciated.

During the third session the therapist followed up on a task given in the second session whereby the couple was asked to think individually about how their own family of origin experiences were impacting on their current behavior in the relationship. Each partner was given a family of origin questionnaire to help the couple focus on the imbedded patterns which then are projected into the marriage (Laveman & Borck, 1993).

George felt that he had developed his humour as a way to make friendships since he was a loner. He also felt that it was a way to protect his personal feelings and keep people at a distance. He had especially found this coping mechanism helpful as a way of guarding himself against his friends who would tease him about his mentally handicapped sister. George also admitted that in his current relationship that he had played mind games with Irene which Irene

had confronted him on in the past. This behavior was also given a coping frame since George had learned in his family of origin how to play mind games with his mother in order to avoid being on her bad side or under her control.

The therapist assisted Irene in applying frames to her experiences. A coping frame was used to explain Irene's anger in the relationship. Irene was very hurt as a child growing up feeling unloved and uncared for. She learned to turn her hurt feelings into anger and was continuing to carry on this pattern as she strived to have George prove that she was loved and cared about. At the same time George had a very strong reaction to Irene's anger where he felt he needed to be walking on egg shells much the same way as he did with his mother. A reversal frame was used to explain Irene's frequent over-reactiveness and demands for attention. Irene claimed that she received no attention in her family of origin and was treated like Cinderella. In this relationship she was NOT going to be taken for granted. She was going to demand appreciation!

At the end of the third session the couple was given the message that they brought different ways of relating to the relationship from their past. The therapist complimented them on recognizing that some of the ways were neither healthy or productive, and for their ability in making great strides in practising new ways of relating. Their ability to put to practise new ways of communicating was highlighted to help the couple recognize the changes they had already made towards this first goal.

#### **Session Four:**

Therapist      What's gone well this week?

- Irene I don't have to fight for affection.
- Therapist Really, what's going on?
- Irene He's trying harder. He's just giving me hugs and kisses out of the blue.
- Therapist How are you feeling since this has happened?
- Irene I'm glad. I'm feeling like I actually matter. We can even sit and talk about a problem..... He's making me feel like my opinions are really worth something.
- Therapist Wow. How is he doing all that?
- Irene He's actually listening to my problems. I'm feeling attended to.
- Therapist George, how were you able to make all of these changes?
- George Hearing about it then I worked on it. Since she brought it up in counselling I knew that she was serious..... She's opening up more which helps..... and I'm hearing her not just listening.
- Therapist What else has gone well?
- George There's been a couple of times where we've been able to joke around together and be playful.
- Therapist Tell me more about that.
- George Actually it's happened two or three times in the last week.
- Therapist That's great! How are you getting this to happen?

George I guess she didn't realize how much it really bothers me that we don't have fun anymore until I mentioned it here..... but now she's making an effort.

Therapist How does it feel for you to have Irene more responsive to your humour?

George It feels good to have that feedback rather than her just being mad..... I know that there's a limit to my joking and I had to learn my limit.....

Therapist How did you learn your limit?

George Hearing how upset Irene gets when I carry my humour too far. It's protective for me but it makes her uncomfortable if I make something funny out of a disastrous situation.....

The majority of the session continued in much the same way with the focus on what happened that the couple wanted to continue to happen, and what they needed to do to maintain these changes. The therapist complimented the couple on the positive changes that they had made.

George Yeh, I'm waiting for the bubble to break.

Therapist How would you know if things were slipping back to old ways of relating?

Irene He would stop talking to me and we wouldn't be cuddling as much.

Therapist How would you be different?

Irene I'd probably be angry and not talking.

George Lately I ask her a question about what's bothering and she opens up to me. She's trying.

Therapist      What happens when she opens up?

George        It feels more like a give and take relationship..... I don't get as frustrated.

Therapist      What's allowing you to open up.

Irene         I know that he's listening.

Therapist      What else is happening that you want to continue?

Irene         George is taking some time out for us. When we get in an argument he actually sticks around. Sometimes I felt he left the house cause he didn't like being at home. How he really shows me he's trying because he let's me know where he's going and sometimes he even asks. I feel more involved.....

Towards the end of the session the couple discussed how their differences in humour had impacted on their relationship. The therapist used this opportunity to increase the number of alternate solutions for the couple.

Therapist      What else can you do to have mutual fun?

Irene         We could do some of the things we both enjoy.

Therapist      What are these things?

Irene         We haven't done things we both enjoy for a long time..... this is going to sound really funny but like going to a comedy club together..... movies.... sometimes reading together or just lying in bed talking.....

The work done in the previous sessions had been very instrumental in helping the couple move from a place of intense emotional reactivity and conflict to one which is mostly positive

with little or no discussion about the presenting complaint. Compliments were given to the couple at the end of this session on their ability to be in tune with each other's needs and their increased comfort and interaction together. The sessions were increased to two weeks apart with the permission of the clients who were now obviously feeling much more confident in their ability to maintain change.

### **Session Five and Six:**

The therapist continued in the fifth and sixth sessions to identify and comment on all the things that were happening with the couple that were worth continuing. Irene and George gave several examples of how they were working different issues in their lives. Irene was well aware of how her anger created problems in the relationship. She usually regretted blowing up afterwards and was able to identify feelings of frustration and hurt that lie beneath her anger.

Therapist      How are you handling your anger better?

Irene            Last time I got angry George just left. He came back when we were both cooled down and we both apologized to one another.

Therapist      Is that different?

Irene            For me it is, but I know I'm wrong too.

Therapist      Are there other ways that you are able to handle your emotions?

Irene            I'm beginning to be able to start talking with him more..... another way is I'll call a friend.... I noticed I'm getting a lot better. I don't know if you have?

Therapist      What tells you you're getting a lot better?

Irene I'm not flying off the handle and yelling so much.

Therapist How are you doing this?

Irene Part of it has been learning to laugh again instead of venting anger towards each other..... I've actually been able to take things he says as a joke..... before I would have just told him where to go joke or not.

Therapist What has changed for you that allows you to laugh at these things?

Irene He is willing to listen so I figure I can try to do something for him. He's been so patient.

Therapist How is George showing more patience?

Irene He'll sit down and talk to me about something minor. Even if I'm babbling he'll listen..... he's willing to listen.

Therapist How do you see this continuing?

Irene I can see us continuing to laugh and joke together as long as George realizes when I say I've had enough.

Therapist Is this happening?

Irene Yes.

The couple also used the session to discuss an area of disagreement involving Irene having the opportunity to meet her half sister. Irene had become very angry at George when she told him of her excitement about the news and didn't receive the response she had expected. Through solution focused questioning and a previous understanding of patterns each partner has

brought to the relationship the therapist was able to assist the couple in understanding the problem from a different perspective and reaching a resolve. Irene had been interpreting George's lack of enthusiasm for her news as not caring what happens to her. The feeling of not being cared about triggers hurt for Irene which she quickly turns into anger. George became more open and understanding viewing Irene as being hurt rather than vengeful and attacking. George was cautious about everything especially his feelings and would often transfer this caution to his family. Irene was easily able to view the situation as George trying to protect her from getting hurt rather than not caring about her.

The therapist complimented the couple on the ability to successfully resolve conflict that is inevitable in a relationship so successfully. They had been able to demonstrate the negotiation and agreement that underlies a successful relationship. Despite increased frustration and stress from outside the relationship with job loss and financial stress, the stress inside the relationship continued to decrease.

The last part of session six was spent reviewing and acknowledging all the changes that the couple had made towards their goals.

Listening

Demonstrating patience

Demonstrating affection

Laughing and having fun together

Relating to one another without conflict

Resolving differences

Being more responsive to one another's needs

Opening up to one another

Less reactive with emotions

Demonstrating appreciation and respect for one another.

Therapist      How have you done all this?

George          Just listened to one another and worked on it.

Therapist      How confident are you that you can maintain these changes?

Irene            I'm really confident because neither one of us wants it to go back to the way it was. We're just going to have to keep putting the effort into it.....

At the end of the session the couple was complimented on their ability to recognize when old patterns surface and being able to replace these with new effective ways of relating. This was being done quite successfully and the therapist felt that it might be time to think about discontinuing therapy. Neither Irene or George felt that they were ready to stop therapy sessions and felt that they still had some issues that needed to be resolved. The therapist explained that there was still opportunity for a few more sessions and asked the couple to focus on what they would like to achieve during these sessions.

### **Session Seven, Eight and Nine:**

During the seventh session Irene and George described fearing that things may be slipping. Irene was again quite emotional and admitted to feeling depressed. She stated that all

she felt good for was doing the housework. She felt an overwhelming sense of uselessness like she wasn't contributing to the family.

George I try to give her support verbally but that doesn't work. She doesn't want to hear it....

Therapist What works?

Irene When we take the time to talk about it then I'm not bitchy. I'm in a better mood and can actually laugh about it.....

Therapist What do you need to do to continue building on these new ways of relating?

George When we started counselling we were talking both here and outside of here a lot..... now we're letting things get in the way and not taking that home to talk.

Therapist How can you resist the urge to go back to old patterns?

Irene We haven't done that..... If we have a blow up it's not held over..... It's done and over with and we don't hold a grudge, it's not drawn out the way it used to be..... We've still been talking together at bedtime just not as much.

The couple was complimented during the session on their ability to maintain changes despite all of the outside stress. Towards the end of the session Irene brought up the anger and resentment she was feeling towards George for not wanting to make a commitment to her. George discussed how he wouldn't be able to do this until he was able to trust Irene once again. A line of solution focused questioning was again used to lead to the construction of exceptions and solutions for the trust issue. When this was unsuccessful the therapist reframed George's

inability to trust as the need to maintain control in the relationship. A reversal frame was used to understand how important it was for George to do things differently than his father. George felt his father had allowed himself to become trapped by George's controlling and overbearing mother. George himself had also felt controlled by his mother and was determined to do something different in his own relationship. The therapist pointed out to the couple that the argument was not about commitment and trust which were obviously both existent in the relationship, but instead was about the power imbalance in the relationship. For as long as George could continue to hold onto the past he would be able to maintain the power and control in the relationship. George was in agreement that he had felt more comfortable with a sense of control in the relationship and did in fact fear that Irene would become more and more like his angry overbearing mother.

Therapist Irene what do you think would be a satisfactory way of achieving a more equal relationship?

Irene I want to be equal..... be able to let my opinion be known, recognized and even acted upon sometimes. I want to be trusted so that I don't have to report every penny. I want to have a say in the decisions, and I want the accusations to stop.

George I know there is no reason why she shouldn't have all of that and I am going to have to try harder.....

In the final session there was very little talk of the trust issue. Most of the session was spent reviewing the gains the couple felt that they had made in therapy. George and Irene were able to identify a number of positive changes that had been maintained over the past three

months. The therapist pointed out that there had been a lot of transitory unfairness which had taken place between the couple, compliments were given to them on their ability to let go of the past and continue to build on their relationship. A focus was placed on determining how the couple could continue to maintain and build upon the changes already made. The couple's strength as parents was highlighted and again some of their difficulties were normalized as being part of the transitions and adjustments a new couple with young children must face as they go through the process of not only adjusting to each other but to becoming parents.

Irene            One thing that helps is that we can sit and talk about stuff now..... and laugh about stuff.

These were two of the goals that the couple had listed in their first session three months prior. Both Irene and George wanted desperately to be able to improve their communication in their relationship by being able to talk to each other without arguing. The couple was also able to meet their goal of being able to laugh together again. Irene found laughing with George was much easier once she was able to be open again about the things that were bothering her. It was also helpful to negotiate with George about what was pushing humour too far. Another very significant goal for the couple was to have the trust issue resolved. During the final session Irene admitted that she was shocked that the trust issue had so quickly become a non issue.

Irene and George came into therapy struggling with many issues. They entered therapy during a time of intense conflict. A combination of solution focused therapy and family of origin therapy was beneficial in helping them meet their goals. Family of origin therapy helped reduce blame and defuse the existing tension. It also allowed each member of the couple to focus on

how his or her own problematic behavior and coping styles were contributing to the ineffectiveness of the relationship. The increased understanding helped the couple to become free to make behavioral changes. Solution focused therapy was very instrumental in keeping Irene and George focused on their goals as well as developing and building on solutions. It was especially helpful in directing the couple towards change and development of new ways of relating. The model fell short however in helping the couple deal with their issue of trust. This issue was reframed as one of power. The solution focused model had a limitation of dealing with the problems only as they are identified by the client, however an issue such as power is not easily recognized by clients and is often very difficult to define. Although the reframe was successfully accepted by the clients it was unfortunate that it had been utilized so close to the end of therapy which left the therapist little time to work with the couple in helping making changes towards a more equal relationship. A lengthier therapy time might also have been useful in obtaining the client's goal of decreasing Irene's anger. Irene had made behavioral changes towards decreasing her angry outbursts. She began opening up and talking to her partner and others more when something was bothering her. Despite these changes Irene continued to return to angry outbursts which were destructive to the relationship. The coping frame was used to understand how Irene had learned to turn hurt into anger when she did not feel loved or cared about, however Irene was unable to change this detrimental coping style in her current relationship. It is possible that individual therapy might have been indicated here in helping Irene deal with some of her own issues that were affecting her relationship. This was consistent with Irene's response on the family of origin questionnaire to the question "on a scale of 1-10 how have you managed to overcome your childhood difficulties"? Irene's response to this

question was four indicating that she had not yet managed to overcome some childhood issues. Framo (1981) suggests that marital difficulties largely stem from attempts to master earlier conflicts from the original family. These conflicts and transference distortions frequently get lived through the spouse.

The DAS showed very little change in the overall scores pre-and post-counselling (appendix B). One small but possibly significant change for Irene was in the area of handling family finances. Pre counselling Irene had responded "occasionally disagree" in the area of family finances and post-counselling she had responded "almost always disagree". This could be indicative of Irene asserting power in the relationship in this area. The response for the degree of happiness in the relationship had also changed for Irene from "a little happy" to "very happy". Overall scores on the DAS pre and post counselling also changed very little for George. George's response to the degree of happiness in the relationship had also changed from "a little unhappy" to "happy". Another small change was his response to the question "How often do you and your partner quarrel" which changed from "most of the time" to "occasionally". This change was consistent with the change that was observed during therapy. Overall, however, DAS did not reveal the changes that the couple had identified throughout therapy. On the Client Satisfaction questionnaire, George and Irene both indicated that they felt counselling had helped them in dealing with their issues more effectively.

## CASE EXAMPLE FOUR

### Couple Four: Agnes and Fred

#### Session One and Two:

Agnes and Fred were a young couple in their early thirties with no children. Agnes was a full time secretary and Fred a law student. Fred was a recovering alcoholic and had been sober for eight years although in the last year he had a total of four slips. The couple's presenting problem was frequent disagreements over sex and money, and an inability to openly communicate in these areas. Their goals for therapy were; to be able to communicate more effectively to one another, to learn to resolve differences especially in the areas of sex and finances, and to examine Fred's anger in the relationship. Agnes and Fred felt that dealing with their differences surrounding finances was a priority goal.

