

THE INTEGRATION OF THE COMMUNICATION AND BEHAVIORAL  
TECHNIQUES IN CONJOINT MARITAL THERAPY

BY

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A 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

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THE UNIVERSITY OF MANITOBA

The Integration Of The Communication And Behavioral  
Techniques In Conjoint Marital Therapy

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A Practicum Report

Submitted To The Faculty Of Graduate Studies

In Partial Fulfilment Of The Requirements For The Degree  
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## TABLE OF CONTENTS

	Page	
Acknowledgements	i	
Introduction	1	
Chapter		
I	A Review of the Literature	
i)	An Overview of the Area of Marital Counseling	3
ii)	A Behavioral Exchange Approach to Marital Counseling	9
iii)	An Approach Proposed by Robert Liberman for Marital Counseling	15
iv)	Description of Intervention Implemented in this Practicum	25
II	The Integration of Communication and Behavioral Techniques in Conjoint Marital Therapy	30
III	Evaluation and Conclusions	51
	References	
	Appendix	

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## I N T R O D U C T I O N

The practicum described on the following pages was conducted from January 1979 to July 1979. The chosen area of specialization was work with married couples experiencing difficulties in their relationships, using an approach developed by Robert Liberman, Eugene Wheeler and Nancy Sanders (Liberman, et al., 1976). The overall objectives for the practicum were: 1) to acquire advanced skill in the practice of marriage counseling with the use of one particular approach; 2) to assist couples who were seeking help with their marriages; and 3) to observe, in a general way, which types of clients seem to benefit from this approach and conversely, which types do not benefit.

Personal objectives set up for the practicum were to follow through a program of reading and to examine the literature on marriage counseling, with the major focus on the work of Liberman and his colleagues. Under supervision, I would then practice the techniques developed by these therapists with couples referred to me through the agency in which I was working.

The practicum report has been done in three main chapters. The first chapter, which is a literature review, is divided into four sections. The first section gives an overview of the area of marital counseling. The second section briefly describes a behavioural exchange approach used in working with married couples. This has been given in order to provide the reader with a better understanding of the principles underlying the approach used in the practicum.

The third section gives a detailed description of Liberman's approach followed by the fourth section which is an account of the techniques which I preferred to use or omit from that model, in my intervention practice.

Chapter II describes the intervention process. A brief account of the personnel involved and the setting in which the practicum took place are given as an introduction to this chapter. The description of the practicum makes use of case illustrations in showing how attempts were made to evaluate the effectiveness of the procedures discussed in the literature.

In the final chapter, an evaluation is made of the practicum, in the light of the overall goals or objectives which were set out and some conclusions are drawn as to the feasibility of the approach.

## I. A REVIEW OF THE LITERATURE

### i) AN OVERVIEW OF THE AREA OF MARITAL COUNSELING

The intent of this section is to examine the literature in the area of marriage counseling. Much has been written and the authors cited agree that the necessary step is a more rigorous examination of the theory base in this field. The second major emphasis in this overview is centred on the various systems which are used in marital therapy. The literature read concurs that conjoint marital therapy proves to be the most widely used and the most effective in treating the married couple. These conclusions build a rationale for the practicum as the author chose to use this system in conjunction with the communication and behavioural approaches to counseling. The writer will now proceed to discuss the material in relation to the above-mentioned points.

To paraphrase a pioneer in the field, David Mace, the field of marital therapy is both very old and very new. There has always been interest and concern about the intimate relationships of husbands and wives, but only in the last forty years has the need been such that a separate profession has developed to clinically treat couples who were having difficulties in their marital relationship (Mace, 1967).

Marital therapy is defined as "any therapeutic intervention technique which has as its major focus the alteration of marital dyad "(Olson, 1974 p. 23). A unique and significant contribution of marital therapy has been the value and emphasis it has placed on the marital relationship per se. While the helping professions have, until recently, sought to understand and treat only the pathology

within an individual, marital therapists have dogmatically emphasized the significance of the relationship while still valuing the integrity of the individuals involved.

There are, however, criticisms of marital therapy or counseling. The major one which is evident in the literature is relevant to the lack of research material on the subject. This, in turn, is correlated with the dubious nature of the theory base itself. Concerning the theoretical framework upon which research is often based, the following kinds of remarks are common, as Olson notes:

In 1957, referring to known and unknowns in marital therapy, Emily Mudd stated that: we have not verified or refuted many of our constantly applied assertions and theories. In 1966, Gerald Manus described marital therapy as a technique in search of a theory and concluded from his review that: 'there is a clear picture of inconsistency, contradiction and lack of coherent theory.' In 1967, David Mace said: 'It can be said without fear of contradiction, that marriage counseling is a field in which practice has far outrun theory' (Olson, 1976, p. 476).

In the 1970's, the search for the theory of marital therapy is slowly changing to a realization that there needs to be considerably more exploration of various theoretical approaches before a more integrated and comprehensive approach can be developed.

As mentioned at the onset, the second major body of knowledge which is discussed in the literature on marital counseling is in regard to the variety of interventive systems being used in marital therapy. These include: Collaborative Marital Therapy (Martin and Bird, 1953; Martin, 1965), Concurrent Marital Therapy (Greene, 1969; Greene and Solomon, 1963; Oberdorf, 1938; Solomon and Greene, 1963, 1965),



Marital Group Therapy (Burton and Kaplan, 1968, Dorfman, 1968; Jones, 1967, Leicher, 1967), Conjugal Therapy (Ely, 1970), and Conjoint Marital Therapy (Bach and Wyden, 1969; Bellville and Bellville, 1969; Leslie, 1964; Sager, 1967) (Olson, 1976, p.21). In reading the numerous articles on marital therapy, it became evident that most of the literature has been oriented toward describing the advantages of using these particular systems and illustrating them with case examples. As a result of proceeding in that direction, " a body of principles have become widely accepted without these principles having been subjected to empirical test" (Leslie, 1964, p.67). This, in turn, reflects back on the need for further research on the now existing material and its efficacy before new inventive ideas are developed, again without the support of adequate empirical evidence.

Out of the systems mentioned above - Conjoint Marital Therapy best represents the field of marriage counseling today. Conjoint Marital Therapy in its purest form involves seeing the couple together during the sessions. More has been written about the rationale and advantages of this system by marital therapists than any other. It would be helpful to briefly describe two reports which support the use of conjoint marital therapy in counseling.

A study by Michaelson (1963) compared therapeutic techniques used in three clinics in various parts of the United States during the years 1940, 1950 and 1960. While individual counseling was used at least 80 per cent of the time during this period, the use of the conjoint method increased from about 5 per cent of all the cases in 1940 to almost 15 per cent of the cases in 1960.

Another study which undertook to systematically describe conjoint marital therapy was completed by the Family Services Association of America (Couch, 1969). While this study was not an empirical investigation of the effectiveness of the conjoint method, it was one of the first and best efforts to survey marital therapists regarding their judgements about the value of conjoint counseling for both diagnosis and treatment of marital problems. It also examined under what conditions it is most and least useful. The results reported that the respondents had positive reactions to the conjoint method for diagnosing marital problems and that they saw this system as most advantageous for treating couples. Although many of the therapists combined individual and conjoint sessions in treatment, many relied exclusively on conjoint sessions.

There are several other studies which were done to evaluate the efficacy of conjoint marital therapy - Fitzgerald (1969), Dicks (1967) and Beck (1966). Although these are viewed as having methodological weaknesses, they are seen as beginnings in evaluating marital therapy.

Some of the reasons for the conjoint method proving so useful with marital problems has been well described by Leslie (1964). He points out that the conjoint method is particularly useful in identifying and working through distortions, in minimizing transference and counter-transference, in drawing out conflict, in focusing on the current relationship and indirectly altering patterns of marital interaction.

In conjoint therapy, increased attention is being given to the idea of using co-therapists as models for the couple. The advantage of co-therapists, especially male and female teams, has been described for marital therapy by Bellville, et al (1969), Goodwin and Mudd (1966),

Gullerud and Horlan (1962) and Reding and Ennis (1967). It has been concluded that co-therapy is a particularly useful and meaningful experience for both members of the couple. Its usefulness is limited primarily by the additional time and cost involved in having two therapists instead of one.

A reference back to the other systems might be appropriate in obtaining a total picture of what is reported in the literature. To begin with, the implementation of marital group therapy appears to be coming into greater demand. While reported use of this system by marital therapists occurred in the 1950's (Neubeck, 1954), the last ten years have shown a renewed interest in this method. On the other hand, the two interpersonal systems, collaborative and concurrent marital therapy, have seldom been used by marital therapists. It is not the author's design to go into detail on all of these systems but rather to provide to the reader a perspective on where the systems stand in relation to the conjoint method used in counseling.

In attempting to summarize this material, the emphasis has to be placed on the lack of research material that has come out of the field of marital therapy. There have been numerous descriptive reports but few empirical findings. As was reported, this is related to the unorganized theory base on which marital therapy is founded. Olson pointed out that the theories in marital counseling have not been in any real way operationally tested or theoretically developed to a significant degree (Olson, 1970). Much work is needed in this area. In a more positive light, however, the literature does agree that the most widely used and the most effective system in marital therapy is

the conjoint interview. Numerous studies have been cited, acknowledging the weaknesses within each study, which support this hypothesis. It was with this evidence, as mentioned earlier, that the writer decided to use conjoint marital therapy in collaboration with the two approaches to intervention. The point must be made, however, that other factors did come into play before a final decision was made in that direction.

Although the material presented may appear to be a critical analysis on the field of marital therapy, many of the authors presented feel optimistic about the outcome of this practice. Gurman concluded:

Although the practice of marital therapy has been with us for some time, the investigation of this important arena of clinical service is still at the earlier stages of development. Clinicians and researchers have before them a perhaps unique opportunity among a wealth of "psychotherapies" to mutually influence each other and affect the growth of this field because the practice of marital therapy has not yet become ensnarled in narrow theoretical dogma (Gurman, 1973, p. 169).

After examining this quote, the author felt challenged to pursue the area of marital counseling with the intent being to implement a pre-examined approach, to augment that approach and, as a partial consequence of the literature read, to work within a conjoint marital framework.

ii) A BEHAVIORAL EXCHANGE APPROACH TO MARITAL COUNSELING

This section is designed to give the reader a background of the principles and concepts which underlie the interventive method used in this practicum. The behavioral - exchange approach is based upon the principles of social exchange and reciprocity. A brief account of what these principles entail would be essential before discussing the process involved in implementing this approach.

The fundamental assumption of various theories of social exchange (i.e. Blau, 1968; Homans, 1961; Thibaut and Kelley, 1959) is that, in their interpersonal relations, as well as in their own lives, people will seek to maximize their pleasure and minimize their pain. The principles of social exchange are most easily described when there are only two people (a dyad) involved, consequently, reference will be made to a theory of dyadic interaction developed by Thibaut and Kelley (1959). This theory draws upon the principle of reinforcement and upon aspects of economics and sociology, and it suggests that each participant in an interaction brings along a repertoire of possible behaviors that could be performed. The pleasure or pain experienced by each participant will thus depend jointly upon his or her own actions and on the actions of the other person. A basic premise of Thibaut and Kelley's theory is that a socially significant interaction will be repeated only if the participants in that interaction are reinforced as a function of having participated. That is, a social act must yield positive outcomes to the individual if it is to be continued. In a dyad, both participants must experience positive outcomes for the target interaction to continue.