In the second session the therapist explored each partner's family of origin background. Fred's mother was an alcoholic and was described as having all the control in the household with his father having very little say. Fred felt his mother had always treated him childlike and never allowed him to grow up. He characterized his father as being an angry man who mostly carried it inside but would occasionally blow up. Fred was on his own and an alcoholic at the age of nineteen. His parents had asked him to leave home and he met Agnes soon thereafter. Agnes also came from an alcoholic family. Agnes' father was an alcoholic and was very uninvolved as a father. Agnes described her mother as being very passive and tolerant of Agnes' father's behavior. Agnes felt her mother was very unhappy in the relationship but remained overly loving towards her husband. Agnes' parents would often quarrel when her father was drinking.

Each partner's family of origin history became very useful for identifying the development of destructive behavior patterns in their current relationship.

Family of origin frames were used to understand how the interactional style of over and under functioner had developed in Agnes and Fred's relationship. A role frame was used to describe how Fred had learned to play the role of under functioner in his family while growing up since his mother would allow him to do very little for himself. A modeling frame was also used to understand how this role had been reinforced. Fred's father had been an under functioner in his parent's relationship, and Fred had observed and followed his father's behavior. A modeling frame was also used to understand Fred's communication style of letting things build up inside of him until he would blow up often misdirecting his anger at someone or something else. This had also been Fred's father's pattern with anger.

A modeling frame was used to describe Agnes' over functioning interactional style in the relationship. Agnes' mother had also married an alcoholic and had spent her entire marriage caring for her husband and ensuring that he did not lose his job or humiliate himself or the family.

Fred's return to drinking and the possibility of him drinking again led to a number of behavior patterns in the relationship. Fred had been labeled irresponsible because of his drinking and spending habits and for the most part had accepted this role. Agnes had held the caretaking role since the beginning of the relationship and the fear of Fred drinking again had led her to take on an even bigger caretaking role. Agnes felt it was her responsibility to look after Fred and sought to prevent his drinking through behaviors such as controlling the finances and Fred's

choice of friends. Fred allowed frustration to build from both inside and outside the relationship and infrequently let others know what was bothering him. This would often lead to inappropriate displays of anger such as yelling or breaking something. Fred's irresponsibility and Agnes' over responsibility were reframed as over functioning and under functioning in the relationship. Gerson (1993) describes this classical interactional situation in couples as one where one person functions overtime in the relationship taking in the majority of the responsibility while the other partner takes very little responsibility for what occurs. Under functioners might enjoy being cared for, or may feel disempowered seeing little opportunity to take responsibility since the partner does everything. Under functioners often even become symptomatic to confirm their under functioning or distance from the relationship looking for other areas of fulfillment. The over functioner is often resentful and feels compelled to have to do everything.

#### **Session Three and Four:**

Solution focused questioning was extremely helpful in having the couple identify what needed to be changed in the area of communication. Neither Fred or Agnes were practising speaking clearly and directly about their feelings or when an issue was bothering them. Fred would hold things in until he had an angry blow up, and Agnes would often not approach Fred so that she could avoid an argument. The family of origin modeling frames were also utilized here to help Fred and Agnes recognize how each of them had brought this pattern of relating into the relationship. The couple was very pleased with the changes that had taken place in the area of communication. Solution focused questioning was also used in these sessions to help the couple describe specifically what they wanted to see changed in the area of finances. Fred and Agnes determined that the problem would be solved if they had more money to work with. They felt

their problems had started when Fred returned to school and no longer had an income. The therapist continued to use the reframe of over and under functioning to help the couple examine the problem further. Currently all the finances were being handled by Agnes and she was providing Fred with a small allowance. Fred initially claimed to be in complete agreement with the arrangement. However with the development of a more honest and direct communication style Fred began to be more open to Agnes about his feelings of anger and humiliation towards being treated childlike.

Agnes           It's a mess when Fred takes over the bills. I manage things and just try to get the things that we need.

Fred            She won't let me share the financial responsibility..... I'm cut off ATM cards and my credit cards..... I'm irresponsible with money.

Agnes           ..... I took away Fred's interact. He managed to get "\$400.00 out of the account even though we didn't have the money and I ended up having to owe the money.....

Fred            What do you mean you owed?

Therapist       Fred, what is the payoff for you to continue under functioning in the relationship?

Fred            I can duck the things I want to and let her deal with it..... In some ways it's easier to let her do it all. I want a place at the table but don't want to do anything to get it..... but on the other hand it's childish and it makes me feel like she thinks I'm an irresponsible twit..... I don't want that.

Therapist       How can Fred begin to stop under functioning in the relationship?

Fred            If I want my place at the table I need to do stuff. I need to take some responsibility.

Therapist      What would that look like?

Fred            I'd be more involved in our finances and I wouldn't have to get an allowance given to me or ask for money to buy cigarettes.

Therapist      Agnes. How can you relieve yourself of the position of over functioning?

Agnes          It's going to be a very long time before Fred gets his cards back..... maybe after he's been sober again for a few years and attending AA meetings regularly..... If Fred become more responsible it would be great. A load would be lifted off my shoulders.

The task given at the end of the third session was for Agnes to begin to take the load off her shoulders by thinking what Fred could do to help. The second part of the task was for the couple to agree upon which one of Agnes' current responsibilities could be given over to Fred. In the fourth session Agnes and Fred came back and reported that they had agreed upon Fred paying the bills and updating the cheque book. They had however been unable to complete the task. Despite a clear prescription for behavioral change that would disrupt the current behavior pattern the couple remained stuck. Fred was ready to take on more responsibility however Agnes was not ready to let it go. The existence of this struggle would continue to determine what changes would or wouldn't take place in the relationship. Solution focused questioning was utilized to help the couple identify what was keeping them stuck and to develop a wider repertoire of solutions for becoming unstuck.

Agnes I was busy and I didn't know what I could really give up to Fred..... I think whatever I give up to Fred we should work on it together so we can be on the same page.

Fred I just want to be able to do the damn task and know she trusts me to do it..... maybe not like she would do it but just that I can be trusted to get the job done.

Therapist What would Fred need to do to have your trust in this area?

Agnes If he's going to do it to the best of his ability then I know it will be done properly. Whatever he takes over to do I don't want to worry about it. I just want to trust him to deal with it.....

Therapist How do you see that happening?

Agnes I don't know..... I guess I have to give something up first.

Therapist What keeps you from doing this?

Agnes ..... I guess a lot of things go back to the drinking..... as long as I'm not certain that he won't drink again I can't give Fred back the responsibility.

Therapist Can you ever be certain?

Agnes No.

The therapist helped the couple to recognize the connection between Fred's drinking and Agnes' lack of trust in other areas of the relationship. The family of origin reversal frame was used to help understand Agnes' strong need to ensure that Fred does not turn out like her father. The overwhelming fear that Fred would turn out like her father and that somehow the

relationship would turn out just like her parents increased Agnes' need to try to prevent or control this from happening. The frame of learning to live with uncertainty was used to help Agnes deal with the difficulty of letting go and the need to try to control Fred's drinking through so many areas in the relationship.

Therapist      How can you learn to live with the uncertainty?

Agnes            Try not to think about it. Al-Anon will help as a resource.

Therapist      How can you become comfortable with uncertainty in the area of finances.

Agnes            I'm willing to give stuff up to Fred. It's good to give it up..... Whatever happens.  
                         happens. I don't want him to feel like a kid and I don't want to parent an adult.....  
                         I will do the assignment.

### **Session Five and Six:**

Agnes and Fred returned in the fifth session happy to report that they had been able to successfully complete the previous task. The therapist complimented the couple on their ability to work through such a difficult issue. They had increasing awareness of what some of the real issues in the relationship were and were also able to take steps forward in resolving these issues. The therapist then focused questioning on helping the clients identify how they could maintain these changes that were already made and building upon them.

Therapist      Wow, how did that happen?

Agnes Normally I would just take it over..... but Fred wrote out the cheques and I updated the computer..... both of us made the decisions and both of us were aware of what was left.....

Therapist How did you resist the urge to take it over?

Agnes Fred reminded me..... but he didn't have to I know that I can't expect him to be responsible if I don't allow him any responsibility.....

Therapist How can you get this to continue to happen?

Agnes I felt less burdened now that we're working on finances 50-50..... I can't see any reason why it won't always be that way.....

Therapist How can you see it becoming more 50-50?

Fred We both need to have equal hand in the management of the finances.

Therapist What would that look like?

Fred It would be nice to get to the stage where I have my ATM card back.....

At this point Agnes went on to describe a recent incident where Fred had been late coming home. She explained that she didn't know if he was drinking or not and that this had caused her to become very scared. She then told Fred that this uncertainty was the reason he did not have his cards back. The therapist tried again through solution focused questioning to help the couple articulate specifically what they wanted to see changed in the relationship to build upon the changes that had already taken place. The explicit solutions identified by the couple would make implementing change easier. The couple was complimented on the many positives

in the relationship and the areas in which they were already doing quite well, and specifically for the behavioral changes they had been able to make in the area of over functioning and under functioning behavior. Unfortunately the assumption that change in one area would spill into change in other areas was very limited in this case. Agnes' individual issues played a big role in keeping the couple stuck. Agnes described herself in the fifth session as being more depressed than ever and to the point that she was now praying to die. She attributed the depression to several factors include living in her parents house again having to see her father passed out, and her finances being in worse shape than ever. When asked about what in the relationship was contributing to her depressive state Agnes replied having to make sure that Fred stays sober. The therapist took this opportunity to reframe Agnes' depression as something very positive for her and the relationship. The therapist communicated to the couple that Agnes' depression was a sign that she needed to be taken care of and therefore could no longer afford to take care of Fred. This would mean that she would have to be less of a mom. The therapist reiterated how very difficult this change would be given that on some level Fred still desired to be a child and be taken care of and Agnes still wanted to be a mother to him. The therapist speculated that Agnes had little of her own life and sense of self left since her energy focused on Fred and that moving away from this pattern and beginning to focus on herself would probably be very scary. Agnes admitted that during the week she had not wanted Fred to accept an invitation to go out with his work colleagues because she felt very vulnerable with no life of her own.

Therapist     How can you take care of yourself in this relationship?

Agnes         I want to stop worrying about him and concentrate more on me..... I'm not healthy.

- Therapist     How can you begin to do this?
- Agnes         Try it step by step. I need to boost my confidence..... physically look after myself.....
- Therapist     Fred, what will you notice is different about Agnes when she begins to detach herself from your drinking problem?
- Fred          She will be more cheerful..... outgoing, taking more initiative..... confident and ready to take the world on.
- Therapist     What is life going to be like for you when you are able to detach yourself from Fred's drinking?
- Agnes         Much more positive. I'll have normal pressures. It will be like a weight lifted off of me..... I would enjoy life more..... have more mental breaks..... I'd probably be reading more.
- Therapist     What do you have to do to work towards beginning to detach yourself?
- Agnes         I have to tell myself that it's not my life..... It's so hard because it impacts me..... I feel like we are one.....

A lot of time was also spent this session complimenting Fred on his ability to stay sober and accepting the challenge of not under functioning in the relationship. Fred could quite easily describe how he planned to maintain these changes. Towards the end of the session the therapist helped the couple consider what the future will look like when the problem doesn't exist. This would assist the couple in becoming unstuck by increasing the expectation of change.

- Therapist      What's it going to be like when there is no longer a focus in Fred's drinking?
- Agnes          It will be much more optimistic.
- Fred            We will be more independent and self directed..... we will be connecting.
- Therapist      What will connecting look like?
- Fred            We'll both be moving in the same direction..... and have clear communication.
- Agnes          We could decide on a family, where to live..... We would be able to look at the big picture of things and make decision in career, religion and family.
- Therapist      What's keeping you from communicating or planning a future together.
- Silence.
- Agnes          Too much focus on the negative of today.
- Therapist      What do you need to do?
- Agnes          Have more faith and start planning our future and where we are going.

The task given to the couple was to begin to start communicating about future and the big picture without focusing on the negative.

In between the sixth and final session the therapist wrote a letter to Fred and Agnes. Letter interventions are a routine part of the brief solution focused model. They are used to maximize the effect of treatment quickly and to help clients in their process towards solutions. Letters can help maintain the momentum of treatment and lead to new and productive experience outside of therapy. The aim is to initiate or encourage and expand upon changes that have already begun by clients in the directions of their goals (Nunnally & Lipchik, 1989).

Following the sixth session the therapist wrote and mailed a letter to the couple.

Letter.

Dear Fred and Agnes,

I am writing this letter as previously discussed in our last therapy session on November 19, 1996. I thought I would highlight a few major steps that you have both made during the past 2 months.

Communication has been an area of difficulty for you both in the past, and it is evident that some communication styles and skills have been learned in your own family of origins.

Fred, you learned very early from your father to keep things inside until eventually unfocused anger would build up and become outbursts of rage. We agree with you that it is necessary to express your anger when you experience it. We are glad to see that you have realized the need to sharpen the focus and become more directed in your anger so that it becomes more effective and does not advance to misdirected rage. You have been able to let Agnes know that you are angry with being treated like a child, having to defend your competence, and not having the opportunity to participate equally in the relationship. You have also done this in such a way that does not inhibit your partner from responding in a reciprocal manner. Please continue to observe what allows you to express your feelings more honestly and directly.

Agnes, you learned from your mother to see yourself as being responsible for maintaining harmony in the relationship and avoiding conflict at all costs. We are pleased that you have made the decision to be different. We feel it is very positive that like Fred, you have chosen not to keep thoughts and feelings inside even if this means the possibility of aggravating Fred. We

agree with you that it is important that you are heard in the relationship and that you continue to focus and direct your feelings including anger without withholding. Congratulations on your continued self improvement in this area by joining a course in better communication. Please continue to observe what it is that you and Fred both do that allows you to be unlike your mother by taking risks and communicating honestly and directly.

These changes in communication have allowed you both to openly and honestly discuss very sensitive issues and move towards effective problem solving, and thinking about the future.

Fred, we are very impressed with your ability to stay sober, be responsible, and take care of your relationship. It took a great deal of maturity and strength to accept the reality that you must start earning your place at the table. We agree that it will take hard work, and tough challenges still lie ahead, but your determination to become a lawyer and have a healthy future with Agnes is very impressive. But, as you know it will take lots of hard work and trial and error since you will be teaching yourself how to be a responsible partner and possibly husband and father. The same will be true as you know with staying sober. We are glad that you are able to separate past behaviors from the person that you are and are determined to do what you know is right. We would like to have you continue with your healthy habits and also pay attention to what new ways you discover that increase your chances of success.

Agnes, it is clear that you have given a lot of thought to Fred's drinking problem and noticed many things that are helpful to understand his problem. It is clear that you have tried many different things to convince Fred of the seriousness of the problem because you love him

and are very concerned about the welfare of your relationship. It is also clear that inspite of everything you still have hope that Fred will no longer put the relationship in jeopardy.

At the same time, we are impressed that you have come to finally accept that only he can stay sober and that he needs to learn to take the natural consequences of his drinking. We agree that this is what growing up is all about. We are also happy that you have again decided to be different from your mother by being prepared to separate from Fred if he is unable to stay sober. We are also in agreement that attempting to ensure Fred stays sober and to protect against the what ifs has been unhealthy for you and the relationship, and right now is the best time to start detaching yourself from Fred's drinking, and concentrate on relearning to take care of yourself. You are right, you probably will be happier and able to enjoy life more. But as you know, it will not be easy. Therefore, we would like you to give some further thoughts to what else you will notice about Fred that gives you more hope as you continue to detach yourself. You are also absolutely right that we choose our partners for a reason. Please continue with your decision to help yourself through attending Al-Anon meetings. Some further reaching might also be quite helpful. I would strongly suggest a book called Beyond Co-dependency by Melodie Beattie.

Sincerely,

Jay Steele

**Session Seven:**

During the final session the therapist reviewed with the couple how close they had come to meeting their goals. Fred and Agnes were both very pleased that they had continued to

communicate so effectively together during the last few months. They felt that they were able to talk about issues that they had previously avoided. The couple was also very satisfied with the resolutions they had reached together in the area of finances. Most of the session was used to build on ways that the couple could continue focusing and planning towards the future rather than focusing on Fred's drinking. Agnes was asked to think of how she would demonstrate caring for herself and not attempting to control Fred's drinking which was reinforcing thoughts of uncertainty about the future. Agnes had some trouble making the distinction between care and concern and over functioning in the relationship. With minimal direction from the therapist Agnes and Fred were able to negotiate several new rules in this area. They negotiated Fred's freedom to choose his own friends, making his own decisions about socializing with hockey colleagues, and the need to call home and check in. The couple successfully negotiated these areas with Agnes letting go of the need to control Fred's drinking through the old rules. The couple also felt that they wouldn't have a problem reaching an agreement in regards to Fred once again having access to ATM cards. They were also confident that they would be able to resolve their sex issues in much the same way that they had resolved the other issues. The session ended with compliments and the therapist asking Agnes and Fred to define what they felt they had accomplished during therapy. Following Agnes' description of their accomplishments, Fred commented that he had viewed things much the same way and couldn't have said it better. The therapist used the client's initial complaint of not being on the same page and commented that it felt like a good time to end therapy since the couple was so capable of resolving differences on their own and were definitely on the same page.

Fred's and Agnes' initial goals for therapy were to:

- 1) be able to communicate more effectively to one another,
- 2) be able to resolve differences especially in the areas of sex and finances, and
- 3) understand Fred's inappropriate displays of anger.

The extent that the integration of solution focused and family of origin therapy helped the couple reach their therapeutic goals was quite positive. Agnes and Fred were very happy with the progress that had been made in the area of communication. Fred's anger had also been understood in the context of this communication pattern in that Fred failed to express anger in an open and direct way. The couple was able to successfully develop a much wider range of positive behaviors in the area of communication.

The second goal of being able to resolve differences in the areas of sex and finances was partially met in the area of finances. Meeting this goal required an integration of the two therapies and a deep understanding of the issues. Solution focused therapy in itself would not have afforded the therapist the freedom to go beyond what the couple had presented as the problem by examining underlying causes of behavior. The therapist felt that it was necessary to uncover the power imbalance that was underlying the couple's problem in the area of finances. Family of origin intervention did provide some insight into the development of the dysfunctional roles of "irresponsible" and "caretaker" which were related to this power imbalance. The therapist also felt that it was important to examine the underlying cause of the power imbalance in relation to the complicated dynamics of the alcoholic in a marital system.

The over functioner and under functioner roles in an alcoholic marriage are quite common and often are part of an overall struggle for control. The non alcoholic spouse appears

overly responsible and dominant and assumes the over functioner role while the alcoholic spouse under functions. The alcoholic's drinking can be seen as neutralizing the over functioner's apparent control by giving the drinker an advantage in determining what is to happen in the relationship. The over functioner may further perpetuate the drinking by exhibiting anxiety, criticizing, infantilizing, and attempting to forbid the drinking, thereby initiating another round of "counter-control" drinking behavior by the under function spouse (Pearson & Anderson, 1985 p. 213). In this case the therapist worked towards balancing the control in the relationship so that Fred would not need to exert his control through drinking behavior. Fred was a law student and the couple had attributed the recent slips to stress however Fred had remained sober for seven years and it is quite unlikely that this "new stress" was the cause of his drinking. Breaking the destructive struggle for control pattern would involve interrupting Agnes' role of being overly responsible.

The use of both family of origin therapy and solution focused therapy was helpful in having the couple reach their stated therapeutic goals. Family of origin intervention assisted the couple in tracing the development of their problematic interactional patterns. The use of family of origin frames was very powerful in helping each partner come to understand how they contributed to the behavior of the other. The desire to be different than their parents created a strong motivation for change. This was especially helpful in the difficult task of having Agnes let go of the caretaking role and having Fred accept the role of being responsible. Solution focused therapy allowed the couple to stay focused on their goals and helped them identify changes that needed to be made within themselves and within the relationship for each problem area. Future orientated questions increased the couple's expectation of change and allowed them

to think about a future without the drinking. Frames were also very instrumental in this case for helping the couple reach their goals. For example, the reframe of under functioning in the relationship lifted the problem out of the symptom frame of irresponsible which carried the implication of unchangeability. These reframes also helped address the power imbalance that was existent in the relationship. Another helpful use of a reframe was reframing Agnes' depression as a "good depression". This facilitated changing Agnes' viewpoint so she was now able to see her depression as a sign of moving forward rather than being more stuck. As such, it was also important for the therapist to understand how Agnes' need to be responsible for Fred was deeply rooted in her own individual issues resembling a co-dependent personality. The therapist was able to have Agnes recognize her role in keeping the problem going however changing her behavior and learning to let go of the need to care take Fred would be the biggest challenge. Individuals who experience co-dependency have very little sense of self and very often lose themselves in over concerning themselves with others. Agnes had always held the role of looking out for Fred since the day they met. It was no coincidence that as Fred grew in his ability to be independent and take care of himself Agnes became increasingly depressed. Letting go would involve a lot of fear and Agnes would need to begin to build herself up as discussed during therapy. Adult children of alcoholics need to accept that it's legitimate for them to take care of themselves, and must learn to make themselves their first priority (Gravitz & Bowden, 1987).

With an understanding of these complicated dynamics the therapist was able to help the couple reach their second goal of resolving differences in the area of finances. Time did not permit the therapist to explore the couple's sexual differences although the couple felt quite

confident that they could begin to negotiate their sexual differences in much the same way as their finances. Pearson and Anderson (1985) found that unexpressed anger in an alcoholic couple increased the likelihood of developing a sexual dysfunction as a defense against intimacy.

The DAS scores in the area of handling family finances demonstrated a change for the couple in this area. Agnes' response on the pre-counselling dyadic adjustment scale questionnaire in the area of handling family finances was "frequently disagree". Her response in this area on the post-counselling questionnaire was "almost always agree". Fred's responses on the pre-and post-dyadic adjustment scale were also consistent with these changes. Both Agnes and Fred also changed their responses to the question of how often they calmly discuss something "more than once a day". This is possibly indicative of the changes the couple had made in the area of communication. There was very few other notable changes between the pre-and post-test scores. The scale was not representative of the changes that had taken place with this couple. It is important to note however that the couple had identified very few problem areas in the pre-counselling questionnaire. Other than the areas of sex and money the couple perceived their relationship as going very well in other areas. This perception left little room for a measure of change on the pre-and post-adjustment scales. Both Agnes and Fred indicated on the client satisfaction questionnaire that they were very satisfied with the therapy they had received and felt that it had helped them deal with their issues more effectively.

## CASE EXAMPLE FIVE

### Couple Five: Brian and Marlene

Marlene and Brian, a young unmarried couple of two and a half years, were facing an issue that they both felt threatened to end the relationship. The couple were considering purchasing a house together and felt that the issue should be resolved prior to them considering a future together. Marlene (22) was a complete vegetarian and animal rights activist who was very passionate about her beliefs. Brian (24) had grown up in a family of hunters and continued to engage in and enjoy the sport. Marlene could not accept that her partner killed animals and engaged in endless discussions in which she would try to convince Brian that what he was doing was morally wrong. The issue had become so intense for the couple that they were no longer able to discuss it. Marlene would react with hurt and anger and Brian would shut down and refuse to discuss the issue further.

### Session One:

The first session began with a discussion surrounding the details of the presenting problem. Each partner was given the opportunity to express their views on the complaint. It was also important in this session to find out what the couple had been doing to deal with the problem. This line of questioning served the dual purpose of helping the couple take notice of what was not working that they continued to do, as well as beginning to identify what had already been working. The attempted solution can often become the problem and further to this people fail to recognize that what they are doing is not working and continue to do more of the same (Weiner Davis, 1992, p. 107).

Therapist      What have you done so far to deal with this issue?

Marlene        I gave him an ultimatum about a year ago but he chose hunting over me. I realize I was wrong in doing that but I can't get over the fact he chose hunting. He was willing to give me up.

Therapist      What else have you tried?

Marlene        I've cried and tried to convince him over and over again how important this is to me but I can't get through to him and it hurts. He should understand me enough to know how much this hurts me. I'm so morally against it.

Therapist      Are you saying that whether or not Brian chooses to hunt is some sort of measure of how much he cares about you?

Marlene        It's true I actually said that to him one time.....

Brian          I don't see it that way....I see this as not accepting what I do

Marlene        Your morally against what I believe if there was something you didn't like I would give it up...I see him as a murderer....

Therapist      Have these kind of debates been helpful?

Following engaging the couple in a discovery of what isn't working that the couple continues to do the therapist moved towards discovering exceptions.

Brian          She thinks that every time I see an animal I want to kill it. She doesn't understand I can appreciate it.

Therapist      Are there times when you don't think that way?

- Marlene        When he is with his dog. I see how much he loves his dog.
- Therapist      What has been helpful in resolving this conflict?
- Marlene        ...We came up with a compromise of him only going once a year. I don't know if its going to work though. I want to discuss it.
- Therapist      How were you able to reach this compromise?
- Marlene        I just came up with it on my own thinking about what might be helpful to me and I presented it to him. He accepted it but I don't know how he really feels about it. I try to get him to talk about it but he doesn't want to. He won't share with me.
- Brian          I couldn't go anymore than once a year this year anyway so it's not a big deal.
- Therapist      (Searching for exceptions again)
- Are you able to communicate effectively in other areas of the relationship?
- Marlene        More or less but actually no I was just saying the other day we need to communicate better....I share all of my experiences with him and he won't tell me anything unless I ask him.
- Brian          If its not important then I don't talk about it.
- Marlene        I don't care if it's important I want you to tell me anyway.....
- Therapist      Have you been able to resolve other issues?
- Brian          - Yeh all of them
- Therapist      How have you done that?

Brian            We just talk them out, listen to each other. compromise. I value her opinion.

Therapist        What's different about this issue?

Marlene         Its a moral issue and I can't get it out of my mind.....

The identification of exceptions served to increase the couple's confidence that change was possible. Before building on these exceptions the therapist made a decision to pursue exploring each partner's family of origin. This couple had not been away from home for very long and were experiencing their first serious relationship outside of the original family. It was clear to the therapist that each partner was demonstrating some behavior or interactive style learned in their own family of origin that would be worth exploring.

Therapist        How do your parents resolve conflict?

Marlene         Mom gives into anything. She's upset but gives in to Dad anyway...She's very passive and lets him talk down to her.....

I won't take anything like that. I'm like my dad, stubborn and domineering....we have to tip toe around Dad.....With my dad everything is right or wrong....I have to fight my dad on my beliefs....Dad gets so mad but I can't give in because I don't want to be like my mom.....I've been kicked out so many times for standing up for myself.

Brian            My parents don't like to talk about stuff unless they've been drinking. Then mom screams and shoots down dad a lot...dad gets defensive...He's a proud man and she knows just how to push his buttons and make him mad. She likes to pick

fights. I can remember loud fights when I was a kid. Most of the time now they just stay in separate parts of the house.

Marlene had learned in her family of origin that it was important to take a stand and not get walked on (like her mother had). It was also important to fight for your beliefs at almost any cost. Brian had learned in his family of origin to avoid conflict and confrontation and that women's anger was something to be feared. Brian did not grow up in a family where expressing feelings and viewpoints was encouraged. These learned styles of interacting were being played out full force in this couple's current lives as they attempted to deal with their presenting complaint.

Therapist      How do you want to be different than your parents in your own relationship.

Marlene        I want to have say and not be shushed like my mom. I want my opinion to be valid and to know what I say is valid.

Brian           I want to spend more time together than my parents. Talk more and be closer.

The therapist ended the sessions with goals for therapy.

Therapist      What is it that you would like to see happen as a result of coming here?

Brian           That my hunting wouldn't bother her so much.

Marlene        That's what I want for it not to bother me. Right now I'm in the in between stage and I'm starting to deal with it but I'm not there yet. If he goes this year I won't be able to deal with it yet.

Following a 10 minute intermission break the couple was complimented on their strengths and ability to work on issues as opposed to shelving them. The issue was reframed as individual differences which can either compliment or detract from the relationship.

### Session Two:

One of the therapist's goals for the second session was to help the couple identify and interrupt the interactional pattern used to deal with the presenting problem. The therapist used exceptions in the first session to move the couple away from the presenting problem towards solutions, however the couple frequently returned to Marlene endlessly trying to convince Brian to change his viewpoint. The therapist utilized family of origin frames to have each of the partners focus on their own behavior and contribution to the problem.

Therapist      How have you positively negotiated this issue in the last couple of weeks?

Marlene        We didn't come up with anything new.

Therapist      What's getting in the way of you talking about the issue?

Marlene        ..... I just talk but I can't get a complete discussion going..... I don't know if it's that he doesn't want to hurt me or doesn't want me to get upset.

Brian           ..... I guess sometimes I keep quiet and don't say anything. I might get angry at something she says but I just leave it.

Marlene        Then I never know when you're angry. I honestly wish you would tell me what you're thinking even if it makes me angrier.

Therapist      What keeps you from telling Marlene when things do bother you?