The principle of reciprocity ties in very closely with that of social exchange. Bancroft perceives reciprocity as it relates to a marriage in the following way: "A good relationship relies much on reciprocity of behaviors, doing enjoyable things together, sharing difficult decisions, justifying benefits for oneself by giving pleasure to the other and communicating affect in such a way that the partner feels secure" (Bancroft, 1975, p. 147). Both these principles, social exchange and reciprocity, are analogous when referring to the behavioral-exchange approach, as within that model both spouses are expected and, in fact, required to "give" to "get" more out of the relationship. Thus the model is feasible only when both spouses express a willingness to bargain and compromise.

The major proponents of this approach are Rappaport and Harrell (1972). However, reference needs to be made to other behaviorists who are working along similar lines, notably: Stuart (1969), who defined marital relationships in operant reinforcement terms; Liberman (1970), who advocated the application of behavioral - learning principles to couple therapy; Patterson and Reid (1970), who analyzed dyadic interaction in terms of stimulus control and reinforcement functions; and Patterson and Hops (1972), who applied the concepts of reciprocity and coercion to marital exchange.

The overall goal in using this approach is to have spouses eliminate their undesirable behaviors on a reciprocal basis. To rephrase this in behavioral terminology, the couples are taught specific reciprocal exchange and cooperative bargaining skills that they can use in their relationship to decelerate and extinguish undesirable behaviors while

at the same time, accelerating these target behaviors perceived to be desirable and rewarding to the marriage.

Drawing implications from the research findings reported by Blood and Wolfe, (1960), Heer (1963), and Levinger (1965) on power differential in marital dyads, Rappaport and Harrell assumed that the behavioral exchange model is best suited for those relationships in which both spouses possess resources valuable to each other (Rappaport and Harrell, 1972, p. 203). That is, the "quid pro quo" (I'll change this, if you'll change that") system, on which the model is founded, assumes that both spouses hold valuable resources in the relationship and that, in turn, these resources determine the power of each spouse in the marriage. When both husband and wife have equal or near-equal power in the marriage, compromise and bargaining appear likely. When, on the other hand, one spouse has significantly greater resources and power than the other spouse, compromise and bargaining do not seem as likely. "In those marriages where one spouse cannot pool many resources valuable to his mate, it is unlikely that the behavioral - exchange model could be applied successfully: (Rappaport and Harrell, 1972, p. 203).

"Operant principles prevalent in behavioral therapy are crucial in implementing the behavioral exchange program" (Rappaport and Harrell, 1972, p. 204). Perhaps the most important variable of all is positive reinforcement. In the present model it is assumed that when spouses substitute desirable behaviors in place of undesirable behaviors, these new behaviors implemented on a reciprocal basis, will serve to positively reinforce both individuals and eventually lead to a more satisfying marriage.

Initially, the couple is asked to prepare a list of undesirable

behaviors. Beginning with the least difficult target behavior, each individual must count the number of times the target behavior occurs prior to implementing any change program. Counting behaviors is believed to provide an accurate and objective picture of the nature and frequency of the problem and also encourages the couple to phrase their problem in terms which facilitate modification procedures. While counting target behaviors, the couple also observes what happens before and after the target behavior occurs. "A successful behavioral exchange program can be implemented only after these behaviors are identified", (Rappaport and Harrell, 1972, p. 204). Once the reinforcers that maintain an undesirable behavior are 'identified', the couple can remove these consequences that maintain the behavior.

A written behavioral contract is utilized in the behavioral - exchange program. According to Rappaport and Harrell, the following are the advantages of such a contract: First, it provides a ready reference for all parties and therefore memory does not play a significant role. Second, if difficulties arise in the relationship, a written contract can be modified more easily. Finally, a written contract serves to constantly remind both spouses about their commitment to the program.

As mentioned earlier, reinforcement plays a major role in this program with an emphasis placed on the use of proper reinforcement schedules. Couples are encouraged to continuously reinforce each other at first while new behaviors are shaped. After the target behaviors reach the desired frequency, the reinforcement by the couple diminishes from a continuous to an intermittent schedule in order to maintain the new behaviors. Before, during and after the behavioral - exchange procedure is implemented, the couple is encouraged to keep daily



records of their target behaviors. This allows the counselor and the couple to monitor the success of the program and assess a need for change if progress is not satisfactory.

This brief description of the behavioral - exchange approach has attempted to highlight the major points of the program in treating married couples. There are potential strengths as well as precautions in implementing the model. To quote Rappaport and Harrell:

Potential Strengths:

- 1) Teaches married couples reciprocal exchange and operant skills to help them resolve their present difficulties and those that will arise in their future.
- 2) Encourages couples to eliminate undesirable behaviors on a reciprocal basis and replace them with more desirable behavior.
- 3) Emphasize a behavioral analysis of marital interaction.
- 4) Identifies the unmotivated partner in the marriage (the spouse unwilling to compromise and bargain to improve the relationship).
- 5) Fosters self-reliance of the couple by having them negotiate their own behavioral - exchange contracts.

Precautions:

- 1) Not functional for those marriages where one or both spouses are unable or unwilling to compromise and bargain (large power differential).
- 2) Counselors must be knowledgeable in both social exchange theory and operant learning principles.
- 3) Couples should be cautioned to proceed slowly in moving along their hierarchy from least undesirable to most undesirable behaviours.

- 4) Counselors must serve as positive reinforcers throughout the program.
- 5) Couples must learn and keep daily behavioral records of their progress in the program (Rappaport and Harrell, 1972, p. 211 - 212).

The behavioral - exchange model is only one of several models to help ameliorate marital unhappiness. Again, the author's intent in describing this approach was to clarify for the reader some of the basic principles which underlie the method of intervention used in this practicum.

iii) AN APPROACH PROPOSED BY ROBERT LIBERMAN FOR MARITAL COUNSELING

The method of intervention used in this practicum, with some modification, was a behavioral approach devised by Robert Liberman, Eugene Wheeler and Nancy Sanders (1976). The program itself was set up to work within a group context. However, it was easily transferable to working with individual couples. The approach was chosen as a basis from which to work for two reasons. Firstly, the authors had done some evaluative research in comparing their group approach to a group whose intervention was Interactional. The Interactional group lacked training in communication skills as well as contingency contracting. The results showed that the behavioral group displayed significantly more positive and mutually supportive verbal and non-verbal behaviors in their interaction as a result of treatment, than did the Interactional group. Consequently, the program appeared valid and practical (Liberman, Levine, Wheeler, Sanders and Wallace, 1976). Also, studies investigating behavioral marriage therapy, strongly suggest the efficacy of a treatment approach combining contingency contracting with direct training of communication skills in the clinical setting (Weiss et al., 1973; Jacobson, 1975). Furthermore, there is evidence that either of the two main components of this approach can be of some benefit when used alone (Stuart, 1969; Carter and Thomas, 1973; Eisler, Hersen and Agras, 1973; Eisler et al., 1974) (Jacobson and Martin, 1976, p.553).

The second reason for considering this particular model reflects the writer's own personal style. That is, the approach tends to be well organized and enables the therapist to focus very quickly on disruptive behavior and ways of handling it. Disruptive behavior refers to the gamut

of marital dissatisfactions which are presented by couples, i.e., from areas of social, affectionate and sexual interactions with each other, to free time, finances and relatives. The approach places major responsibility on the couple by assignment of homework tasks. Consequently, some sense of commitment has to be shown by the couple if their relationship is to improve. This structure, at the same time, does not lose sight of the people involved. As mentioned above, training in communication and emotional expressiveness are important elements in the overall treatment. With the combination of all these elements, the author was prepared to apply this model, with some variation, to work with married couples.

The procedures identified with this model are based upon concepts of behavioral exchange (Thibaut and Kelley, 1959), the coercion process (Patterson and Reid, 1970; Patterson and Cobb, 1973) and current views of situational behavior (Mischel, 1968; Weiss, 1968) (Weiss, 1975, p. 15). This model, probably best described by the rubric "social learning", gives rise to an intervention program for marital ills and a parallel array of assessment procedures. More specifically, couples are given an opportunity to acquire behavior change skills based upon:

- a) training in discriminating and monitoring the occurrence of pleasing events and behaviors;
- b) behavioral rehearsal of communication skills using prompting, modelling, feedback, and "homework assignments"; and
- c) contingency contracting.

In attempting to understand the concepts behind the approach, it also becomes important to have a knowledge of how marital discord is perceived. "It is believed that disturbed marital interaction is a function

of a low rate of positive reinforcement exchanged by the couple along with an excessively high rate of punishment" (Jacobson and Martin, 1976, p. 543). It is therefore assumed that conflicts and dissatisfaction in marriage, whatever the sources, can be diminished by each spouse learning to discriminate pleasing actions and verbalisations coming from the other, and learning to communicate and interact in ways that bring more pleasure, and satisfy more of each other's needs. There is the further assumption that, if their interactions, perceptions, and attributions of behavior move in a more positively balanced direction, then their feelings toward their partner and satisfaction with the marriage will also improve.

The intervention begins by teaching the couple to communicate their desires and dissatisfactions specifically and operationally. By translating abstract statements of intention (i.e., You're always trying to hurt me) into operational statements (i.e., Yesterday, you criticized my cooking in front of Bob and Betty), it is believed that expectations and dissatisfactions are clarified. This process of operationalizing becomes part of the intake session, and sometimes may take more than one session to complete. However, it provides the basis for finding out what behaviors are to be targeted for change.

The next segment of the treatment program centres around pinpointing and discriminating "pleases". In line with the assumptions mentioned earlier, couples are trained to specify and acknowledge how each spouse could please the other in reciprocal ways. "Pleases" consist of behavioral events and affectionate events. Pleasing behavioral events are actions which make life easier for a spouse or which are considered important for the role of a husband or wife. Affectionate events are actions or statements which show acceptance and approval from one spouse

to another. Affectionate "pleases" are said or done directly by one spouse to the other. They are brief events, such as a hug or a compliment. The expression of affectionate "pleases" involves non-verbal communication: gestures, tone of voice, posture and facial expression. By going through this exercise, each spouse is obliged to notice and to think about, the positive aspects of the relationship, some of which had been taken for granted. Also, each spouse learns exactly what she/he can do to make the other happy. The particular actions or statements that each spouse finds pleasing are very much an individual matter. "Different strokes for different folks" means that each spouse must become aware of, and then communicate to her/his partner, those qualities, actions, and expressions which, in fact, do "turn-on" and please.