Brian            She's going to get mad and I don't want to make a big deal out of it. I don't want to fight. Sometimes I keep it inside and I get mad at something else. It does really bother me though when she gets mad about my hunting.....

Therapist        Marlene were you aware of Brian withholds telling you how he feels out of fear of your anger?

Marlene          I can see that happening. I know that I'm like that, I blow things out of proportion sometimes and once I'm upset everything seems worse than it is.

Therapist        Where did you learn to take such a strong stand on things?

Marlene          I learned it from having to stand up to my Dad. I need to be heard so that I don't end up like my mom and I guess that's why I'm constantly voicing my opinion.

Therapist        You mentioned one of the ways you wanted your relationship to be different than your parents is to be more equal. How is your relationship more equal than that of your parents?

Marlene          Well I say something and I guess he just agrees to avoid fighting with me even if he doesn't really agree so it's really not equal. I thought it was. Actually I'm being like my mom and you're being like my Dad and I don't like that.

Marlene was able to recognize that she was so determined to be unlike her mother that she had adopted the domineering role of her father and hadn't even realized it. Marlene could begin to understand how her behavior was contributing to maintaining the problem by the way she continued to communicate with Brian. Brian also recognized how his desire to avoid conflict learned in his family of origin contributed to the problem. With this understanding the couple

was free to begin making changes in this area. Solution focused questioning was used to move the clients towards solutions.

Therapist      What would you like to see changed about your interactional style?

Brian            I would be able to start voicing my opinion to her. Even if not verbally I could write it down and give it to her. I would be more of who I am around her.

Therapist      What would being more of who you are look like?

Brian            I would express myself a lot more and I would be able to talk to her even about the little things that bug me.....

Therapist      What would Marlene be doing differently.

Brian            She would be less angry. More accepting of my opinions. She wouldn't expect that I have to agree with her.

Therapist      Are there things about the way you communicate that you would like to keep?

Brian            We laugh a lot together. Our non verbal communication. We know we care about one another.....

Marlene was able to connect the passion from which she was taking this stand on hunting to the need to take a stand that she derived from her own family background. This was helpful in allowing Marlene to accept the reframe presented by the therapist. Brian's hunting was reframed from a flaw in his character to a flaw in Marlene's perception of the hunting.

Therapist You mentioned earlier that if Brian really cared about you that he would stop hunting. What will happen to the relationship if you continue to view the issue this way?

Marlene It will hurt the relationship. Getting along will be more difficult. I'm trying hard not to think like that. I know it's me, it has less to do with the relationship.

Therapist What works to help you not think about in this way?

Marlene I'm trying to be positive and not thinking about it. It's been working quite well. I'm actually shocked because I thought there was no way I could put it out of my mind.

Therapist How can you get that to continue?

Marlene I don't know. Maybe if Brian doesn't expose me to it.

Brian I don't think hiding from it is the answer. I feel limited sometimes not being able to be around my friends if they want to talk about hunting.

Marlene I don't want to keep you from doing what you want to do. With hunting I feel that I have to limit it. I guess that's sort of the same..... I can't understand what satisfaction you can get from killing..... how murder can please you.....

Therapist Marlene last session you said your goal for therapy was to have the hunting stop bothering you, and be able to better deal with it but it sounds like there's still another goal present.....

Marlene I thought by coming here that he would come to understand what he was doing..... How his hunting was hurting me and the relationship so he could stop..... I didn't realize the problem was inside of me until I just said it. Maybe I'm holding back on dealing with it because I'm afraid that means giving up and he may take advantage of it..... He maybe won't take me serious and not even try to be compassionate from his end.....

Brian ..... I understand what she's giving up with this compromise and I appreciate it.

Marlene I think dealing with this together will help our relationship..... I was looking for an instant solution but I realize I have a lot of work to do on my own.

The session ended with a review of the positives and strengths in the relationship. The overall frame of being a new couple finding fit, through accepting and working through differences was used throughout therapy and highlighted here. Marlene and Brian had a relationship where affection, trust, and mutual respect was demonstrated regularly. The couple had successfully negotiated many past issues in their time together and with an understanding of how their different interaction styles had blocked communication with this issue the couple could begin to negotiate the presenting problem in a similar way. Brian was already beginning to feel more comfortable in expressing himself in the session and Marlene had a new understanding of her need to dominate and be right. Marlene had come to understand that she could not change Brian but in order to become less upset, had to change thinking within herself. Marlene had expressed towards the end of session that she was already thinking about it less and less since the

past year and could identify things that were helpful to her in dealing with it. Marlene still had some work to do in this area, however, she had a prescription of positive solutions at hand.

The combination of solution focused and family of origin work was effective in helping this couple reach their goals. Marlene and Brian had come to learn how their past experiences in their family of origin were influencing their current behavior in the relationship. Solution focused therapy was helpful in keeping the couple focused on the presenting problem, and moving them quickly towards the development of solutions and change. The couple's goals for therapy were to communicate more effectively on the issue of hunting and to determine whether or not it was possible to resolve this issue before moving further in the relationship. Therapy was effective for assisting the couple in meeting their goal of communicating more effectively on the issue. Each partner was able to communicate openly and directly about the issue with decreased emotional intensity. The couple's second goal of determining whether or not the issue could be resolved was partially met since Marlene had changed her perception of dealing with the problem from needing to change her partners view to needing to develop acceptance within herself. The DAS demonstrated almost no change between pre-and post-scores (See Appendix B). The couple was in the good adjustment range both pre-and post-counselling. One important change in individual scores for Marlene was in response to the question of how often did you confide in your mate which changed from "rarely" at pre-counselling to "all of the time" on the post-counselling DAS. Both partners indicated on the Client Satisfaction Questionnaire that they were extremely satisfied or very satisfied and that counselling had definitely helped them deal with their issues more effectively.

## CASE EXAMPLE SIX

### Couple Six: Judy and Bob

#### Session One:

Judy and Bob were a married couple of five years. Judy was in her late twenties and her husband was two years her elder. They had been together one year prior to their marriage. The couple had three children ages one, four, and five. Judy was pregnant with her eldest child when she met Bob, and the pregnancy had been the result of a rape. Judy had also had another pregnancy during the marriage resulting from an affair. This pregnancy was terminated. The presenting problem was described as continual arguments which consisted of yelling and name calling, and on a few occasions had escalated to violence. There hadn't been any episodes of violence for one year prior to coming into counselling. Bob and Judy both attributed the change to the fact that Bob was diagnosed with depression and was now on an antidepressant medication which had a calming affect. Judy admitted to having mixed feelings about being in the relationship and often felt that they would be better off separated because she felt a strong need to be on her own. Bob on the other hand felt committed to the relationship. Bob and Judy felt that their conflict stemmed from disagreeing on how much space and time alone Judy needed and disagreeing on whether or not they should continue to allow a male friend of Judy's to remain living in their home. Bob was not happy with this arrangement and his resistance had been heightened by the male friend expressing a romantic interest in Judy.

Following this description of the complaint the therapist proceeded to help the couple create an expectation of change. What you expect to happen influences what you do, and if you

expect something different to happen, then doing something different makes sense. It is helpful to have clients describe what things they want to be different when their complaint is resolved. In other words, if you know where you want to go, then getting there is easier (De. Shazer et al. 1986).

Therapist      Was there a time when things were better?

Judy            Yes, when we lived in Brandon.

Therapist      What was different about that time?

Judy            We used to talk about stuff and we spent time together.

Therapist      Are there times now when you are able to talk?

Judy            At bedtime just before we go to sleep.

Complaints can be constructed into possible solutions, and in this case talking more and spending time together arose as possible solutions to the complaint. Unfortunately any attempt to build on these exceptions and possible solutions reached a dead end since Judy described herself as being unable to talk or spend time together with her husband at this time.

Since Bob and Judy were a fairly new couple with young children it was decided that the integration of family of origin work might also be useful in helping to understand the couple's current styles of relating and individual behavior patterns affecting the relationship. Family of origin information was gathered from each partner. Judy grew up in a home with two alcoholic parents. She was the oldest of three siblings, two brothers, and one sister. Judy described herself as never being close to anyone in the family. She recalled having to see a school counsellor and

a psychologist as a child and being unable to talk to them or anyone else. As a teenager Judy described herself as being rebellious and a great disappointment to her parents.

Bob came from a family of three siblings brothers and one sister. Bob was the youngest. Unfortunately Bob had no childhood memory. Bob said he had been told things about his family from his older brother and sister but didn't want to believe that these things had taken place and wasn't comfortable in looking back. Bob described himself as until very recently being a person without feelings who cared little about anything.

There were strong indications that both Bob and Judy came from dysfunctional family backgrounds where their feelings had been frozen in early childhood. It is quite possible that both Bob and Judy carried these defense mechanisms through to their adult lives. Neither Bob or Judy were able to understand and express their feelings. Little understanding and connections however could be made between each partner's past and current behavior without memory of what had taken place in the family of origin.

The last part of the first session was spent developing goals to provide a focus for therapy. Judy and Bob both had several individual goals for therapy.

Bob's goals were:

- 1) to be able to see and understand things from each others point of view,
- 2) to be able to resolve satisfactorily the issues of Judy going out on her own on Friday nights and having her friend as a guest in their home.
- 3) to develop a more equal relationship where both partners thoughts and feelings were considered more equally.

Judy's goals were:

- 1) to deal with the issue of Bob's jealousy,
- 2) to be able to negotiate maintaining her own space in the relationship,
- 3) to get the events from her past out in the open.
- 4) to have better communication.

The couple clearly had many goals for therapy and it was necessary to prioritize which goal would be the most important area for work. This would assist in keeping therapy focused as well as facilitating the process of breaking goals down into very specific pieces so that solutions would appear simpler and more attainable. In this case despite the differences in the couple's goals a common thread was better communication. The couple decided that this would be a priority goal. The therapist was in agreement that this would be a good place to start. The therapist counted on the likelihood of two assumptions of solution focused therapy. That is, that only a small change is necessary, therefore only a small and reasonable goal is necessary, and change in one part of the system leads to changes in the system as a whole. Change in communication would be instrumental in affecting change in some of the other problem areas of Bob and Judy's relationship including many of their stated goals which would involve negotiating and resolving differences.

### **Session Two and Three:**

The therapist created an overall frame of building new ways of relating that would assist the couple in moving from the past and focus on how they would like to see their relationship in the future. It would also serve to help the couple identify small steps that they could take

towards this future direction. The second session began with the therapist helping Bob and Judy change the goal of communication vaguely stated in the first session to one which was one more specific and attainable.

Therapist      When you are relating together as you want to be in the future. What will communication look like?

Bob              We'd be talking more. I would be able to tell her things and she would listen to me..... not yell at me.

Therapist      What would you be doing different?

Bob              I would tell her how I feel about stuff.

Therapist      Judy what will you be doing? Different?

Judy             I wouldn't be yelling at him and picking at him the way I do. Sometimes I follow him around and nag at him just because I'm in a bad mood..... I get angry and edgy and I can't get it under control..... I push him away a lot too.....

Judy felt disappointed in herself for the way she pushed her husband away. She expressed a desire to be closer to Bob and felt that all the events that had taken place in her past were preventing her from being able to make that happen. Judy felt that she was not able to deal with these events in her life because she needed to remain strong for her children. This left her feeling stuck because she felt it necessary to deal with the issues of the rape and the abortion before she could move ahead in the relationship.

Judy             If I let my wall down then the kids are going to see it.

- Therapist Has keeping your wall up worked?
- Judy Yes.
- Therapist What other behaviors are present as a result of this wall of defense.
- Judy A lot of anger?
- Therapist Do the kids see this?
- Judy Yep.
- Therapist What do you need to do?
- Judy Let my guard down. There`s a lot of build up.
- Therapist How can you let your guard down?
- Judy I have to start talking about things from my past that bother me to Bob. but I`m not comfortable talking about it.
- Therapist What is it that you need in order to feel more comfortable?
- Judy To be somewhere together away from the house where there is just the two of us.

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Judy viewed keeping her guard up and not talking to her husband as something that was necessary in maintaining her strength. The therapist used a reframe to attach a new meaning to

the behavior of being on guard. Judy changed her view of being on guard from something that would be helpful to the children to something that would be harmful to the children. Being on guard was now viewed as a direct cause of built up anger in Judy. New and beneficial meaning can be constructed for at least some aspect of the clients' complaint. Any behavior can be seen from a multitude of points of view, and the meaning of the behavior is given depends in the observer's construction or interpretation (De. Shazer et al. 1986, p. 209).

The session had developed many possible solutions for the goal of better communication.

Bob would tell Judy how he feels about things.

Judy could listen to Bob.

Judy could not yell at Bob or otherwise react with anger.

Judy could stop pushing Bob away.

The therapist continued to pursue other areas of the complaint to increase the number of possible solutions and expectation of change. Judy mentioned that she wanted a closer relationship with her husband but felt that she wasn't able to achieve this because of being weighed down by the events of her past.

Therapist      What will you be doing in the future when you are as close to your husband as you want to be?

Judy            Having sex more often. Cuddling and showing each other affection. Talking.

Therapist      Are there any times now when these things are happening?

- Judy            Sex happens on my Friday night out when I get home.
- Therapist      What's different on that night?
- Judy            I don't know. I guess I have my time away and I appreciate being with Bob more. I've also usually had a couple of drinks and feel more relaxed, that's why I think it's good for me to have my time away. It helps.....
- Therapist      What will be your first step in moving closer to Bob?
- Judy            We'll have to talk. I'll have to stop claming up.
- Therapist      How can you see yourself doing this?
- Judy            I don't know.
- Therapist      You mentioned that sometimes you talk together in bed.
- Judy            Yeh, sometimes for a few minutes but usually Bob wants to go down to his computer.....
- Therapist      What kind of things do you talk about when you do spend that time together?
- Judy            I don't know. The kids I guess but we don't talk to each other about us.
- Therapist      Has there been a time when you have opened up and talked about you?
- Judy            Yeh, actually when my Grandma died a few months ago.....
- Therapist      What allowed you to talk about how you were feeling to Bob?
- Judy            I didn't want to. I pushed him away but he insisted.
- Therapist      What allowed you to resist the urge to keep pushing?

Judy I didn't really want to be alone.....

Therapist Is Bob resisting your pushing him away something different?

Judy Yes.

Therapist Bob, what allowed you to take charge and resist Judy pushing you away?

Bob I wanted to be there for her and I knew she needed me.

Therapist What would happen if Bob pushed now?

Judy That's what I need..... I need him to ask me questions because I can't talk about these things myself.....

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Therapist Are there any other ways you can become closer?

Judy Spending more time together.

Bob That's what I think we need to do. Just the two of us.

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Therapist Bob, you mentioned you would like Judy to listen to you. What would that look like?