The most important element in the treatment is training in communication and emotional expressiveness. The program teaches couples how to communicate in less destructive and more rewarding ways. The format used for training is that outlined in Personal Effectiveness (Liberman, King, DeRisi, and McCann, 1975). Explicit training in communication skills consists of demonstrating to couples what their self-defeating, destructive patterns of interaction are - i.e., presenting them with feedback, suggesting alternative methods and monitoring their attempts to practice techniques suggested or modelled by the therapist (behavior rehearsal).

There are four exercises which can be used to help achieve the overall goal of improving the couple's ability to communicate and express emotions. The first exercise is designed to help improve their ability to express feelings. During each session, couples are engaged in role

playing of frequently occurring marital interactions. Modelling, coaching, prompting and feedback are provided by the therapist. To facilitate transfer of newly learned communication skills, assignments are given for practice at home. The therapist reviews the homework assignments and offers corrective feedback for problems encountered and positive feedback for progress.

The second exercise is aimed at improving the couple's ability to initiate "pleases". The underlying assumption here is that most people do not tire of hearing compliments and positive comments. Consequently, the therapist first demonstrates ways of giving compliments and then supervises the couple in doing so. How a "please" is given is as important as what is said. Each spouse is also asked to fill in the remainder of the "please". "I like it when you \_\_\_\_\_," or "It makes me feel good when you \_\_\_\_\_." As an extension to this exercise, the third exercise attempts to help the couple improve their ability to acknowledge "pleases". Each person is asked to pick out something that his/her spouse has done or said in the past 24 hours that has pleased or given satisfaction. They are then asked how they acknowledged that "please", if at all. Modelling, prompting and feedback are given while the couple recreate the interaction in a role play. Positive and constructive feedback is provided by the therapist.

Learning how to make requests, rather than demands, for one's personal and social needs in a marriage is the basis for the fourth exercise. Spouses learn to ask for "pleases" from each other in direct, positive ways. After modelling from the therapist, each spouse addresses his/her partner: "I would like you to \_\_\_\_\_," or "It would

really make me feel good if you would \_\_\_\_\_." Facial expression, tone of voice, gestures and eye contact are modified through coaching, prompting and feedback to convey positive, earnest and constructive requests. Once a couple has gained experience in the positive expressions, the exercise then shifts to the expression of negative feelings, empathy, and dealing with unpredictable and displaced aggression or bad moods. Communication training proceeds in a hierarchical fashion with a repertoire of positive interactions being taught before moving to the more sensitive and difficult issues of hostility and anger.

The sequence which all these exercises follow - of feedback, instructions with modelling, and behavior rehearsal - has been used by many behavioral marriage therapists in their efforts to modify the interaction patterns of unhappy couples (Eisler and Hersen, 1972: Knox, 1971: Liberman, 1970: Rappaport and Harrell, 1972) (Jacobson and Martin, 1976, p. 543). Feedback has been provided by verbal comments from the therapist (i.e., Friedman, 1972), role playing by the therapist (i.e., Eisler and Hersen, 1973), and written instructions from the therapist (i.e., Patterson and Hops, 1972) (Jacobson and Martin, 1976, p. 543).

Modelling, as Eisler and Hersen (1973) pointed out, is thought to be a useful procedure in this context for a number of reasons:

First, the necessity of discovering effective responses through the laborious process of trial and error is obviated; second, both verbal and non-verbal aspects of new responses can be demonstrated; third, by observing the spouse's reaction to the modelled response, the other spouse can appreciate the potential benefits of adopting it; fourth, resistance to change is minimized by defining change as emulation of respected authority (the therapist) (Jackson and Martin, 1976, p. 544).



Through behavior rehearsal, couples practice new responses while being monitored and corrected by the therapist. By practising new skills learned in therapy, both in the clinical setting and at home, (Patterson, 1971), dependence upon the therapist is gradually reduced, and it is believed that generalization is fostered.

The program promotes an effective way of encouraging couples to practice newly learned communication skills at home through the assignment of "executive sessions". These are five to fifteen minute periods of pre-planned and structured conversations during which the couple practice expressing feelings to each other. Each partner takes a turn expressing a thought or feeling while the other partner listens while maintaining eye contact and leaning toward the speaker. When one spouse is finished, the other does not comment, agree, or disagree; instead, the other reflects back what has been heard, using repetition or paraphrasing. Before the second person responds to the content of what has been said, the first person must indicate that what was reflected back, adequately portrayed the ideas and feelings that were initially expressed. If there is dissatisfaction with the verbal or non-verbal reflection, the sequence is repeated until the speaker indicates that the listener has captured the meaning of the message. Then the speaking and listening roles are reversed. As the couple masters the reflecting back technique, they gradually discuss progressively more charged topics and feelings.

Thus far, the focus has been on the direct modification of couples' interactional responses in the clinical setting. Another prominent element of this approach has been training in contingency

contracting for use in the home. Contracting has been cited as the most used strategy in working with couples (Weiss, Buchler and Vincent, 1974). "A contingency contract is an agreement between two parties mutually arrived at through a process of negotiation and compromise, which schedules the exchange of positive reinforcers or "pleases" in a structured and specific fashion (Lieberman et al., 1976, p. 392). As applied to marriage therapy, contracting refers to the negotiation of written agreements between spouses; it is a "systematic procedure for setting forth behavior change agreements" (Weiss et al., 1973, p. 328). The purpose of contracting is to reverse the process of aversive control for desired change. Explicitly emphasized in the training, is the notion that spouses must be willing to "give to get more out of the relationship" (Rappaport and Harrill, 1972, p. 203).

The most common contractual form used in behavioral marriage therapy has been the "quid pro quo" agreement (Knox, 1971; Rappaport and Harrill, 1972; Stuart, 1969), a form first suggested by Lederer and Jackson (1968). A quid pro quo agreement ensues when each spouse agrees to make a specified change in his and her behavior but the change of one member is made contingent upon prior change exhibited by the other. If X signifies the change agreed to by the husband and Y signifies the change agreed to by the wife, the form of the quid pro quo is as follows: If X, then Y; if not X, then not Y.

However, Weiss et al (1974) have criticized the quid pro quo form, contending that the contingent relationship between agreed-upon changes, makes it necessary that one partner change first; it is argued that in a relationship lacking in trust, requesting that one partner

change unilaterally is untenable (Weiss et al. 1974; Weiss et al., 1973). Consequently, an alternative form was recommended by these authors, referred to as the "good faith" contract (Weiss et al., 1973, p. 328). Here, each spouse independently agrees to implement behavior changes desired by the other. Each partner independently commits herself/himself to behavior change, and each change is independently reinforced; the changes contracted for by each spouse are not contingent upon the other's behavior change.

Jacobson and Martin (1976) note, however, that there is no empirical evidence to recommend the good faith strategy. Because of the greater efficiency of the quid pro quo form, its use would be indicated were it found that there were no differences in effectiveness between it and the good faith form. Multiple exchanges, in which both spouses agree to change an entire series of behaviors without specifying explicit contingencies, would be equally efficient. The cumbersome, time-consuming process of separately reinforcing each agreed-upon change is justified only if such a strategy proves to be significantly more effective than these alternative procedures (Jacobson and Martin, 1976, p. 545).

In forming the contract, spouses openly and explicitly establish behavioral commitments for self and spouse, empathize, bargain and compromise with each other. They actively use the communication skills which they have been learning throughout the sessions. Refinement and renegotiation of the terms of the contract can be done at subsequent sessions. The contracts are meant as a temporary aid in structuring positive exchanges and fairness as well as an opportunity to practice

communication and problem solving skills. The contracting procedure is used selectively with clients who have shown competence in asserting their desires, giving and acknowledging "pleases", and expressing negative feelings directly. Once the contracting phase has been completed, the couple is evaluated and a decision is made as to whether to terminate or to focus in on one specific aspect of the program in which the couple may need further help. A discussion on evaluation will be left to the latter part of this report.

iv) DESCRIPTION OF INTERVENTION IMPLEMENTED IN THIS PRACTICUM

In describing the approach at the outset, there was mention that certain modifications had been made in the writer's application of the program. Generally speaking, the tasks implemented for the couples could be viewed as essential elements to a pure behavioral approach. This includes such assignments as requesting each spouse to keep careful count of "pleases" received with the use of wrist counters. In addition to this, the program suggested that in acknowledging all "pleases", spouses were to devise a token system (i.e. "warm fuzzies", which were small soft cotton balls) to be given to each other in recognition of the pleasing event. The writer chose to be more flexible with this exercise. Couples were asked to keep track of "pleases" by writing them down, without the use of a mechanical device. No pressure was exerted on them to write down every pleasing event but rather the intent was to make the individuals aware that the "pleases" were being experienced. It was also suggested that each spouse note their response once a "please" had been given them. The idea here was that more "pleases" could be attained if some positive reinforcement was given to the spouse providing the pleasing action.

Another monitoring device which was not implemented was the use of daily phone calls to the couple to ensure that they were following through with their exercises. The writer perceived the couple as requiring a certain amount of initiative and responsibility in attempting to improve their relationship. The phone calls, therefore, would be taking away some of that responsibility. If tasks were not completed by one spouse, then they had to be prepared to acknowledge that and

explain to the other spouse why they were slowing down the process.

The other general modification made was in not following the program session by session as outlined in Liberman's article (1976). The results of this article suggest that the program had attempted to cover too much material. It was found, also, in this practicum that the couples were at varying stages in their relationship and some needed concentration in one area more than another. As a result, the organization of the sessions became too structured to follow. The author thinks that Liberman's intent was to set up the program in a modular form, with each module being used as needed. In that case, the flexibility used would be in line with the overall aim in the development of the program.

Although discussion has focussed in each instance, on the rationale for eliminating the above aspects of Liberman's model, the underlying reason has not been given for making the changes. This reason reflects, to a certain degree, on the writer's personal style of practice in counseling. There was an uncomfortable feeling experienced in requesting couples to provide graphs and other 'tracking' devices in a situation that was so intimate. The uneasiness was obviously related to the mechanical nature in which Liberman chose to work. The writer realized that she preferred to avail herself of a more humanistic element in achieving the goal for intervention.

As a result of the above decision, the communication aspect of Liberman's model was expanded. The exercises which he discussed were included, but the author's intent was to build on these. Primarily, what was wanted was for the spouses to be more open and honest with each other and to attend more closely to what their partner was saying.

The techniques used to reach this goal have been discussed by various authors. Brammer and Shostrom (1960) suggested the use of rephrasing to improve dyadic communication. To quote the authors:

Repeat what the first person said. Try to rephrase it in your own words and try to get into the other person's frame of reference. Reduce generalities to a minimum. State your own feelings clearly before expecting your partner to express his feelings. Set aside time for communicating regularly, even when there is no particular problem to solve (Brammer and Shostrom, 1976, p. 43).

Broderick (1969) proposed another technique, closely related to Brammer and Shostrom's, but one which was found helpful in getting the couples to become aware of the other's perspective on a problem.

It is called "reflecting" and consists of mirroring back to the individual what you think he meant by what he said. This gives him a chance to correct a mis-impression or to elaborate on his original statement. It might be termed an attempt to make feedback as efficient as possible. In addition it demonstrates an interest in the other person's point of view as well as one's own, in listening, as well as talking. (Broderick, 1976, p. 44).

As the intervention process began, it was discovered that some of the clients were having difficulty in expressing negative feelings. More specifically, their disagreements or arguments always seemed to blow out of proportion. In conjunction with Liberman's exercise around enhancing the expression of negative feelings, reference was also made to tactics discussed in Bach and Wyden's book, The Intimate Enemy. Behaviours such as "hitting below the belt" or dragging everything but the kitchen sink into a fight were rapidly recognized by these couples. Consequently,

the sessions proceeded to discuss ways in which these tactics could be eliminated, resulting in a more open and "fair fight".

The techniques described are only a small section of the total package used to help couples increase their communication skills and thus to make the approach more human. Heavy emphasis was placed on Liberman's methods of focusing on non-verbal communication, constructive confrontation, and reinforcement. Also, the skills of modelling, coaching, prompting and feedback were consistently practiced to encourage the couples' participation in each session.

To this point, the writer has described what was eliminated from Liberman's model, which aspects were built up and the reasoning behind each. It would obviously seem important to list which parts of the original model were chosen to be maintained. Specifically, the author intended to implement the operationalizing of statements and focusing on behaviours for change, the reinforcing of the positive aspects in the couple's relationship, contingency contracting and finally, the communication training which has already been discussed. All of these techniques are new to the author. They had not been practiced in past counseling experience. The rationale for retaining these particular components of Liberman's model relates back to the writer's initial choice of the approach; that is, it is well organized and enables the therapist to focus quickly on the disrupting behaviour and problem areas; research indicates its previous success and, finally, major responsibility lies with the couple to work, although the therapist plays an active and direct role in the process.



Having outlined what the method of intervention will be with the help of theoretical material, it is now appropriate to describe the actual intervention process and ascertain if the techniques and methods discussed did as the theory indicated.

II. THE INTEGRATION OF COMMUNICATION AND BEHAVIORAL TECHNIQUES  
IN CONJOINT MARITAL THERAPY

Setting

The major setting for this practicum was Family Services of Winnipeg. This is a voluntary, fee-paying agency - that is, people seeking help avail themselves of the services of their own accord. The fee for service operates on a sliding scale with a number of factors taken into account before a set fee is established for the client. I operated out of the Counseling Unit and received my cases after a short intake interview, by phone, had been done by one of the social workers. Initially, my criteria for accepting couples were: 1) that they be living together, 2) if contemplating separation or divorce, are willing to postpone definite plans for action, 3) that they be committed to attending sessions regularly, and 4) be willing to actively participate in exercises and assignments which are a part of the therapy. It became obvious that the intake workers were unable to ascertain, through the initial contact, if the couple met all these criteria. Consequently, if a couple were requesting marital counseling, then I would be given the case and would assess them regarding the criteria in my first interview.

The couples interviewed by me and with whom I worked were "middle-class" clientele. They had no difficulty in paying for the service and on the whole, most had at least completed high school education. In my first session with the couple, it was apparent that they understood why they were there and wanted to start working immediately or wanted some answers in terms of where to go after the first interview. I feel that this type of response is related to the overt willingness of the clients

in approaching a voluntary agency, as well as wanting to get the most out of the services for which they were paying.

In contrast to this agency, I also attempted to develop a caseload at Psychological Service Centre at the University of Manitoba. Unfortunately, due to a heavy load of students this year, the majority of whom were interested in families and couples, I worked with only one couple from the Centre. This agency receives its referrals from Physicians and other community resources, as well as self-referrals. There is no fee charged and from my brief exposure, treatment appears to be long term. My initial intent had been to do some comparisons of the progress of the couples from both agencies but, as it turned out, this was not possible.

#### Personnel

My working with the personnel in both agencies presented no problems. As most of my interviews were scheduled at night, I did not have a great deal of interaction with staff members. As a measure of accountability at Family Services, my supervisor there met with me every two weeks in the beginning, to discuss the progress of my cases. As my caseload became more stable, our meetings became more informal and he was available whenever I needed consultation on a case. At Psychological Services, my primary advisor was responsible for supervision of the one case I carried there. This was done on a weekly or bi-monthly basis. There were few other contacts within this agency.

My only other consultation was with my practicum committee. We met first, as a group, to discuss the roles to be played by each member. The major part of my time was spent with my primary advisor.

However, the other two members were available to give advice and to offer alternative points of view at any juncture in the practicum. Working with the committee itself proved to be a rewarding and educational experience. They provided support and challenging comments whenever I approached them. As a result, the learning never became boring or overburdensome.

### Clients

During the course of the practicum there was contact with a total of eleven couples. Out of this total number, seven couples did not return after the first interview. An analysis of these couples would indicate that one couple was referred specifically for sexual counseling in another agency; one couple planned to return but were leaving on a month's holidays and after their return had changed their minds, and of the other five couples, it was obvious one spouse in each marriage had already made a decision not to work on the marriage. In reference to these five couples, it became apparent that the decision to separate can be reached at various stages in counseling. For the five couples just mentioned, that process had been completed by the time the first interview was initiated. As a result, I was left with only four couples with which to establish a treatment contract. Although these couples provided me with a learning experience in applying this program, my intent had been to work with six to eight couples on a continuous basis. However, due to lack of clientele coming into the agencies to which I was assigned, this was not possible. As this is an overview, it would be worth noting that I also counseled one single spouse after her husband decided on a separation following our joint interview. This was primarily crisis intervention to help her readjust to a single life again and to support her during the emotional transition.

It would be helpful at this point to give a general overview of the four couples to whom service was given during the practicum. The average of the males was thirty-one years with a range of from twentyeight years to thirtyfive years. The females were an average age of twentynine and the range was from twentyfive years to thirtytwo years. All of the couples were legally married with the length of marriages ranging from four years to ten years. There were two couples which had been married ten years and both had two children each, ages five years and one year. All spouses had a minimum of Grade XII education with one couple holding university degrees. None of the couples had been previously married.

These couples were seen from mid-March until the end of July. The number of sessions varied with each couple, ranging from six to nine sessions overall. They were held on a weekly basis and, during the termination phase, were held every two or three weeks. Selected interviews were audio-taped for the purpose of providing the advisor with an understanding of the process occurring in the session, as well as enabling the therapist to use the tapes as a feedback to the couple. Video equipment was available but all the couples expressed reluctance to being taped and, consequently this device was not forced on them.

The goal of the intervention strategy, as referred to in the literature review, was to increase the frequency of positively - experienced interactions between the spouses with a concomitant goal to improve communication in such a way as to facilitate the resolution of specific areas of conflict in the relationship. It became increasingly apparent in my interviews with all eleven couples that the necessary ingredient to make this work was a commitment. This could entail choosing

to remain married, choosing to improve the relationship or, according to the behavioral-exchange model, to be willing and able to compromise and bargain. For seven of the couples I saw, one spouse was unable to make such a commitment. This is an interesting statistic, considering that all the couples were referred for marital counseling.

### Intervention Process

In describing the intervention process itself, I will proceed by taking the three themes underlying Liberman's model discussing how the couples with whom I worked responded to them. The themes to which I refer are: 1) pinpointing and discriminating "pleases", 2) communication training, and 3) contracting.

It became necessary in all my first interviews to give both spouses equal opportunity to voice their dissatisfactions with their marriage. It was a time of problem identification. Once this important step was initiated, I then began the process of getting the couple to express their desires and dissatisfactions specifically and operationally. This continued throughout all the sessions. This task, for three of the couples, did not pose too much difficulty. For example, one spouse initially asked for a "fuller" relationship. After prompting and leading her to be specific, she responded by asking her spouse to share social activities together as well as asking him to talk to her about his job, which he had seldom done in the past. Another spouse reported the problem was that her husband was "too independent". Again, by getting her to be specific and to give examples of his independence, she was able to say that he spent too much time wrapped up with sports and not enough time helping arrange their new house or spending time with her and

the children.

By zeroing in on specific issues, it enabled the couple and the therapist to get a handle on what problem areas were needing change. I also found that by doing this, spouses were able to more clearly define their expectations of each other by outlining the tasks which they felt were required of them. This observation seems to concur with what Jacobson and Martin (1976) and Stuart (1975) were saying, as cited in Chapter I of this report. "By translating abstract statements of intention into operational statements, it is believed that expectations and dissatisfactions are clarified. Furthermore, it was pointed out that "terminal" unchangeable complaints became changeable when operationalized".

It may appear through the above description, that the process of operationalizing complaints happens very quickly. However, one couple with whom I worked, took four sessions before they could freely define the issues in operational terms. This was partly due to the fact that separation was not a possibility for them due to their religious orientation; consequently, there was a certain amount of fear involved in having to risk dealing with the real issues. They attempted to escape the underlying problems by presenting surface problems, which in essence were derivatives of the real issues on which they wanted to work. Once I was able to perceive their bind and confront them with it, reinforcing that there were alternatives to their situation, then they were prepared to define specifically the areas in which they desired change. Although the process took longer to reach, the end result still held through with the theory.

Pinpointing and Discriminating "Pleases".

During my intervention with all the couples, I stressed the importance of focusing on the pleasing elements of the relationship rather than dwelling on the negative ones. This again was in accordance with the goal of increasing the frequency of positively experienced interaction between the spouses. I proceeded by asking each spouse to think about, and to write down, the events which their spouse did which pleased them. After this had been done, each spouse was instructed to reveal the "pleases" and discuss their feelings about these events. For two of the couples there was positive feedback from the exercise. The spouses who were writing the pleases acknowledged that it was difficult to think about specific events because many of the positives had been taken for granted and overlooked. This was exactly the point that I had hoped would be made. Couples had neglected to recognize the pleasing events which had kept their relationship going up to this point, discarding them to focus on the negative events. Once they acknowledged that their interaction did produce pleasing consequences for each other, then it became part of their task to provide more of the same or other "pleases".

In the case of the other two couples with whom I worked, this task did not run as smoothly. The female spouse in one couple, who eventually decided on a separation, was unable to be positive about her husband. She constantly reminded him of past bad experiences and was unable to trust him to do any positive changing. It became more obvious as the sessions continued, that she was not interested in, or committed to staying in the marriage. Counseling had been the final resort and she was there simply to reassure herself that the relationship was too



bad to continue. I saw this couple as being distinct from the other three because there was a certain amount of coercion involved in their attendance. The wife did not want to be there and she had made her decision to separate. The husband was hoping that if he could show her that he could do whatever she asked, then that would keep the marriage together. However, that was not the case. The key element was a lack of commitment and, with that attitude, the sessions were sabotaged from the beginning.