Bob I tell her about what I'm doing..... getting the business started and I'm excited and I want her to be too because it's for us but she doesn't want to even listen.

Therapist What's that like for you?

Bob I get confused and feeling hurt. Sometimes I go down in the basement just to avoid that kind of thing.

Judy I know I should be more interested in what he's doing but I don't want to hear about anything because I'm feeling so bad all the time. He wants to get ahead for his family. I don't have anything to offer. I had a chance to go back to school and I blew it.

Therapist Did you know that when you talk about your plans Judy sometimes feels inadequate?

Bob No. I want her to pursue her goals and I'm there to support her so she gets what she needs.

Therapist How often do you have these kind of discussions together?

Judy Never.

Therapist What do you need to do to continue to have this happen?

Judy I need to listen to him and he needs to talk to me.

Once again more possible solutions had been developed in these sessions. The couple had identified a wide repertoire of new behaviors to try. The therapist gathered an estimation of the couple's expectation of change through the use of a scaling question.

Therapist On a scale of 1 to 10, how much confidence do you have in your ability to make the relationship work?

Bob Ten.

Judy            Seven and a half.

Therapist      What would it take to move you to an 8 or 9?

Judy            If I can talk to him about some of this stuff.

Throughout the two sessions the therapist complimented and built upon existing strengths and exceptions. The couple's commitment as parents was emphasized as well as their ability to relate to one another about the children despite the overall difficulty in this area of relating. Their strength as parents was used both as an exception to build on and a motivation for change. New rules for future ways of relating were highlighted and reinforced as they developed. The couple also focused on positive times in the development of their relationship, and how much they had contributed to one another's growth. At the end of the third session the couple was given the task of spending a few hours a week away from the house alone together talking about how they were going to incorporate these new ways of relating to one another.

#### **Session Four:**

The therapist was confident that enough exceptions had been developed to begin leaving the complaint behind. When the couple was asked how they were able to practise their new ways of relating a list of new behaviors emerged including:

We spent a day shopping together on Saturday.

We spent more time together at home.

We didn't fight during the time we spent together.

I was able to talk to her about my work a little without being cut off.

It was also an unexpected surprise that the couple were experiencing much more satisfaction in their sex life which had become much more frequent. The therapist was pleased with hearing all the changes that had taken place in between these sessions and worked with the couple on identifying how they brought these changes about so that they could continue to happen. A focus was also placed on what more they would like to see happen so that they could continue to build upon these changes. What didn't seem to make sense was that Bob despite all these changes appeared more distant and angry. The therapist confronted Bob on his lack of enthusiasm towards the couple spending more time together and experiencing much more intimacy. Bob informed the therapist that Judy was spending much more time away from home. He felt that she was attempting to distance herself from him because she no longer wanted to be around him. Bob attempted to go into more detail but was stopped by Judy. Judy felt that she needed her time away from home and insisted that it had nothing to do with Bob and how she felt about him. Judy said she was using a good deal of the time to prepare herself for talking to her husband about her uncomfortable issues. She described herself as moving closer to her husband one step at a time with sex being the first step.

Therapist      What is your next step?

Judy            To talk about the rape..... I was going to write a letter, I got a few words down.....  
I think I'm almost ready.

Therapist      How will you know when you're ready?

Judy            . I'm not sure.

Therapist      What can Bob do to help you get ready?

Judy            Be understanding and patient and give me the time that I need. I want to get this out but I just don't know where to start. Right now I need to be alone so I can't give Bob the time that he wants.

Again the couple had become stuck in a pattern. Bob felt little satisfaction with the changes that had been happening in the couple's relationship because Judy's spending more time away from home was increasing his fears that his wife was no longer interested in the relationship. He had attempted to pursue and to distance himself however he had been unsuccessful in breaking the pattern of Judy's distancing. Judy still felt she was unable to spend more time with Bob until she felt more comfortable, and said she would be unable to feel this way until talking about the rape.

At the end of the session the changes that had already taken place in the relationship were emphasized and encouraged. The current stage the couple was in was framed as a transitional stage towards new ways of relating. The couple was just beginning to learn that old ways can be set aside. The couple was complimented on their ability to work hard and stay committed to the relationship despite individual issues and road blocks.

A task was given to the couple for Judy to think about her next step and what she specifically needed to do to prepare herself for talking about the rape. Bob was asked to continue with his patience and understanding and to check with Judy on when she might need to talk. The couple was asked to set aside some time to begin talking.

The therapist also expressed to the couple the importance of each partner being able to talk freely about what was important to them. The couple was in agreement and Bob spoke

freely about what he had previously refrained from talking about. That is, that Judy not only was spending more time away from home but also spent 24 hours away from home without calling.

### **Session Five:**

The session began with a report that things had regressed in the relationship. The couple had not talked or spent time together as a couple and there was an increase in the number of arguments taking place. Most of the arguments centered around Judy's absence from the home. No new positive behavioral changes were reported and the therapist was unable to have the couple focus on existing exceptions. The couple was entrenched in talking about the complaint.

The previous session had ended with the announcement that Judy had stayed out all night without calling home. Bob was not granted permission to talk about this in the session. A decision was made by the therapist to incorporate some structural therapy techniques and more direct involvement from the therapist to assist in moving the couple. There were several goals for the therapy session. The first goal was to clarify the commitment of each spouse to the relationship. Judy's commitment and indecision was especially unclear. The second goal was to clarify the boundaries of the relationship and work towards a more healthy boundary maintenance. Confusion about roles and relationships with each other is often a barrier to effective marital communication. It is important to clarify who is perceived as being present inside the family (Boss, 1983). In this case Judy's physical and psychological absence in the relationship was a source of great stress and needed to be clarified.

Despite the existing changes that occurred in the relationship Bob remained greatly disturbed by the uncertainty of his wife's involvement in the relationship. If partners under stress can't be clear about who is in and outside family boundaries, cognitive recognition of the problem can't be fully formed (Boss, 1983). It is considered helpful in boundary maintenance to focus on the person who takes the one down position. In this case Bob's passivity was equally problematic in the relationship. In congruence with this goal the therapist sought to examine Bob's goal of more equity in the relationship. Finally the therapist assisted the couple in more joining. Bob and Judy were still very disconnected so an attempt was made to have the couple interact more with one another and stimulate them to work towards more effective teaming. Good frequent communication is essential for coping with marital stress. It is extremely important for couples to be able to deal openly with conflict in a healthy and fair way free to challenge one another. Couples need to be able to clarify expectations and share perceptions (Boss 1983).

Therapist     I think there needs to be some more clarity about what is at the core of this relationship. I'm sure there are questions about the level of caring and commitment present. Please tell each other about your love and commitment towards each other.

Bob            I love you.

Judy           You're supposed to talk to my face.

Bob (Now looking at Judy) I love you. I want to be in this relationship. I had my chance to leave but I didn't. I want us to get along and make this work. I don't like the situation we're in but I love you and want to try hard.

Judy I love you and I want to make this work. It takes two. As far as affection goes I'm trying hard, but you do know that I love you and want to be with you.

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Therapist Bob tell Judy how her spending the night away from home bothered you.

Bob I was up all night worrying. I didn't know what to think.

Therapist Did you know where she was?

Bob No. I didn't even know if she was even coming home. I didn't know what to tell the kids and I kept my daughter home from school that day.

Therapist Tell Judy how that was for you.

Bob (Looking at Judy again) I think you know how it was. It made me crazy. I need to know that my family is safe. You could have been a statistic in the morning. I never felt so alone.

A frame of being on two roads was used to introduce Judy's ambiguity about being in the relationship.

Therapist Judy it sounds very much like you are on two roads. One road is marriage and family and the other road is something else.

Judy            Yeh, sometimes I do want something else..... but it's just that I'm having so many problems right now and I panic.

A discussion took place again at this time centering around Judy's inability to cope with her problems and her need to discuss the rape with her husband before things could progress in the relationship. The therapist assisted the couple in developing the solution for Judy to write down the questions for Bob to ask. Following this development the therapist quickly shifted the focus back to Bob.

Therapist      Bob who do you have to talk to?

Bob            No one. I never have.

Therapist      Tell Judy what that is like for you when she doesn't allow you to talk about the things that are bothering you or what is important to you.

Bob            We have no time to talk about my problems at all. I just want to talk about some of the stuff that bothers me too. It seems like it's all you thought and there's never any time for me.....

Judy's issues were neutralized by focusing on Bob's issues and reframing the individual issues from the past into the content of the marriage.

Judy            That hasn't been true lately.

Bob            Yes it has. The times when I want to talk you won't let me.....

Judy            It's hard right now. I need my space as soon as I get the rape issue out of the way it will be better.

- Therapist      What will it be like when things are more equitable between the two of you?
- Bob              We'll be able to talk to each other about anything and realize that each of us has different opinions and are entitled to them.
- Therapist      What will Judy be doing.
- Bob              Allowing me to turn to her. I have really strong feelings about some things too. She needs to accept them..... not necessarily agree..... my part is never understood that's the way I feel.
- Therapist      What do you need to do to make these changes happen?
- Bob              I haven't been talking about my feelings either. We need to talk to each other on an equal level with no one better or no one worse.....
- Therapist      What do you need to do as individuals and as a couple to bring about equality?
- Judy              Setting aside time to talk.
- Therapist      How will you arrange this?
- Judy              We'll just have to sit down and agree on a time.
- Therapist      What else can you do to bring about these changes?
- Judy              He has to let me know when he needs to talk, and for me, my first step is to get the rape out of the way.
- Bob              If I can talk to her about stuff and we talk to each other without arguing then that is basically half the battle.

- Therapist Is there anything you want to discuss together today?
- Judy No, I told him what he has to do. I'll give the questions and then it's up to him.
- Therapist Bob?
- Bob Her going out every night.
- Therapist Talk to Judy.
- Bob I think we should spend one night by ourselves not taking away from the time away that you need but a different night where you and I go somewhere together to do something we both enjoy. Even if we don't talk.
- Judy I'm not ready for that.
- Therapist How will you know when you're ready?
- Judy After I talk about the rape.
- Therapist What are other ways you can begin to achieve goals of equality and closeness without talking about the rape?
- Judy He can start talking to me about himself. He has to open up too. It's not just me.
- Therapist At a minimum at what time are you able to set aside to talk?
- Judy We can talk at night when I get home for a couple of hours and just start off that way rather than making plans to spend time together.

The end of the session consisted of a recap of the plans the couple had made for reaching their goals of obtaining more closeness and equality. They would spend time together each night talking. Bob would talk about his needs and concerns and also begin to ask Judy questions.

The session was successful in several areas. It helped to clarify the boundary ambiguity so that the couple would at least be clear about when they would and would not be together. Knowing how a family member is available is a major step towards boundary maintenance (Boss, 1983). The interaction amongst the spouses had been increased through joining which allowed the couple to express feeling to one another and negotiate a solution for spending time together talking. This was facilitated by solution focused questioning which was also extremely helpful in keeping the couple focused on each issue.

### **Session Six:**

Bob and Judy reported at the beginning of the session that there had been less arguing and that they had been able to talk more. They had been successful in trying out their proposed solution of having Bob ask Judy questions about the event. Judy wrote the questions out as planned and Bob pushed for answers. The couple declared that they needed more time for talking than they had designated themselves, and were unable to talk about the event in as much detail as they had wanted to. Judy felt satisfied however that she had done all she could at this time in talking about the event and expressed that she would eventually come back to it.

Therapist      What is the next step in accomplishing your goals?

Judy            . To move on to a different subject.

Therapist      What is the next step in bringing you closer to your husband?

Judy I would like him to talk and tell me how he feels about whatever. Tell me about yourself. It shouldn't just be me talking. It should be you too.

Bob I agree.

Therapist What's getting in the way of you being able to talk to Judy?

Bob I don't know. It's hard for me to understand my feeling. I'm not much of a feeling person. I never used them. It's hard for me to explain.

Judy Write them down.

Bob I'm better off talking. I'd much rather talk then write it down.

Therapist Continue to negotiate a solution.

Judy Maybe we could do both. Sometimes write and talk. We should talk about the pros and cons of our marriage.

Bob Being with you a pro. Being with you the way we are a con. I still want to do things together. Having fun.

Judy I know you're right. We do need more time together but I like my space.

Therapist Can you negotiate spending more time together?

Bob Right now we're together but we're not together. We're separating. I'm not asking to keep you under lock and key. That's not it at all.

Judy Maybe we need something like a family day. I'm home during the day so there's nothing wrong with afternoon being together.

Bob I don't want you to be home all the time..... I just want some time for me. I need that. I know it's selfish.

Judy No.

Therapist How can you negotiate time together as a couple and still allow Judy to maintain her space?

Judy Once a week in the evening we can spend time together then have one day like Sunday for a family day.

The couple also negotiated Bob having his space during the session. Bob wanted to spend time daily in the coffee shop however Judy had been unwilling to accept this.

It was agreed that Bob could go during the day without Judy being upset provided he was home by 6:30 p.m.

Therapist So when was the last time you had a discussion like this?

Bob Never. We try but it always ends up in argument.

Bob How are you doing this?

Judy Our tempers aren't getting in the way and it's a different atmosphere without kids.

A discussion continued with Bob describing how he is sometimes afraid to talk to Judy because of her anger. Bob expressed what he needed from Judy as a listener when he needs to talk. Continuous praise and compliments were given to the couple on their ability to move ahead, to work out some of these issues together. Time was spent at the end of the session talking about how much further they would like to go and how they would maintain these

changes. The previous solutions including talking to one another daily, having one day together and family day were reviewed before the end of the session. The session appeared to be the most promising session in a two month period. Judy had finally moved away from being stuck in her individual issue of needing to talk about the rape which opened things up for movement in the marital relationship. Unfortunately their developments did not continue. Judy cancelled the couple's following two appointments and informed the therapist that things were not going well between the couple. She was seriously considering separation.

Bob and Judy did not complete a follow-up DAS or a client satisfaction questionnaire, thus evaluation was limited to whether or not the presenting complaint had been eliminated or improved.

Despite the couple's choice to separate the therapist felt that some of the couple's initial goals for therapy had been reached during the therapeutic process.

Bob's goals:

To develop a more equal relationship in which both partners thoughts and feelings were considered.

To be able to discuss and talk about things without arguing.

To be able to resolve satisfactorily the issues of Judy going out on Friday nights, and having a guest in their home.

Clearly the first two goals had been achieved at various times during therapy both at home and during the therapy sessions. Bob had been able to openly express his thoughts and feelings about the relationship, and these had been acknowledged by Judy. The couple was also

able to experience talking about a variety of issues without arguing. Judy's time away from home had not reached a resolve and along with allowing a friend to remain as a boarder in their home was possibly a symptom of her need to create distance in the relationship.

Judy's goals:

To have better communication.