The wife in the fourth couple had some problems in the beginning in discussing pleasing events enacted by her husband. She had a tendency to conditionalize her statements; that is, he made her happy only when he did the specific things she had written down. When this was discussed, she realized that her list was one of things on which she wanted improvement and not events which were pleasing to her at the time. Although much emphasis was placed on building up the positives in their relationship, this couple seemed to want to work on changing behaviors first and then build and reinforce them. As a result, this is the way the sessions proceeded and with positive results in the end.

The idea of helping people to concentrate on the good, helpful and pleasant interactions in their marriage, rather than dwell on the bad or unpleasant events, appears to be a useful technique. Recognizing that my sample is very small, two out of four couples benefitted from the procedure. For one of the couples who was not helped by the method, it was more of a question of commitment to the marriage. The other couple decided to proceed on a different route but headed in the same direction; I chose to be flexible with them and, as mentioned, the results were positive. In line with a behavioral approach, this particular process focuses on improving the "how much, what, where and when" of a couple's

time together, rather than analysing possible causes or the "why" of their problems. I found it to be a refreshing change with results happening more quickly.

#### Techniques for Improving Couple Communication

Perhaps the most important element described in Liberman's approach was training in communication and emotional expressiveness. To me, the word training connotes a curriculum of rigorous exercises and with that interpretation, I decided not to be as regimental as the approach seemed to recommend. Instead, I worked with the couple on an individual basis (seeing each couple as a single unit) attempting to help them pinpoint where their difficulties lay in relating to each other.

As the theory on communication states, couples with marital problems tend to communicate progressively less as their conflict deepens (Bardill, 1966 p. 71). This was a major complaint voiced by all the couples with whom I worked. In particular, two couples reported that they did little talking or listening in their time together. This created a great deal of frustration for both spouses. For one of these couples, it became necessary to understand why the husband was having difficulty relating to his wife. This, as mentioned earlier, does not conform with Liberman's approach, although it proved to be an important issue for that spouse before he was able to participate in activities aimed at improving their relationship.

I would like at this point to outline some of the techniques which I used with the above described couple in helping them open up verbal channels of communication. Initially, we set up a certain amount of time every evening which was to be preplanned and uninterrupted.

At that time, they were to discuss some basic concerns, such as sharing happenings in their job situations. For this particular couple, setting up scheduled time initiated a discovery of what was happening in their spouse's life. Prior to that, they never seemed to be able to find time to get together without interruptions. These scheduled sessions lasted for about two weeks and, as they found themselves talking more freely, they abandoned them and were able to openly communicate during various times of the day. My role in this process was, first, to explain the benefit of setting aside the uninterrupted time; secondly, to outline topics which might enhance the process and, thirdly, to provide constant positive feedback on their progress.

This same couple had difficulty in expressing their emotions. To ameliorate this situation, we attempted the exercises which Liberman calls initiating and acknowledging "pleases". Both spouses and the therapist played an active role in this undertaking. Each person was asked to think of a situation in which their spouse had done something which satisfied them. Then they were asked how they acknowledged that "please", if at all. In this situation, the husband had done some chores which his wife had asked him to do. However, the wife did not tell him how she felt about his doing the work. To make the process less threatening for the wife, I role-played a few scenes with the husband expressing appreciation for his work. The wife then attempted the same scene. We went through this exercise a couple of times until the wife felt more at ease in the situation.

I used this exercise with three of the couples and overall it worked well. They acknowledged that the more they showed their spouse

appreciation for what they had done or, in behavioral terms, reinforced their positive behavior, then the spouse was willing to perform the deed more often. As a means of expressing themselves, I found that I was giving them a great deal of prompting to attempt the exercise but once I made suggestions as to how to go about it, then some of the anxiety was lifted. This particular technique did not automatically open all channels of communication for the couples but it was a beginning to expressing true feelings and it also allowed for some positively-experienced interaction. This reflects back on the goal of intervention as outlined in Chapter I. It also confirms the assumption in communication theory "that behavior change will occur once proper communication is learned. The learning will occur first in the sessions and then, later, through the couple's repeated experience in being personally authentic and spontaneous with their spouse". Bolte 1970, p. 173).

An important issue related to the above exercise, as suggested by Liberman, is that, how a request is made or a "please" is given is as important as what is actually done or said. This concern was raised by all the male spouses. It was related to the way in which they were told to do tasks around the house. In most cases, they were quite able and willing to carry out the chore but resented the way in which the wife demanded that they do it. It became a part of my role to explain that by making these demands, it created further tension between the couple and a means to alleviate that tension would be learning to make a request of the husband in such a manner as to make him feel better about performing the chore. Here, role playing and reverse role playing were used as techniques to help each partner obtain needs without violating

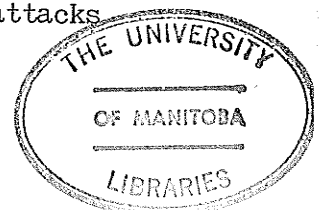
the rights of the other spouse. Tone of voice, gestures and eye contact were modified through my coaching, prompting and providing feedback to the couple. The exercise again proved successful in the sessions, with the intent being that they practice it in related situations at home. However, from what I could gather from the couples, what actually happened, in terms of success, wasn't directly related to the role playing. The husbands were more willing to perform tasks whether they were asked by the wives or not. This could be partly related to the fact that they understood the importance of the tasks as a result of more open communication, or other unidentified variables might be involved.

Another element on which it became necessary to focus was related to their making of assumptions, usually inaccurate ones. The couples were urged to stop making assumptions that their partners somehow "know" what they want and need, and instead to ask for their wants and needs. One couple in particular exemplified the practice of this deceptive tactic. The husband thought that his wife would not want to know when he was in a lousy mood or if she had done something with which he was not pleased. As a result, he would withdraw and not discuss the matter. When his wife approached him to see what was wrong, his reply would be "nothing". This made her feel rejected as well as thinking he wasn't happy with the family unit, which wasn't the case at all. These false assumptions led the couple further and further apart. It was during our sessions that they confronted each other on what they thought the other was feeling, and consequently they were able to clarify the real issues. The wife wanted to know what was happening with her husband and wanted to be told if he was displeased with something she had done. This at least let her know where she stood with him. In turn, being able to discuss

these matters, lifted some of the tension from the husband and he felt more relaxed. The wife reported that his facial expression indicated to her that he was "happier" in his interaction with the family.

The above case example seems to expound on some of the theoretical assumptions which Bolte describes in his discussion on communication theory. "Each person has an effect on the other that is specific to the situation in which they exist. One acts on the other, whose response in turn feeds back on the first. The process is reciprocal and cyclical" (Bolte 1970, p. 169). With reference to the above case, the husband's withdrawing resulted in the wife feeling rejected which in turn created pain for her and caused a drift to develop between them. The process continued until they were able to express how they were feeling about the situation. As Fensterheim (1972) suggested, the inability to express feelings honestly and directly is a fundamental problem in many disturbed marriages.

One of the most unique and controversial contributions that communication theory makes is in the area of physical symptoms. Haley indicates: "Symptoms can be seen as a product of, or a way of handling a relationship in which there are incompatible definitions of the relationship". (Bolte, 1970, p. 172). I worked with one couple in which one of the presenting problems was the wife's anxiety attacks. The wife described the symptoms as something she "couldn't help". They occurred at various times and consequently limited her activities as well as created a strain on her husband's activities. I decided not to deal with the attacks, thinking that they were purely physical, and therefore I chose only to reinforce her practice of relaxation training exercises. The wife had previously received long-term counseling for these attacks



and the relaxation training had proven beneficial. As a result of that history, I perceived the anxiety attacks as being her problem to deal with and not something to deal with within the relationship. However, as our sessions progressed, I realized that the attacks and the constant discussion of them were both a means of creating some excitement in the marriage and camouflaging the stagnant relationship. Again, it was through confronting the couple with the fact that I was aware of the real situation and that we could now work on it, that they were then able to move out of their rut. To quote Bolte: "... a shift from symptoms to the marital relationship may be necessary in order to fully understand the context in which certain behavior occurs". (Bolte, 1979, p. 172).

#### Homework Assignments

I would like at this point to discuss another technique which Liberman emphasized, as well as many behaviorists, in promoting the transference of skills learned in therapy to real situations. The concept of "homework assignments" is certainly not a novelty although the specific manner in which they were used with my clients was unique to me. The assignments consisted partly of getting the couples to practice at home the various exercises discussed and role-played in our sessions. There is no need to outline these as they have been illustrated in my previous discussion. The other part of their homework assignments were tasks which they decided they wanted to work on during the week. These tasks developed as a result of both spouses communicating to each other in our sessions what behavioral changes they wanted to attempt putting into practice. For example: one couple decided to make a job jar in which all the chores needing to be done around the home would be listed. Then the two of them would discuss

the priority of each chore and the length of time it would take to complete it. This particular task developed because the wife was not satisfied with her husband's participation in household matters. He, in turn, did not mind doing the work but constantly felt pressured to have everything done immediately. Their participation in this assignment allowed them to work out, in a practical way, changes that were necessary to enhance their relationship.

Overall, the assignment of homework to the couples proved to be an effective task. It increased their time together, it provided them with an opportunity to practice new skills and it enabled them to experience the enjoyment of doing things together. My role was threefold in the task assignment. Firstly, I explained to the couples the purpose of carrying out the assignments at home and encouraged their participation. Secondly, when the couple returned the following week, I would get them to summarize how the assignments were carried out. If any problems had arisen, then discussion centred on alternate ways of carrying out the task. Thirdly, I provided constant positive feedback for their attempts at executing the assignments.

### Contingency Contracting

The concept of homework assignments was an offshoot of the next component which Liberman called contingency contracting. Many of the tasks on which the couple worked were a result of their negotiating and compromising in our sessions. Through this process, the spouses were enabled to implement the communication skills they were learning throughout the sessions. The contracts were initially set up to work on a quid pro quo basis; that is - if X does such and such then Y will do such and such.



Liberman noted that the contract procedure was to be used selectively with clients who had shown competence in asserting their desires, giving and acknowledging "pleases", and expressing negative feelings directly. For two of the couples with which I worked, not all of the components had been attained before contracting began. The spouses were able to assert their desires and express negative feelings but the other element was concentrated on in future sessions. My reason for proceeding without the development of that third element was due to the urgency in which the couples required some degree of change. They needed tasks to work on immediately to test each other's commitment to the marriage.

When the contracting procedure began for the above-mentioned two couples, I felt as if I had run into difficulty. In both cases, the wives were specific in what they wanted their spouses to change. However, the reciprocating process did not run as smoothly. In one case, the husband merely requested "that his wife be happier in their relationship". Attempting to get him to operationalize that statement proved to be an almost futile task. After spending a great deal of time in getting him to honestly reflect on their relationship, he finally was able to come up with two actions on which he felt his wife could improve. However, the major responsibility to work rested with him and he agreed to this. To me, this seemed to be an unbalanced contract but the couple consented to it. When this contract was put into effect, the husband worked hard on modifying changes in his behavior. Unfortunately for him, these changes proved not to be enough for his wife. At first, I thought that perhaps she expected the change process to happen more quickly than it had. However, as she continued to express dissatisfaction rather than

providing some positive reinforcement, it became necessary to stop the process and do some evaluating.

The wife admitted that these behavioral changes were not sufficient reason for staying in the marriage and had made a definite decision to separate. This particular case provided me with two important factors to check out before I began contracting with the other couples. First, the issue of commitment was highlighted again. Both spouses have to be prepared to do some changing and this can only occur if they have reached an agreement to improve the relationship. The second point which became obvious was the need to check out with both partners to determine if the behaviors contracted upon were enough to keep the relationship on a positive track. If not, then some more exploration as to what the real issues were was necessary. Related to this point, one cannot overlook the possibility that one spouse, and in this case, the wife, is unable to predict whether the desired behaviors would be sufficient for her to commit herself to the marriage.

As mentioned earlier, there were two couples with whom I had difficulty initiating the contracting phase. With this second couple, the delay in negotiating a contract was due to my lack of clarity in what was to be their responsibility. As a result of this, the couple began the process by focusing on the negative aspects of their relationship and demanding that they be discontinued. What followed was a session filled with anger, hostility and accusations. At that point, I found myself caught in the dilemma of focusing on behaviors or attempting to sort out some of the feelings which were being expressed. I experimented with both but there seemed to be a little more emphasis on the communication aspect. This session, in particular, enabled me to recognize that a

strictly behavioral approach, attending to changes in behavior primarily, was not workable for me in this situation. I needed an opportunity to explore the humanistic element with this couple and help them express their feelings in a more positive way. This was to be generalized throughout the rest of the practicum.

To reflect back on the contracting procedure with the above couple, it would seem that one of the rules for optimal contracting was not adhered to from the beginning. The rule, as cited by Weiss et al., (1974) states that responses targeted for change should be those for which the desired outcome is "acceleration" rather than "deceleration". This was seen as sound contingency management, since reinforcing the occurrence of a response is considerably easier than reinforcing its nonoccurrence. The latter, appeared to be what this couple had in mind initially. However, after some clarification on my part, we were able to set up a workable contingency contract.

At the onset of contracting, with all the couples, I stressed the importance of beginning with the least difficult target behavior. This gave them an opportunity to test out their abilities to hold to the contract with the least amount of difficulty. One female spouse protested this idea as she saw the least difficult behavior as being trivial and menial. It was pointed out to her that 1) even though she described the task as trivial, it had caused a great deal of friction when the husband hadn't performed it and 2) the husband had performed the task well and on a regular basis and this should indicate to her his commitment to work and readiness to move to another target behavior. This explanation helped ease her concern around the procedure.

Lieberman suggested that records be kept at home to monitor the adherence of each party to the contract. I did not request this of the couples, feeling that it made the task less genuine and more mechanical. Instead, I advised them to be aware of their spouse's compliance with the contract and be prepared to come back to the next session and openly discuss the results of the previous week's work. My intent was to continually build on their communication skills while working on the contracted behavioral changes.

Perhaps the most important element underlying the contracting phase is the ability of both spouses to provide positive reinforcement with the completion of a successful targeted behaviour. This concept will have hopefully been learned by all persons as a result of their participation in the various communication exercises. However, some persons needed to be reminded that spouses will increase the occurrence of desired behaviors if positive reinforcement is applied. As a consequence, frequently occurring noxious spouse behaviors will decrease. In my practice, I found that this assumption was confirmed by those couples who were able to effectively use this behavioral tool.

The contracting procedure worked well for three of the couples I counseled. Through a process of expressing their feelings around expectations, they were able to compromise and bargain for behavioral changes. The fourth couple were unable to use this process because power and resources were perceived as being held by one spouse - the wife. As a result, the husband had no resources to bargain with, as far as the wife was concerned, and consequently, no contingencies could be set up.

Once the couples were able to successfully set up their contracts and saw positive results, then it became time for us to evaluate their progress in the program itself. For the three couples who fell into this category, I felt that they were now all able to increase the frequency of positively experienced interacting as well as better handle areas of conflict through their newly learned communication skills. Obviously, for the couple who decided on separation, the program may not have obtained its goal. However, I feel that as a result of some of the communication exercises, the wife was finally able to express her true feelings and make a decision to separate. In that regard, there may be some cause to consider that a successful task.

As was stated in my introduction, the intent of this chapter was to describe the intervention strategy which I used in my practicum. I have outlined the procedures which I implemented in comparison with Liberman and reported the difficulties which I encountered as well as the success. The techniques and methods of the practicum can be capsulated into the following: Stayed on focus by directing the couples to operationalize their statements; Concentrated on the positive aspects of the relationship through the pinpointing and acknowledging "pleases" exercises; Determined who wanted to change what, how this was to be done and what were the feelings connected with the action; Development of expression of feelings was enhanced through the communication exercises; Much participation and direction by therapist through the use of role-playing, reverse role-playing, modelling, prompting, coaching and provision of feedback and positive reinforcement; action was a part of most sessions - tasks were assigned to be done in the sessions and at home; the process flowed on an individual basis

with the above techniques and methods being administered as the situation necessitated.

It may be stated that the integration of communication and behavioral techniques in marital counseling is an effective procedure. On the whole, the methods cited above were productive in bringing about behavior change. With that statement I will now proceed to discuss evaluation in the final chapter.

### III. EVALUATION AND CONCLUSIONS

In this concluding chapter an attempt will be made to discuss evaluation on two levels. The first level will be an evaluation of the clients and the program itself. There will be a description of the criteria for evaluation and the tools used in the process. The second level of evaluation will be in regards to the overall practicum in relation to my objectives as stated in the introduction.

The criteria for evaluation of the couples was related to the overall goal of the program - to help the couples increase the frequency of positively experienced interaction as well as better handle areas of conflict through the learning of communication skills. Evidence that the outcome criteria goal was met was to be obtained by; a) participant feedback, b) therapist observation and c) completion of a questionnaire by the couple.

Participant feedback was verbal as each session progressed. They reported to me whether the exercises we were doing were of any benefit to them, whether or not they were transferring the exercises to situations at home and if so, any difficulties they may have encountered in the process. Overall, the couples were open and honest with their feedback. Three of the couples stated that the procedures they participated in were effective in enhancing their relationship. Comments such as "I have learned things about my wife in these sessions that I never knew before" or "We have become closer now that we can talk to each other" or "Now when we disagree about something, we can discuss it without causing so much hurt to each other", indicated to me a positive behavioral change for the couples. Obviously, there were setbacks along the way, and I discussed some of them in the previous chapter, but generally speaking,

it appeared from the couples that they were pleased with the counseling that was provided to them.

For the couple who separated, it appeared that it was not the approach that I had used as much as it was her lack of commitment. In the final session with this couple, I offered them the alternative of seeing another therapist with the possibility that he/she may be able to assist them in a more rewarding way than I did. My initial assumption was confirmed with the closing remarks of the wife: "It would not matter who we saw because I am not interested in keeping the marriage together anymore".

During the last session, with each couple, I asked them to describe to me what they found helpful about the approach and also what they did not like about it. There were no negative comments and I made no effort to influence their thinking in that direction. It may be helpful at this point to run through the main themes in the approach in relation to the couples' comments. This will be done in a summation format.

The first theme was the pinpointing and discriminating "pleases". Couples concurred that this exercise made them focus on the positive aspects of their relationship. They reported that it was difficult to make the shift at first because prior to counseling, emphasis was placed on how poor the marriage had been. The difference in making the shift from negative to positive thinking was related to the persistence of the therapist in reinforcing the positive and pleasing ways in which the spouses interacted with each other. One spouse also stated that by encouraging them to specify the pleasing



actions which one spouse did for the other, made them shockingly aware of how much had been taken for granted in their relationship.

The second theme was related to the communication exercises. Generally speaking, all the couples found this segment to be the most beneficial. As reported in the intervention chapter and in the introduction of this chapter, spouses were willing to express their feelings more openly once they realized what was at stake. The couples did not specifically refer to Liberman's four exercises when discussing the success of the communication section. However, they referred to their new skills in listening and reflecting back what their spouse had said. Also, they discussed the freeness they now experienced in being direct with their spouse, which in the past had created difficulties for some of them. They acknowledged too, the importance of non verbal communication as a result of some of the role playing that was done. Finally, the issue of 'how' to make requests of the spouse was raised. This had been a major concern voiced by the male spouses in which they wanted their wives to learn more effective ways of asking them to perform tasks. Liberman's exercise had been used in this case and the couples found it effective.

The final theme was the contingency contracting. None of the couples made reference to this technique in their feedback to me. They did however, talk about their ability to compromise with each other, specifically in regards to the performance of tasks. They also discussed recognition of commitment to the marriage by their spouse as a result of his/her performance of the tasks that were negotiated upon in the sessions. These two elements are obviously results of what the contracting process would have hopefully brought about. Consequently,

I can again say, with confirmation through client feedback, that this part of the overall program proved helpful.

To continue the discussion of evaluation of clients using an integrative approach, I will now move to the second area which helped clarify results - therapist observation. Throughout the practicum, I kept a log on each of the couples with whom I worked. This provided me with a progress report of each session. The analysis of this material, along the way and at the point of writing this report, enabled me to assess whether or not the couple were making any positive headway in improving their relationship. My writing pointed out where the pitfalls were and if they were a result of my inability to refine the process adequately or if they were related to resistance by one or both spouses. In sifting through all the material, my conclusions, at this stage, would coincide with the client feedback. That is, my log shows a step by step positive progression in which three of the couples were interacting more positively towards each other and had developed their communication skills to the point where they could better handle their conflicts.

The log was not the only means by which I evaluated the couple. During each session, I attempted to provide them with feedback on their progress. My intent was to be positive whenever possible in order to encourage them in their work. However, there were occasions in which I felt confused about the process and subsequently stated that to the couple. This gave us all some time to decipher where we were heading and what was our immediate goal. This type of evaluation, through feedback, proved useful to the clients and to myself. As mentioned, for the couples, it was a source of stimulation and incentive. I had

also hoped that it would show them that I was following and actively participating in their treatment. The latter statement indicated its utility to me. By providing feedback, I was able to monitor what was happening in the sessions openly and draw some conclusions as to whether the approach was having effective results.

My observation of the couples in terms of evaluation was advanced through the use of audio tapes and supervision. I was able to play back the tapes with my advisor and obtain feedback from her on the outcome of the session. I found this to be very helpful and it gave me an opportunity to view the couple from a different perspective. In most cases, we seemed to agree on where the couple were heading.