To get the events from her past out in the open.

To be able to negotiate maintaining her own space in the relationship.

To deal with the issue of Bob's jealousy.

The goal of better communication had been broken down into specific behavioral steps which had been more manageable for Bob and Judy. Judy was also able to maintain partial success in meeting her goal of getting the past out in the open by talking to Bob about the rape. Judy didn't have any difficulty negotiating to maintain her own space in the relationship, but again what surfaced was a need to remain completely distant from her husband. Judy had ensured distance in her relationship through having a roommate, needing her time away, and being unable to open up and talk to her partner. Once Judy opened up to her partner and the successive step of spending more time together had been negotiated, Judy made a choice to end the relationship. It is possible that Judy's fear of intimacy and closeness was too great or that she had in fact always remained ambivalent about her marriage despite her claims to be committed to the relationship. If Judy was able to realize her decision to no longer be in the relationship, then to this extent the therapeutic process can be also considered successful.

It is the author's point of view that despite attempts by the therapist to move the clients from the complaint to focus on the future and solutions the couple remained entrenched in the past. Bob and Judy were a multi-problem family. The couple were stuck in transactional patterns where communicating and spending time together were becoming non-existent. Bob and Judy also were experiencing several problems and symptoms which were related to life stage pressures and tasks. Judy and Bob had very little time together as a couple before the birth of their first child. This was further complicated by the fact that the first child born had been a result of a rape. The couple had difficulty establishing ground rules for meeting each others needs and negotiating differences and there was little resolution for Judy and Bob in this marital stage prior to moving to the stage of having children. The tasks of marriage including learning to meet and respond to each others needs were further complicated by unresolved family of origin issues. Judy and Bob both came from families where they did not have their expression of feelings mirrored and echoed. This greatly inhibited their ability to meet each others needs in the relationship. According to Bowen (1968), many partners with similar degrees of pathology in their family of origin attract to one another, and thus family of origin therapy becomes an integral part of stopping a multi-generational transmission process. Each partner had deep rooted individual pathologies that were partly born out of their family of origin experiences. These individual issues were much too complicated to deal with in the setting of marital therapy. The stuckness the couple experienced was not as rooted in the marriage as it was the unfinished business and emotional baggage that each partner was bringing into the relationship. Individual therapy for each partner would be recommended in this case to deal with the issues that were outside the marriage. Solution focused therapy itself was not effectual in dealing with the past

issues which were brought by each partner into the marriage. Family of origin work that could be accomplished within a marital session was inadequate to deal with the degree of each partners difficulties. Each partner experienced a lack of memory of childhood events. It is quite possible that this was a repression indicative of the degree to which they had been affected by their childhood experiences. It was interesting that following the session which entailed a discussion on family of origin experiences Bob seemed somewhat disturbed at the end of the session.

Bob            I'm worried about the way I don't feel anything. Is that normal not to care about anyone? It really bugs me sometimes.

Therapist     You have the strength and the ability to change. You have already demonstrated that in coming to care about your family. You have possibly learned many defenses growing up as a child, and turning off your feelings may have been one of the them. That is not uncommon. If you want you can take your growth one step further and begin to examine those defenses. Sometimes you have to go back to move ahead.

## CASE EXAMPLE SEVEN

### Couple Seven: Tracy and Calvin

#### Session One:

Calvin and Tracy came into counselling seeking help following the event of an affair in the marriage. Tracy had had an affair which had taken place 1½ months prior to the couple coming into counselling. Calvin and Tracy had been together as a couple for 9 years, and had been legally married for 4 years. The couple was in their early thirties and had 2 children together; ages 9 and 5 years.

The initial interview began with a discussion surrounding the complaint. The therapist allowed each partner in turn to tell their story of the affair in their own way describing how they felt it was affecting their marriage. Following a detailed discussion of the problem, the therapist helped the couple begin to define their goals for therapy specifically in behavioral terms.

At this point the therapist began to introduce compliments to the couple to build rapport and highlight the client's strengths. Compliments were given to the couple on their caring and commitment to one another and their mutual commitment to the relationship. The couple's choice to seek counselling was reframed from a point of desperation in the marriage to a demonstration of commitment towards the relationship. This reframe was useful in helping the couple change their perceptions of uncertainty about the marriage to one of a commitment to work on it. The couple could begin to feel more hopeful about getting beyond the affair.

The therapist also picked up that the couple had already begun to experience change prior to coming into counselling and began working with the couple on developing these already existent exceptions.

Therapist      What is it that you would like to see changed?

Calvin          To be coping better with the affair.

Therapist      How will you know when you are coping better?

Calvin          I already know I'm coping better. Three weeks ago I was devastated and felt my marriage was over.

Therapist      What has changed?

Calvin          I'm not thinking about it all the time.....

I know my marriage isn't over.

Tracy           We're talking now and really listening to each other.

We're thinking about things we really need from one another

Now he's calling me from work and it makes me feel good.

The therapist highlighted these exceptions through commenting on what the clients were doing already that was useful. Anything that prompts the client to say that things are better needs to be identified as a verification of change and needs to be highlighted (De Shazer et al., 1986, p. 214).

The therapist then sought to increase the couple's expectation of change even further through the development of more exceptions, and working towards the development of solutions.

Talking about what works supplies the couple's with a blueprint of what they need to do to make the relationship more satisfying (De Shazer et. al., 1986).

Therapist      What other things need to happen to let you know that the affair is behind you or that you are coping with it?

Tracy            We would be in sync again about our mutual dreams and goals.

Calvin          Yeh we would be looking towards the future again together rather than focusing on day by day.

Therapist      How would you know that you were in sync together again about the future?

Tracy            We'd be talking about them again.

Therapist      What keeps you from talking about them?

Tracy            I don't know.

Calvin          I guess it was the uncertainty.

Therapist      Is there anything that your in sync about right now?

Calvin          Yeh, we both agree that our marriage is priority and want it to work.

Therapist      What tells you your marriage is working?

Calvin          I do more for her. She does more for me. We're paying attention to one another.

Tracy            We're cuddling more and really talking about important things and about nothing too. I'm comfortable to talk about what I want.

The session continued on with a focus on the solutions that we're being developed throughout the session. After approximately 45 minutes into the session an intermission was taken so that the therapist could consult with the team which in this case consisted of the supervisor. Following a 10 minute intermission the therapist returned to conclude the session with a message from the team.

The team complimented the couple on the strength of their relationship to be able to overcome this big test (the affair). A task was then given to the couple to think about how they could spend quality time together and to begin to do something different that would generate new energy into the relationship. A following appointment was scheduled for two weeks time. Tracy called the agency a few days later to say that things were going very well and that they felt that they were back on track. She did not feel the need to return for a follow-up session. No follow up measures were completed for this reason.

It's the author's point of view that many of the changes had already began to take place prior to the couple coming into counselling. Solution focused techniques were instrumental in helping the clients identify what was already working as well as drawing out a clear prescription of what changes needed to take place. Had the therapist known that the couple would not be returning for another session more emphasis might have been placed on helping the couple identify how they would continue to maintain these changes.

The couple admitted that the affair had indeed shaken things up in their marriage. Neither partner could understand how the affair could have happened since they both felt that they had a happy and satisfying marriage. High scores on the pre-counselling DAS were also

demonstrative of these perceptions. Curiously enough the couple identified several behavioral changes that had taken place since the affair. It is possible that the couple was unaware of the problems in their marriage and had more of these changes been happening prior to the affair the affair may not have happened. Solution focused therapy does not however look at what it is that caused the problem (the affair) but instead at the solutions, (in this case a behavioral prescription of demonstrating caring and affection).

It is the author's point of view that a deeper understanding of the problem and what caused it can often be helpful to the client. In the Smith case, being able to focus on the future was a goal, however such distraction away from focusing on the current relationship could lead the couple back to the beginning where they feel a need to resort to once again to shaking up the marriage.

It is also possible that the behavioral changes of demonstrating more caring and affection in the marriage would provide the couple with enough resources to continue on with a new pattern of relating. In solution focused therapy, it is the client who determines the goals not the therapist. What is clear is that the couple had met their goals in the very brief period of one session. A follow up would be necessary to determine whether or not the therapy was effective in the long term.

ADDITIONAL COUPLE SEEN  
**CASE EXAMPLE EIGHT**

**Couple Eight: Sabrina and Larry**

**Session One:**

Sabrina and Larry both in their early thirties were an unmarried couple of eight years. The couple cohabitated for almost all of the eight years and had one child together who was three years old. Sabrina also had an eight year old child from a previous relationship. The child's biological father was still actively involved as a parent. Sabrina had left Larry just a few days before the session. They had two prior separations four years ago one lasting two months and the other, lasting only a day.

The session began with an explanation of the counselling procedures at which time Larry became very upset and wanted to leave the session. Sabrina had not informed Larry that the sessions would be video taped or that the supervisor would be observing the sessions from behind the mirror. Larry was very angry and refused to continue with someone watching behind the mirror. Larry was given validation for his concerns and reassurance for his privacy. It was agreed that Larry would stay for the session if the sessions were not video taped and the supervisor would position herself in the counselling room as opposed to behind the mirror. Following a de-escalation of the emotional intensity within the session a discussion took place of the presenting problem.

The couple said they were arguing constantly and no longer spent any enjoyable time together. Most time together consisted of conflict. Both partners had a multitude of various

complaints about the relationship. Sabrina felt that Larry was inattentive and uncaring, while Larry thought that Sabrina was untrustworthy, unmotivated and too indiscreet about their private life. The therapist assisted the couple in changing these vague complaints into more specific and concrete behavioral terms. This served to help increase the client's expectations of change by seeing their problems broken down in more workable components. It also served to help develop goals and prescriptions for change:

Therapist: What would you like to see changed as a result of coming to counselling?

Sabrina: I would like to be secure in the relationship and feel supported by Larry

Therapist: How would Larry demonstrate support towards you?

Sabrina: He needs to show me I don't need to be insecure.

Therapist: How would he do that?

Sabrina: He would consider my feelings.

Therapist: What behavior of your husband would demonstrate to you that he is considering your feelings?

Sabrina: He would show more affection, like giving me more hugs, he would help me more in the house, we would laugh and joke together again, and I would be getting the attention that the girls on the internet are getting.

Therapist: Larry what is it that you would like to see changed as a result of coming into counselling?

Larry: I don't know if I want anything to change. I'm feeling happy that she left. I don't have to put up with it anymore.

Therapist: How will you know when things are better?

Larry: Sabrina knew where to draw the line as far as sharing goes. She shares everything about us with her family and friends and I hate it. She would also have to quit lying. I hear about her ex hanging around from the neighbors. She would never tell the truth. She had affairs in the past. Sabrina's friends are losers. they don't have jobs and I think Sabrina is being just like them. I want to move ahead. Sabrina should get a job.

Both partners described changes that needed to be made in clear behavioral terms as opposed to the previous vague complaints of uncaring or untrustworthy. The therapist moved to have the couple prioritize what change would be most important. Both spouses agreed that the development of trust in their relationship would be a number one priority for change. The therapist began to search for exceptions to the complaint.

Therapist: Are there times in the relationship that you're able to trust one another?

Larry: No, I don't trust her at all. She has lied too much.

Therapist: When was the last time that things were better between the two of you? When trust wasn't an issue?

Larry: About a year ago we moved away..... That year things were good between us.

The therapist was unable to find current exceptions in the relationship so searched for other times when the problem did not exist. Again this would increase the couple's expectations of change that life together is possible with trust and also begin to give them ideas about how this might happen.

Therapist: What was different?

Larry: We were away from all of her family and she couldn't run to them with all of our problems. Her family interferes in our life a lot.

Therapist: Did you also feel things were better when you lived out of the province?

Sabrina: Yeh, I did. Larry also paid a lot more attention to me.

The therapist began to build on this exception and work toward solutions.

Therapist: How could you make this happen again?

Sabrina: I've already made a lot of changes. I don't let my family run down Larry anymore. I've chosen him over them.

Larry: Yeh, that's why you still run to them.

Therapist: On a scale of 1 to 10 how much confidence do you have that you could make this happen again and you can make your relationship work?

Sabrina: Five.

Larry: Maybe one.

Therapist: What would have to happen to increase your confidence to a 2 or a 3?

Larry: I don't know. I don't know if I want it.

Following consultation the team complimented the couple on their courage to come and discuss their difficulties so open and honestly. The intense feelings were normalized as a result of the separation being so fresh. The separation was reframed as time apart to reflect upon the situation. The team also acknowledged that a lot could happen in two weeks time and that the therapist would be flexible with the couple's needs. Counselling could focus on working on maintaining the relationship, making the decision of whether or not to separate or helping the couple to separate. The therapist contacted Sabrina a few weeks later after the couple had missed their next scheduled appointment. Sabrina informed the therapist that Larry had made the decision to leave the relationship. No follow-up evaluation instruments were completed.

The entire session had been filled with emotional intensity. Sabrina was feeling hurt and rejected and displayed this by crying through a great deal of the session, and Larry demonstrated anger and frustration. Because of this heightened emotional intensity it was difficult to keep the couple from becoming blaming and reactive. Solution focused therapy techniques were helpful in diffusing the intensity of the session by helping the client maintain focus and concentrate on exceptions to the problem. This was extremely challenging and although exceptions were identified and highlighted the couple was unable to move very far away from viewing the relationship as hopeless.

If the couple had returned for future sessions the therapist would have continued to have the couple develop solutions through discussions of what had worked in the past and what they wanted to see different. Family of origin work would also have been utilized here to help the

couple gain a more historical perspective of their interactional styles. The couples patterns of distancing and pursuing as fighting styles and methods of resolving conflict would be examined through what was learned in each spouse's family of origin experiences. Sabrina and Larry would have been given the opportunity to examine their own behavior in the relationship, as well as the behavior of their spouse in a much wider context. This would hopefully serve to decrease the blaming and a great deal of the emotional intensity of this couple. For example, if Sabrina could begin to see Larry's distancing as a fear of intimacy or some other ineffective coping style derived from his own family of origin, she would be much less likely to view this behavior as non caring. This change in perception would decrease chances of emotional reactivity and also increase the possibility for behavioral change. The pursuer distancing theme could also be tackled simultaneously with solution focused techniques. For example:

How do you know when Sabrina is too close for comfort?

Are there times when close is good for you?

What does Larry do to alert you that he is distancing?

What is it that you do when you are aware of this distance?

Are there times when you do something different?

How does Larry react to these times?

This couple came into counselling during a crisis period. They had a multitude of problems and deeply rooted issues that would probably not be solved in one or two sessions. This was demonstrated in the very low scores on the DAS. It is not possible to know at this point whether or not improvement would have been made if the couple had been more committed to working

on this relationship and thus attending more sessions. The success in this case may even be in helping the couple to clarify the decision to terminate the relationship.