The third means for evaluating client outcome was through the use of a questionnaire - see appendix. This questionnaire was formulated by Richard B. Stuart (1973) entitled Marital Pre-Counseling Inventory. I chose to use it because its questions focussed on behavioral change, aspects which pleased the spouses in the relationship, level of satisfaction in their interaction, level of satisfaction in their communication and commitment to the marriage. All of these areas were of interest in my approach to counseling. The questionnaire was to be administered to each spouse individually after the initial intake interview. I requested that they not confer with their partner in filling it out and gave them a brief description of what it entailed. The questionnaire was an assessment tool as well as an evaluation tool in that it was to determine from each person, 1) what behavior changes they wanted in their spouse, and 2) what behaviour changes they wanted in themselves. By assessing this list of behaviors at the end of the sessions,

it could be determined both subjectively and objectively if what the couple wanted changed had been successfully or unsuccessfully accomplished.

In terms of evaluating whether the behaviours targeted for change had in fact changed, the questionnaire proved to be an efficient evaluation device. Also, the knowledge which it provided me was all encompassing. There were however, a number of difficulties with it as well. It seemed that all the couples ran into the problem of not fully understanding the questions. This may be related to my failure to explain the meaning behind each question. I decided not to do that task thinking that it might influence their answers. As a result of their non-comprehension, not all the questions were answered by every spouse and there were different interpretations on certain questions.

Another query raised as a result of using this questionnaire relates to the all-encompassing material I mentioned earlier. I found that I had obtained too much material and was not able to incorporate it all in the sessions. As a result, the time put into answering this questionnaire may be viewed as more time consuming than productive.

At this point, I would like to make a recommendation regarding the use of a questionnaire in subsequent treatment. It has become apparent to me through my intervention that Stuart's questionnaire is obviously not the best suited investigative method for this approach. I suggest that a research study be undertaken to compile such a questionnaire. It could consist of an integration of a number of already prepared questionnaires or could be an entirely inventive one. My advice would be that it be fairly short with the questions clear and to the point. It would also be worth experimenting with it on couples, although that could

become part of the research study. I saw this recommendation as being outside the realm of my practicum but certainly one that needs development if the approach is to be proven valid.

I would like now, to draw together my ideas on the usefulness of a model, integrating behavioral and communication techniques in marital counseling. I have emphasized this element over and over again in this report but it needs to be repeated. The necessary ingredient in my experience with working with married couples is that they both have a sense of commitment to the marriage. If that is not there, then I feel you have struck out before you have even started. Such was the case I had with the wife who finally decided on a separation. The knowledge I learned from that case indicated to me the importance of being able to distill from the couple immediately if they are ready and willing to work on improving their relationship.

The element of commitment however, may be seen as a utopia for many marriage counselors. That is, a large percentage of their clients may not feel totally committed but are willing to give counseling a try. With this being a reality and in analyzing the approach I used, I would make the suggestion that a technique be built in to bridge that gap. There should be some way in which the commitment element could be developed so that movement into the other aspects of the approach would flow more smoothly and quickly.

As could be seen from my literature review, my initial intent in this practicum was to use Liberman's behavioral model in my intervention practice. I have already explained my rationale for this but now is the time for reflecting. I still feel strongly that his

underlying assumptions and techniques are efficient in alleviating marital stress. The active and direct role which the therapist takes in the sessions proved to be a challenge for me personally. I have already described the positive feedback which I received from the couples I counseled, and that speaks for itself. I recognize, of course, the numerous extraneous variables which may have played a role in the success of each case but due to my limited case load, there was no possibility of setting up a control group. This alone, may be considered another possible recommendation for future research to a student interested in pursuing the effectiveness of this model. Overall, the behavioral aspects developed by Liberman worked well in my practicum. The ideas of focusing on specific behaviours for change, the constant reinforcement of the positive aspects in the marriage and the compromising and bargaining which took place in the contracting phase are all held in a positive light through this practicum experience.

I must point out, however, that these techniques would not have been as successful if the communication component had not been included and expanded. It was only as I was into the practicum that I began to realize this and decided to extend on Liberman's model. My reasons for this were twofold. Firstly, I experienced difficulties in attending only to the behavioral aspects of the couples' relationship. Although Liberman does have a communication component in his model, I still felt limited. After some deliberation and frustration, I proceeded to move to an integrative approach in my counseling, feeling that the human aspect had to be explored. Secondly, and this is as a result of reflecting back over the entire process, I realized that in order for the couple to be experiencing a poor marital relationship,

they had to be having problems in relating to each other. The developing of their experiences or communication skills is the basis from which work has to start. This can be enhanced through the above-mentioned behavioral techniques but the techniques can not be implemented without first increasing their ability to relate.

Although I have had some success with this model in my practicum experience, a point that can not be overlooked is the number of clients I had and the category into which they fell. By category, I am referring to their middle-class status, their level of education and the fact that on the whole, most persons were able to verbalize without too much difficulty. As a result, my findings may have to be further scrutinized in terms of their generalability. My plan, however, is to test out this approach when I return to the work force with a much broader client population. This obviously will have no bearing on my present writing but I think my recognition of the possible limitations of the approach can be viewed as a positive outcome in itself.

At this point, I would like to comment on the experience of the practicum as a whole, in relation to my initial objectives as outlined in the introduction. There is no doubt in my mind that I have obtained advanced skill in the area of marriage counseling. The opportunity to counsel couples with constant supervision and feedback has proven to be a great asset to me. My decision to change my interventive strategy in midstream has allowed me to develop a framework in which I felt comfortable. There was some doubt in my mind initially, in making this move but I was given support by my advisor and I now feel that the integrative approach has proven helpful for the couples I worked with and has enhanced my own working skills.

My second objective for the practicum was to assist couples seeking help with their marriages. I think the process I described in my second chapter of this report verifies that that work was done. There were frustrating moments for me as well as for the spouses but overall, the outcome results proved positive in terms of their satisfaction with the marriage and the counseling they received.

My third objective was in relation to evaluation of the approach I was to use. I was interested in observing, in a general way, what type of clientele this approach worked with and vice versa. This evaluation had to take into account the number of couples I saw and the agency in which I worked. Again, through this final chapter, I have been able to draw some conclusions on the effectiveness of the model, acknowledging along the way the limitations involved. In descriptively analyzing the couples with which I worked, I suggested that the generalization of the approach was restricted in the practicum but that future testing on a broader scale would result in more diverse and perhaps controversial findings.

The final area which I would like to comment on in relation to the practicum is in regards to my reading program. The vast amount of literature that I studied throughout the year has given me a broader understanding in the areas of marriage counseling, in general, and more specifically behavioral therapy and the communications approach to counseling. As a result, this practicum helped me to determine an approach based on an integrative model for working with married couples. I recognize that there are many areas of research which are still necessary to validate the program. However, at least there is some evidence, based on my evaluation criteria and feedback, that



such a program does hold some potential.

It must be concluded that the goals of this practicum as outlined and revised, were attained. The learning experience for the student conducting the practicum was fantastic. The knowledge acquired during the year and the thought processes required to integrate the material read, have added considerably to the student's ability to contribute to the field of social work through the field of marital therapy.

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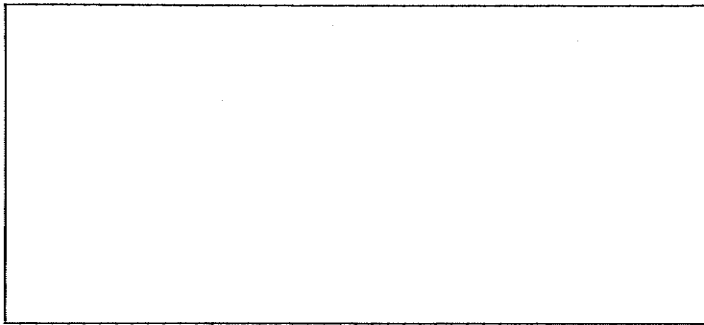
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## APPENDIX

The following questionnaire was given to each person after a decision to continue counseling had been made by them. The counselor instructed all persons to complete only the sections that were checked in the pamphlet. It was also requested that they not confer with their partners in filling it out. The rationale for the use of this particular questionnaire has already been given in the evaluation section of this report and reference can be made back to Chapter Three if necessary.



## MARITAL PRE-COUNSELING INVENTORY

Please take time to fill out this Inventory as carefully and as thoughtfully as you possibly can. You will be asked questions about the way you and your spouse presently get along, the way you see yourself, the kinds of goals which you have set for yourself, your spouse, and your family, and the way in which you and your spouse interact in handling a variety of challenges. In several of the questions you will be asked to think about your situation in a way which is probably very different from the way you have thought about it until now. Please try to adopt this new perspective because, in doing so, you will be able to speed up the effectiveness of the counseling which you are about to receive.

Both you and your spouse are asked to independently answer all questions on this form. Please do not compare or discuss your answers with each other. If possible, please mail back this form at least one week before your first appointment. If you cannot get it to the mail seven days in advance, please bring it with you to your first session.

Thank you for your thoughtfulness and care in completing this form.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (business)

### FAMILY COMPOSITION

	Name	Sex	Date of Birth	Education	Occupation	Living at home?
Husband						
Wife						
Child						
Child						
Child						
Child						
Child						
Child						
Child						
Child						

Other (Relationship) \_\_\_\_\_

Has either spouse married before:

- |                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Husband             | <input type="checkbox"/> Wife                |
| ____ Age at first marriage                   | ____ Age at first marriage                   |
| ____ Age at termination of first marriage    | ____ Age at termination of first marriage    |
| ____ Cause of termination of first marriage: | ____ Cause of termination of first marriage: |



FAMILY LOCATER

Please answer these questions in terms of your perception of how a typical week proceeds.  
 Circle any entry which you would like to see changed.

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
HUSBAND	Time rises							
	Breakfast with family							
	Time leaves in morning							
	Destination							
	Lunch with family							
	Time returns							
	Dinner with family							
	How time spent in eve.							
	Time leaves in evening							
	Destination							
	Time returns							
	Time retires							
WIFE	Time rises							
	Breakfast with family							
	Time leaves in morning							
	Destination							
	Lunch with family							
	Time returns							
	Dinner with family							
	How time spent in eve.							
	Time leaves in evening							
	Destination							
	Time returns							
	Time retires							

A. ✓ Please list ten things which your spouse does which please you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

B. ✓ Please list three things which you would like your spouse to do *more often*. In answering this question and the next, please be *positive and specific*. For example, write "During dinner, ask me how I spent the day" (positive and specific) instead of "Be less preoccupied with himself all the time that we are together" (negative and vague).  
How often did he or she do each of these things in the last seven days?  
How important are each of these things to you?

- |                   |                                                  |                                                                                        |
|-------------------|--------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. _____<br>_____ | It was done<br>____ times in<br>the last 7 days. | Do you consider it:<br>____ very important<br>____ important<br>____ not too important |
| 2. _____<br>_____ | It was done<br>____ times in<br>the last 7 days. | Do you consider it:<br>____ very important<br>____ important<br>____ not too important |
| 3. _____<br>_____ | It was done<br>____ times in<br>the last 7 days. | Do you consider it:<br>____ very important<br>____ important<br>____ not too important |

C. ✓ Please list three things which your spouse would like you to do *more often*, again being positive and specific.  
How often have you done each of these in the last seven days?  
About how often has your spouse asked you to do each of these things during the last seven days?