## CASE EXAMPLE NINE

### Couple Nine: Krista and Glen

#### Session One:

Glen and Krista had been together for a total of fourteen years thirteen of which they had lived together. The couple had been legally married for six years. Both Krista and Glen had previous marriages and had four children each from these marriages. Glen (age 56) was an unemployed furniture maker and Krista (age 54) was a homemaker. Krista had initiated counselling services because she felt that she and her husband were unable to communicate effectively. Krista sees Glen's anger as a big part of the problem. She also identified her lack of sex drive as a problem in the relationship. Krista described her sex drive as a side effect of her current medical condition. Glen was in agreement that his anger and the fact that the couple had no sex were problems in the relationship.

Krista described the difficulty in their communication as being her husband's inability to talk about feelings. Krista felt that it was especially important that he talk about his feelings because of his anger. She feared it would get to the point of eruption and she was particularly sensitive to this, having been in two previous abusive relationships. Glen didn't view communication as a big problem in the relationship. He agreed that he didn't talk about feelings but didn't see this as a problem since this was something that he had never done. The couple claimed that Glen's anger had always been present in the relationship in varying degrees. Glen would sometimes withdraw and other times would become extremely irritable and difficult to interact with. He was known to yell and would occasionally hit Krista. Krista was determined to

get at the root of Glen's anger and felt the only way to do this was to force Glen to talk about feelings and ensure that he would not erupt. Glen described Krista as pushing and nagging continually about subjects that he didn't understand. Glen also felt that it was Krista's pushing and ignoring his requests to back off that led to any kind of an eruption. Glen and Krista were caught in a very entrenched pattern of interacting. Following a detailed discussion of the presenting complaint in specific behavioral terms the therapist explored the exceptions to the complaint.

Therapist      Are there times when Glen's anger is not a problem in the relationship?

Krista          Yeh as long as we don't go near feelings we can talk about anything. But he needs to talk about feelings and I'm not backing off that.....

Therapist      Are there ways that Glen is able to let you know what he is feeling?

Krista          No, he just goes into his own world.

Therapist      Glen?

Glen            I may put my arm around you to show you I care but you just push me away. What am I supposed to think.....

Krista          I don't know what you think because every time I ask you what you think or feel you just say I don't know.....

Therapist      Are there things in the relationship that are working well?

Krista          ..... we just can't connect

Glen            She wants me to be with her all the time..... I can't do anything right.

- Therapist      Was there a time when communication was better?
- Krista          No, it's always been the same only now I'm doing something about it.
- Therapist      When did you start doing something about it?
- Krista          About 4 to 5 years ago. I used to back off but I don't anymore.
- Therapist      What was it like when you backed off?
- Krista          He didn't communicate. This way I'm forcing him to.....
- Therapist      Tell me about the good times in your relationship.
- Glen            When we travel and do things together.
- Therapist      What's different about those times?
- Glen            We're not feeling so enclosed and we think about other things.....
- Krista          Things go smoothly as long as I don't bring up feelings.....

Towards the end of the session the therapist looked at putting goals for therapy in place. Krista's goal was to be able to talk to Glen about anything without him becoming angry. This of course included feelings. Glen's goal was to explore his anger and get to a place where he would not be at risk of becoming physical with Krista.

- Glen            ..... with most people I can hold my anger but with her I can't..... I know if I get physical with her she'll leave and I don't want that..... That's why it makes me so mad when she keeps pushing because she knows what's going to happen.
- Therapist      Do you know what's going to happen?

Glen           Yeh, I can feel it coming.

Therapist       Is there ever a time when your successful in keeping it from happening?

Glen           If I leave and then come back later.

Krista          I don't want him to go because then his anger is still on the back burner. He's just running.

Glen           You see, she makes me stay and that's when it happens. She pushes and pushes.

Glen's leaving was reframed from running from his feelings to controlling his anger. The therapist assisted Glen and Krista in negotiating an agreement that Glen would leave the situation if he felt things escalating. Krista was in agreement as long as Glen would agree to discuss the issue later.

Following a 10 minute intermission with the team a message was given to the couple complimenting them on their ability to discuss problems openly. The progress they had made in identifying and attempting to understand their problems was acknowledged. The caring and concern and commitment to the relationship was highlighted. A task was assigned to the couple between this session and the next to observe what it was about themselves that they liked in the relationship and would like to continue. The second part of the task was to observe what they liked about their spouse in the relationship that they wanted to continue to happen. The therapist hoped to increase the couple's expectation of change by demonstrating that she expects good things will take place in the relationship. It was also hoped that the couple would have a new experience of focusing on the positives in the relationship that would help move them away from their existing pattern.

Glen and Krista were involved in a deeply ingrained pattern of Krista pursuing intimacy through talking about her husband's feelings, and Glen Percival reacting to that with anger. It was almost impossible for the therapist to have the couple move away from the presenting problem in the first session. Krista was adamant that the only solution was to get Glen Percival to talk about his feelings and therefore could not recognize the exception of better communication taking place when the discussions did not focus on feelings. The therapist's goal would be to have the couple interrupt these destructive interactional pattern which would require that some change or behavior substitution take place. In this case it would be highly unlikely that Krista would be willing to do something different.

### Session Two:

Session two took place over one month following the first session. Glen and Krista had apparently forgotten about their two previous appointments.

Questioning began focusing on exceptions and away from the presenting complaint.

Therapist      What's gone well?

Krista          We've been working together. He's been better. He don't take off as much. He still threatens to.....

Glen            I stick around a little more, but I still go for walks.

Therapist      What's allowing you to stick around more?

Glen            I don't know I still get mad just not as mad.

Krista          What's different?

Glen I don't know. There you go again..... That's why I get so darn frustrated..... She won't accept when I say I don't know.

Therapist Are there any discussions that you're able to have that don't lead to a disagreement about feelings or anger?

Krista We talk about a lot of things but not what's important.

Therapist Tell me about the kind of things you're able to talk about?

Krista Kids and what not. We talk about our grandson Jeff. He's in counselling and we talk about how we can help him.

Therapist That sounds like pretty important stuff. How are you able to do that?

Krista Twelve years I didn't push. It never changed. I backed off and got no where. We drifted. We can deal with these issues these days because I force it..... We can talk about us. Glen gets mad but I made up my mind that I'm going to keep chipping away.....

Therapist Is it working?

Krista Seems to be. He will start talking. He's still upset but at least he's talking.

The positive exception that began the session of Glen leaving less quickly returned to the pattern of Krista trying to get Glen to explain what was underlying his behavior change. The second exception, identified in the beginning of the session of being able to talk about things important together outside of the relationship, Krista quickly attributed to her pushing Glen. This increased the therapist's difficulty in attempting to have Krista view her pushing behaviors

as a solution that was not working, but in fact helping to maintain the problem since Krista felt that at times her pushing worked. This was extremely reinforcing of the behavior.

An overall frame of desiring to create more closeness and intimacy in the relationship was incorporated by the therapist. This fit with Krista's need to talk about feelings and Glen Percival's need for a more physical relationship. This gave the couple an opportunity to perceive his/her partner's goals in a more positive way and similar to his/her own. The therapist utilized solution focused questioning to help the couple identify behaviorally what closeness meant for each of them and how they could begin to meet each other's needs for closeness. Unfortunately this failed to move the couple away from their existing pattern. The therapist also attempted changing the order of the pattern by exploring what happens when Glen initiates discussions about closeness or other topics. What happened was that the pattern would become reversed and it would be Krista who would not provide Glen with answers. Glen expressed in this session that he felt that he was never listened to or validated and was feeling pretty apathetic. Krista made it extremely difficult for Glen to talk about the loss of sexual intimacy in their relationship both at home and during the therapy sessions. The therapist felt that it was important to join with Glen and allow him the opportunity to be heard in regards to what he wanted from counselling. Following a 10 minute intermission the therapist gave a closing message to Glen and Krista. Glen and Krista did not attempt the task given in the first session so it was deemed quite unlikely that they would attempt a second task. The couple was complimented on their ability to appreciate the commonalities they shared as well as the differences. It was pointed out that while Glen was much more of an intellectual. Krista had in the last few years developed her emotional side which she wanted to share with Glen. It was framed as a choice for Glen as to whether or

not that this would be something that he wanted to develop within himself. It was suggested that the couple might begin to think about developing other areas in their relationship where they could relate more satisfactorily. The possibility of Krista having to get her need to discuss feelings met somewhere outside of the relationship was also opened up.

Glen and Krista failed to return for two following scheduled appointments and at this point a decision was made to terminate therapy for the couple. It's quite possible that Krista's interest in counselling decreased with the process focusing much less on changing Glen. The possibility of discussions centered around sexual issues may also have been threatening. Working with this couple was challenging for the therapist. The couple was involved in an extremely entrenched pattern and were not very open to change. It was unlikely that a few short sessions was enough for this couple. It is possible that continued work with the couple exploring more exceptions and developing solutions might have been successful. The therapist would have continued to look at possibilities of interrupting the positive feedback loop through substituting each partner's current behavior with a new behavior. The therapist would explore what different behavior in each of the spouses would lead to goal change. The couple would have also been assisted in renegotiating and recontracting their intimacy needs in a safe environment.

It is questionable that the therapist would choose to pursue family of origin therapy with this couple since research indicates that family of origin issues are much more pertinent in earlier years of marriage (Wilcox & Hovestadt, 1988). On the other hand this couple's marital problems were not uncomplicated or as Framo (1981) would say based on misunderstandings that could be untangled in a few sessions. Glen and Krista had several deep rooted issues that were impacting on their relationship including past experiences of sexual and physical abuse and

issues of abandonment and rejection. Whether or not the marital relationship could be improved without addressing some of these deeper issues is questionable.

The couple did not complete a follow up DAS or a client satisfaction questionnaire, thus evaluation was limited to whether or not the presenting complaint was eliminated or improved. The couple's goal was to be able to talk about anything without Glen becoming angry. There was minimal change in the presenting complaint although Glen had identified in the second session that he was less angry.

## **CHAPTER VI EVALUATION**

### **Introduction**

This chapter presents an evaluation of the integration of brief solution focused therapy and family of origin therapy as an intervention applied to nine couples experiencing various marital difficulties. One of the goals of the practicum was to aid these couples in the improvement of their presenting problems and marital functioning through the reduction or elimination of symptomatic behavior and the development of the necessary skills to develop and maintain mutually satisfying relationships. It was also an objective of the author of this practicum to determine the efficiency of the integration of family of origin and brief solution focused models of therapy in meeting these goals. Evaluation of the seven couples who continued with therapy was based on the previously mentioned criteria of:

- 1) whether or not the presenting complaint was eliminated or improved.
- 2) whether or not other identified problem areas were eliminated or improved.
- 3) a comparison of the pre and post dyadic adjustment scale, and
- 4) the completion of a client satisfaction questionnaire.

### **Evaluation of Outcome**

#### Therapeutic Goals

One of the first measures of the therapeutic process was an examination of the couples' reported improvements in their problem areas. The therapist relied on verbal reports from the

seven couples as to whether or not the presenting complaint had been eliminated or improved. The majority of couples were able to define several goals for therapy. Each couple was asked to prioritize these goals in order of importance to assist with a more structured and focused therapeutic process. The utilization of solution focused therapy ensured that the goals were defined in specific operational terms so that improvement could be readily recognized.

Evaluation of the couples goals focused on:

- whether or not the priority goal had been met;
- whether or not other identified goals had been met, and
- a recognition of other positive changes that had occurred within the relationship during therapy that had not been previously identified by the couple as a problem area.

#### Couple One

Couple one's presenting complaint was their destructive fighting style which included yelling, name calling and hit below the belt tactics. Their priority goal had been to eliminate this interactive pattern. Some progression had been made by the couple in the area of the presenting complaint prior to coming into therapy. Following three sessions spread over a two month period the couple was satisfied that the presenting complaint had been eliminated. A second identified goal of improved communication had also been met for this couple. Reported changes included being able to talk to one another more openly and honestly about difficult issues, being more open with feelings improved listening and more frequent daily conversation. The couple also reported additional changes taking place in the relationship including demonstrating more affection and engaging in more activities together.

### Couple Two

The presenting complaint for couple two was the occurrence of frequent disagreements which always escalated into an out of control fighting style. Following six sessions the couple felt that they had satisfactorily reached their priority goal of developing conflict resolution skills that would allow them to resolve everyday differences and disagreements without having them develop into a pattern of intense conflict. The couple had also met other stated goals including developing more equity in the area of household tasks and childcare responsibilities, and negotiating parenting issues. Additional changes reported by this couple included more respect of each other and the relationship and a heightened enjoyment of their time spent together.

### Couple Three

Couple three had a priority goal of developing better communication. The couple reported feeling satisfied that they had met their goal of improved communication in the relationship. Changes reported included, more listening, opening up more to one another about thoughts and feelings, and demonstrating more respect and becoming less reactive with emotions. Some progress had also been made in other expressed goals including negotiating humour and more fun in the relationship and the development of trust. Additional sessions would have been helpful for this couple in working through the issue of trust. Other reported changes in the relationship included demonstrating more patience, appreciation and affection.

### Couple Four

Couple four had satisfactorily met their priority goal of resolving differences in the area of finances. Progress had also been made in some of the other identified goals including

communicating more effectively, and dealing with anger in a way that was less destructive to the relationship. Additional changes in the relationship reported by the couple included more trust and equity present in the relationship.

#### Couple Five

Couple five met their priority goal of determining whether or not their differences on the issue of hunting could be resolved, and reaching a workable negotiation in this area. Other reported changes in the relationship included a more open and honest expression of thoughts and feelings and a better understanding and acceptance of one another.

#### Couple Six

This couple's priority goal of developing better communication remained for the most part unmet. Some progress had been made during therapy sessions in which the couple had discussed and negotiated issues. However little thoughtful communication continued outside of these sessions. Some development was made in other goals including getting events of the past out in the open and developing more equity in the relationship however little progression was made in these areas as the couple made a decision to terminate therapy and such separation.

#### Couple Seven

Couple seven's goal was to be able to cope better with the affair that had taken place in the marriage. A great deal of progress had already been made towards this goal by the couple prior to coming into therapy. Therapy helped clarify for the couple what was already working in helping them reach their goal. The couple did not feel a need to come back to counselling after

only one session, thus no other goals were identified and no additional relationship changes were reported.

Overall the results for couples meeting their goals were quite positive. Six out of the seven couples had either met or made significant progress towards meeting their priority goal. Five out of the couples had been able to meet or make significant progress in one or more other identified goals, and five out of the couples reported other additional positive changes taking place in the relationship.

#### Assessment of Marital Satisfaction

A second measure of the efficiency of the therapy provided to these couples was the administration of the Dyadic Adjustment Scale. Examination of the couples' goals observed specific behavioral changes but could not assess change on a broader dimension such as marital satisfaction. The DAS was utilized to assist with assessment in this area. The scale can be used as a general measure of satisfaction in an intimate relationship by using total scores. Total scores are the sum of all items, ranging from 0 to 151, higher scores reflecting a better relationship. The version of the DAS utilized by the therapist was had a range of 12-158. Evaluation was based on the pre and post intervention scores of the dyadic adjustment scale. Five out of seven couples (in total nine individuals) completed both pre-and post-adjustment scales. Eight of the nine individuals showed an increase in total scores or overall marital satisfaction. The differences in the sum of the pre and post total scores ranged from five points to thirty-five points (see appendix B). Although there was not a significant difference in pre-and post-scores for most couples it is important to remember that therapy time was very short term. The possibility exists

that change in one part of the system would lead to further changes in the system as a whole. This could be evidenced in a follow-up questionnaire post-therapy. For each couple, areas of increased satisfaction included both items which were a focus of our work and items which were not. In a few cases individual items revealed decreased satisfaction. This was often a result of increased awareness of the problem and an effort to evoke change. This included some couples beginning to recognize other problems within the relationship such as alcoholism and power imbalances that contributed to their problems in the relationship. It is hoped that the increases in satisfaction were a result of the intervention and the client's ability to develop and maintain mutually satisfying relationships although the clinical significance of the treatment has not been demonstrated empirically.

#### Assessment of Client Satisfaction

Evaluation was also based on client's responses to a feedback form (appendix A). The Family Centre of Winnipeg's client satisfaction questionnaire was used for this purpose. Nine individuals from the seven couples completed the form. A few of the responses to these questions may be summarized as follows.

#### Question 3    Overall, how satisfied were you with the counselling service?

The scale consisted of five possible responses ranging from "extremely satisfied" to "very unsatisfied". Two out of nine clients reported being "extremely satisfied" with the counselling service, seven clients reported being "very satisfied", and one client reported being "satisfied".

#### Question 6    Did counselling help you deal with your issues more effectively?

The scale consisted of five possible responses ranging from “yes definitely” to “no definitely not”. Five out of nine clients responded “yes definitely”. Counselling had helped them deal with their issues more effectively, and four clients responded “yes I think so”.

In general, all clients indicated on the client satisfaction questionnaire that they were satisfied with the service they received. Specifically the intervention was considered helpful in dealing with the presenting problems by all couples.

### **Conclusion**

In solution focused therapy evaluation depends to a great extent on whether or not the behavior has changed and the complaint relieved (Weahland et al., 1974). This means evaluation may lack empirical support, and relies on the subjective nature of client self reports and questionnaires. In this practicum the results of these measures revealed that the majority of the couples treated experienced improvement in their presenting complaint and the development of more satisfying relationships. Although the subjective nature of the measures of evaluation needs to be considered and the possibility of chance improvement cannot be ruled out, it is the author’s point of view that the intervention was helpful in bringing out positive change in the relationships of the majority of the couples who participated in this practicum. Couples are often difficult candidates for therapy since by the time most couples decide to enter therapy they are extremely distressed, considering therapy as a last resort for their chronic deep rooted problems. Considering these factors it is quite positive that the objective of this practicum was met by assisting the majority of couples in the improvement of their presenting complaints.

Solution focused therapy was the primary intervention used in assisting the couples in dealing with their presenting problems. The model allowed these couples the opportunity to recognize and develop their own problem solving skills. This self determination was appreciated by the clients who commented both during therapy and on the post-therapy questionnaire as to how helpful the questions in therapy were that allowed them to think about how they would like to see the problem solved. Solution focused therapy also helped these couples to focus on problem free times and consider what they were doing that was already working. Most couples were able to recognize that they were already doing many things that were working. This empowered the couple's own abilities for change. Family of origin work enhanced the main treatment model by helping the partners to focus on themselves and discover how their own ineffective patterns and coping mechanisms had been carried into their current relationship. Partners become less blaming and reactive which helped de-escalate conflict and tension.

The utilization of family of origin intervention helped compliment the solution focused model which leaves little room for insight or dealing with past issues.

Clearly solution focused therapy was not without its limitations. One limitation noted by the therapist was one assumption of the model which accepts only what the client identifies as the presenting problem. As previously mentioned problems often do have roots that are not only not presented by the client but are beyond the client's awareness. For example in case three the therapist felt it necessary to deviate from this assumption in order to assist the couple in recognizing a power imbalance that existed in the relationship. These issues are often not easily recognizable to clients. Another limitation of the solution focused model is the assumption that it is not necessary to address the function behind a specific behavior. The therapist felt that there

were times when understanding the underlying function of a particular behavior might be more efficient. For example in case seven the couple had experienced an affair in their relationship and claimed to have little or no understanding as to why the affair had taken place. It is the author's point of view that an increased understanding of why the affair happened might have increased the couple's likelihood of experiencing lasting change. It is also the author's opinion that solution focused therapy was less effective for those couples who had one or more partners with more deep rooted issues including past abuse or other traumas. For these couples the therapist felt that individual therapy would be indicated and more efficient in examining the issues of one individual more completely. Individual therapy has been especially recommended for the treatment of disorders that pre existed the marriage or are considered independent of the relationship with the partner. Despite its limitations the author found solution focused therapy to be an efficient model with a sharp structure that was instrumental in helping the participating couples reach their therapeutic goals. The utilization of family of origin intervention helped compliment the solution focused model which leaves little room for insight or dealing with past issues.

## **Recommendations**

The author feels it is important to continue to be respectful and respond to the distinct differences of each couple and individual. It is unlikely that any one therapy in its purity would be able to meet all clients' individual needs. Therefore a therapist must be flexible and skilled in a wide range of possible interventions. In utilizing solution focused therapy the therapist needs

to possess all the skills of a good therapist offering each client all the empathetic support, guidance, and advocacy needed. In this practicum it may have been helpful to extend the four month period to a longer time frame that would allow clients the option of remaining in therapy longer than 10 sessions if requested. This would also facilitate assessing change at multiple points in therapy to assist with evaluation by assessing for durability of change. It would also be helpful to incorporate follow-up enquiries as to the status of the current complaint, therapeutic goals, and other positive changes in the relationship. It would have also been useful to use more standardized measures and multiple data sources to provide a better understanding of outcome.

### **Personal Comments**

This practicum gave the author the opportunity to fully meet the personal objectives of this practicum. These objectives were:

- 1) To expand my knowledge of the dynamics of couples in conflict and the various issues involved. In meeting this objective the author also developed increased skill in intervening with couples in conflict in particular learning how to allow conflict to happen between couples without becoming anxious as a therapist and eager to intervene prematurely.
- 2) To increase my knowledge of the brief solution focused, and family of origin treatment approaches to marital therapy.
- 3) To acquire advanced skill, as well as a development of style, substance, and confidence in the application of these two interventive approaches in a supervised setting.
- 4) To determine the efficiency of the integration of family of origin and brief solution focused models of therapy.

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## **APPENDIX A**

### **CLIENT SATISFACTION QUESTIONNAIRE**

# CLIENT SATISFACTION QUESTIONNAIRE

1. How would you rate the service you received when you first contacted the agency?

- |           |           |      |         |      |
|-----------|-----------|------|---------|------|
| 1         | 2         | 3    | 4       | 5    |
| Excellent | Very Good | Good | Average | Poor |

2. Please indicate some of the reasons why you chose to receive service at The Family Centre of Winnipeg.

- |                     |                                 |
|---------------------|---------------------------------|
| Location _____      | Referred _____                  |
| Response Time _____ | No Other Choice Available _____ |
| Fee Schedule _____  | Reputation of Agency _____      |
| Counsellor _____    | Previous Client _____           |
| Other _____         |                                 |

3. Overall how satisfied were you with the counselling service.

- |                     |                |           |             |                  |
|---------------------|----------------|-----------|-------------|------------------|
| 1                   | 2              | 3         | 4           | 5                |
| Extremely Satisfied | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |

4. If you were to seek help again would you come back to our program?

- |                |                 |       |                       |                    |
|----------------|-----------------|-------|-----------------------|--------------------|
| 1              | 2               | 3     | 4                     | 5                  |
| Yes definitely | Yes, I think so | Maybe | No, I do not think so | No, definitely not |

5. Would you recommend our services to a friend or family member?

- |                |                 |       |                       |                    |
|----------------|-----------------|-------|-----------------------|--------------------|
| 1              | 2               | 3     | 4                     | 5                  |
| Yes definitely | Yes, I think so | Maybe | No, I do not think so | No, definitely not |

6. Did counselling help you in dealing with your issues more effectively?

- |                |                 |       |                       |                    |
|----------------|-----------------|-------|-----------------------|--------------------|
| 1              | 2               | 3     | 4                     | 5                  |
| Yes definitely | Yes, I think so | Maybe | No, I do not think so | No, definitely not |

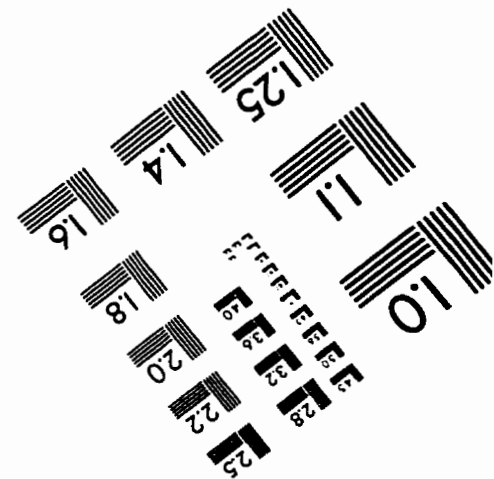
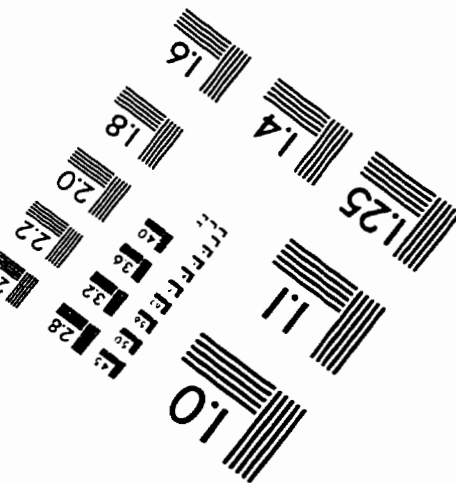
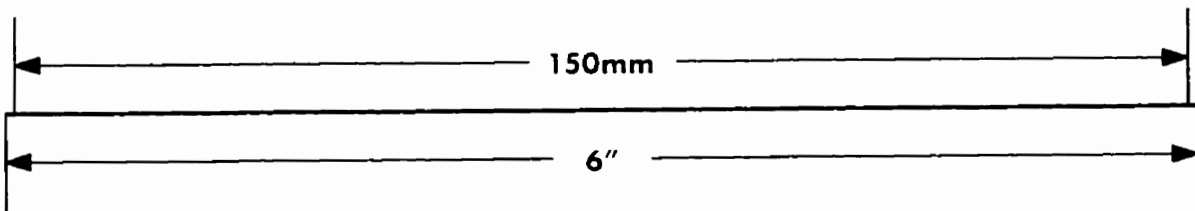
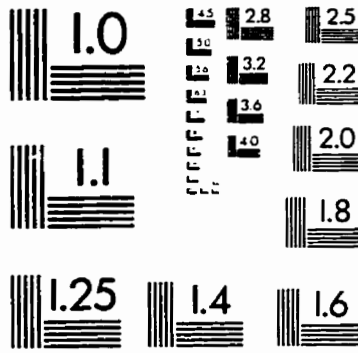
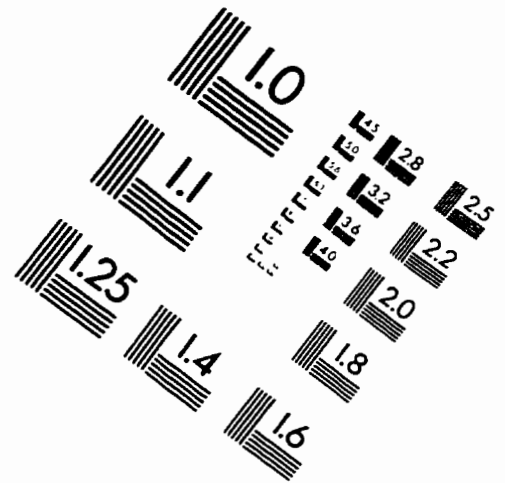
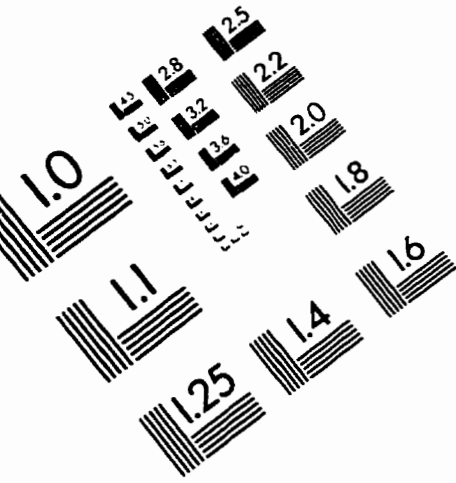
**APPENDIX B**

**PRE AND POST COUNSELLING  
DYADIC ADJUSTMENT SCALE SCORES**

**PRE AND POST COUNSELLING  
DYADIC ADJUSTMENT SCALE SCORES**

<u>Couple 1</u>	<u>Lil</u>	Pre counselling total score	112/158
		Post counselling total score	147/158
	<u>Roy</u>	Pre counselling total score	113/158
		Post counselling total score	144/158
<u>Couple 2</u>	<u>Jean</u>	Pre counselling total score	96/158
		Post counselling total score	111/158
	<u>Tom</u>	Pre counselling total score	99/158
<u>Couple 3</u>	<u>Irene</u>	Pre counselling total score	94/158
		Post counselling total score	102/158
	<u>George</u>	Pre counselling total score	94/158
		Post counselling total score	106/158
<u>Couple 4</u>	<u>Agnes</u>	Pre counselling total score	119/158
		Post counselling total score	130/158
	<u>Fred</u>	Pre counselling total score	119/158
		Post counselling total score	124/158
<u>Couple 5</u>	<u>Brian</u>	Pre counselling total score	119/158
		Post counselling total score	139/158
	<u>Marlene</u>	Pre counselling total score	126/158
		Post counselling total score	124/158

# IMAGE EVALUATION TEST TARGET (QA-3)



**APPLIED IMAGE, Inc**  
 1653 East Main Street  
 Rochester, NY 14609 USA  
 Phone: 716/482-0300  
 Fax: 716/288-5989

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