- |                   |                                                |                                                                     |
|-------------------|------------------------------------------------|---------------------------------------------------------------------|
| 1. _____<br>_____ | I did it _____<br>times in the last<br>7 days. | My spouse asked me<br>to do this _____ times<br>in the last 7 days. |
| 2. _____<br>_____ | I did it _____<br>times in the last<br>7 days. | My spouse asked me<br>to do this _____ times<br>in the last 7 days. |
| 3. _____<br>_____ | I did it _____<br>times in the last<br>7 days. | My spouse asked me<br>to do this _____ times<br>in the last 7 days. |

✓ D. The following questions relate to an assessment of your own resources and the changes which you would like to make in your own behavior.

1. Please list five of your own most important strengths:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

2. Please indicate which aspects of your own behavior you would like to change:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

3. Is there any way in which a positive change in your spouse's behavior would help you to make the changes which you would like to see in yourself?

✓ E. The next series of questions is concerned with your major goals or plans. If you have not already set specific goals or plans, please answer the following questions by indicating which ones you would like to establish.

1. What goals or plans have you and your spouse set for your family?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

2. What personal goals have you set for yourself?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

The next series of questions concerns interests such as hobbies, sports, social organizations, and other pastimes.

1. Please list five interests which *you and your spouse share*. Circle how often you now engage in each of these activities together. You may circle the dash between the time values to indicate, for example, your doing something less than once each week but more than once each month.

	Daily	—	Weekly	—	Monthly	—	Less Frequently
a. _____	D	—	W	—	M	—	LF
b. _____	D	—	W	—	M	—	LF
c. _____	D	—	W	—	M	—	LF
d. _____	D	—	W	—	M	—	LF
e. _____	D	—	W	—	M	—	LF

Now please look back over your list and use an X to indicate how often you would like to engage in these activities with your spouse. (You may, of course, circle and X the same value for any or all of the choices.)

2. Please list five of *your own* interests. Circle how often you now engage in each of these activities. Again, you may circle the dash between time values.

	Daily	—	Weekly	—	Monthly	—	Less Frequently
a. _____	D	—	W	—	M	—	LF
b. _____	D	—	W	—	M	—	LF
c. _____	D	—	W	—	M	—	LF
d. _____	D	—	W	—	M	—	LF
e. _____	D	—	W	—	M	—	LF

Now please look back over your list and use an X to indicate how often you would like to engage in these activities. (You may, of course, circle and X the same value for any or all of the choices.)

3. Please list any new interests which you would like to develop indicating whether you see them as shared interests, things which you would like to do yourself, or both.

a. _____	Shared _____	Personal _____
b. _____	Shared _____	Personal _____
c. _____	Shared _____	Personal _____
d. _____	Shared _____	Personal _____
e. _____	Shared _____	Personal _____

G. The following questions relate to the way in which important decisions are made in your family. Please be certain to answer every part of both questions.

1. In your family, whose responsibility do you think it *usually is now* to make decisions in each of the following areas? Please answer by *drawing a circle* around the appropriate alternative.

	Almost Always Husband		Shared Equally		Almost Always Wife	Does Not Apply
a. Where couple lives	1	2	3	4	5	—
b. What job husband takes	1	2	3	4	5	—
c. How many hours husband works	1	2	3	4	5	—
d. Whether wife works	1	2	3	4	5	—
e. What job wife takes	1	2	3	4	5	—
f. How many hours wife works	1	2	3	4	5	—
g. Number of children in family	1	2	3	4	5	—
h. When to praise or punish children	1	2	3	4	5	—
i. How much time to spend with children	1	2	3	4	5	—
j. When to have social contacts with friends	1	2	3	4	5	—
k. When to have social contacts with in-laws and relatives	1	2	3	4	5	—
l. When to have sex	1	2	3	4	5	—
m. How to have sex	1	2	3	4	5	—
n. How to spend money	1	2	3	4	5	—
o. How and when to pursue personal interests	1	2	3	4	5	—
p. Whether, and if so, which church to attend	1	2	3	4	5	—

2. Now please look back over the way in which you think decisions are now made in your family. Use an X to indicate how you think decisions *should be made* in your family.

H. The following series of questions relates to the level of satisfaction which you usually find in your interaction with your spouse.

1. How happy are you with the way in which you and your spouse usually handle each of the following aspects of your family life? Please *circle* the number which best represents how happy you are in each area.

	Mostly Happy	2	Moderately Happy	4	Mostly Unhappy	Does Not Apply
<input type="checkbox"/> a. Social interaction with each other	1	2	3	4	5	—
<input type="checkbox"/> b. Affectionate interaction with each other	1	2	3	4	5	—
<input type="checkbox"/> c. Sexual interaction with each other	1	2	3	4	5	—
<input type="checkbox"/> d. Trust in each other	1	2	3	4	5	—
<input type="checkbox"/> e. Management of children	1	2	3	4	5	—
<input type="checkbox"/> f. Management of free time	1	2	3	4	5	—
<input type="checkbox"/> g. Management of chores or other responsibilities at home	1	2	3	4	5	—
<input type="checkbox"/> h. Management of finances	1	2	3	4	5	—
<input type="checkbox"/> i. Social interaction with friends	1	2	3	4	5	—
<input type="checkbox"/> j. Social interaction with in-laws and other relatives	1	2	3	4	5	—
<input type="checkbox"/> k. The way spouse manages himself personally	1	2	3	4	5	—
<input type="checkbox"/> l. Management of jobs outside the home	1	2	3	4	5	—

2. Please look back over each question. This time draw an X through each answer which you think your spouse will select in answering each question for himself/herself.

3. Please read over the list of areas. In the blanks at the left of the list, please indicate whether the item is:

1. Most important to you
2. Highly important to you
3. Fairly important to you
4. Unimportant to you

4. Looking back over this list once again, please suggest ways in which a change in your own behavior might improve your satisfaction in any areas which you rated as "4" or "5," that is, less than moderately happy or unhappy.

✓ VI. The following questions are concerned with the ways in which you and your spouse communicate with each other both verbally and nonverbally.

1. How frequently do you think that each of the following statements correctly refers to your interaction with your spouse? Please circle the number which corresponds to your answer.

	Almost Always		Sometimes		Almost Never	
a. My spouse understands what I wish to communicate.	5	4	3	2	1	
b. I feel that I understand what my spouse wishes to communicate.	5	4	3	2	1	
c. I ask my spouse the things which I would like him or her to do for me.	5	4	3	2	1	
d. My spouse asks me to do the things which he or she would like done.	5	4	3	2	1	
e. I express appreciation for the things which my spouse does for me.	5	4	3	2	1	
f. My spouse expresses appreciation for the things which I do for him or her.	5	4	3	2	1	
g. I listen and express interest in the things which my spouse says, thinks, feels, and does.	5	4	3	2	1	
h. My spouse listens to and expresses interest in the things which I say, think, feel, and do.	5	4	3	2	1	
i. I'm comfortable about expressing disagreement with the things my spouse says or does.	5	4	3	2	1	
j. I enjoy just sitting and talking with my spouse.	5	4	3	2	1	

2. Please look back over each question. This time draw an X through each answer which you think your spouse will select in answering each question for himself/herself.

3. Please answer each of the next questions in the most specific possible way indicating exactly how you would like your spouse to communicate each type of essential information. Your answers may include words and/or actions.

a. How would you like your spouse to tell you you are appreciated?

b. How would you like your spouse to request changes in some of the things you do?

0. The following questions relate to the way in which you and your spouse handle your sexual relationship.

1. How satisfied are you with the way in which you and your spouse handle each of the following aspects of your sexual relationship? Please circle the number which corresponds to your answer.

	Very Satisfied		Satisfied		Often Dissatisfied
a. The way in which you decide to have sex together	1	2	3	4	5
b. The frequency with which you have sex together	1	2	3	4	5
c. The variety of your sexual experiences together	1	2	3	4	5
d. The kindness and interest which you display toward each other during your sexual contacts	1	2	3	4	5
e. The ways in which you and your spouse talk about sex in order to develop better ways of pleasing each other	1	2	3	4	5

2. Please look back over each question. This time draw an X through each answer which you think your spouse will select in answering each question for himself/herself.

3. Looking back over your list, how do you think that a change *in your own behavior* could improve your experience in these or any other areas of your sexual experience?

4. Please list the qualities which you would most like and least like to experience in sex.

Most like to experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Least like to experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



K. These questions concern the decisions which you and your spouse make in managing your children. If you have no children, please check here [ ] and go on to the next question.

1. Listed below are nine goals for the behavior of children and adolescents. Please read through the entire list. Then, in the blanks next to each goal, please identify the *three* items of first priority *to you*, and write a "1" in these three blanks. Then do the same for second and third priority items, writing "2" or "3" in the blanks. When finished, you should have indicated three first, second, and third choices each. Please choose only three items for each rank.

\_\_\_\_\_ Your child should behave honorably by telling the truth and meeting responsibilities.

\_\_\_\_\_ Your child should show respect for his parents.

\_\_\_\_\_ Your child should keep himself neat and clean.

\_\_\_\_\_ Your child should share his parents' religious beliefs.

\_\_\_\_\_ Your child should work hard and achieve academically in school.

\_\_\_\_\_ Your child should be well liked by his friends.

\_\_\_\_\_ Your child should be kind to his brothers and sisters and to people in general.

\_\_\_\_\_ Your child should behave well in school socially.

\_\_\_\_\_ Your child should act as though he were reasonably happy much of the time.

2. How likely is it that you and your spouse will agree on ways to manage day-to-day situations involving your children?

	Almost Always		Sometimes		Almost Never
a. We agree when and how to praise the good things our children do.	1	2	3	4	5
b. We agree on how to respond to our children's requests for money or privileges.	1	2	3	4	5
c. We agree on what our children's responsibilities should be.	1	2	3	4	5
d. We agree on when and how to punish our children's problematic behavior.	1	2	3	4	5
e. We try to support each other when one of us praises or punishes our children.	1	2	3	4	5
f. We manage to keep our children out of our arguments.	1	2	3	4	5

3. Please list the three rules you have set for your children which you consider to be most important.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

L. These questions concern your general commitment to and optimism about your marriage. Please answer them with your present feelings in mind, leaving out of consideration the way you used to feel or think that you should feel.

1. Everything considered, how happy are you in your marriage?	95%+	75%	50%	25%	5%—
2. Everything considered, how happy do you think your spouse is in your marriage?	95%+	75%	50%	25%	5%—
3. Everything considered, do you expect to become happier as time goes by?	95%+	75%	50%	25%	5%—
4. Everything considered, do you think that your spouse expects to become happier as time goes by?	95%+	75%	50%	25%	5%—
5. How committed are you to remain in your marriage?	95%+	75%	50%	25%	5%—
6. How committed do you think your spouse is to remain in your marriage?	95%+	75%	50%	25%	5%—
7. What proportion of the time spent with your spouse is happy for you?	95%+	75%	50%	25%	5%—
8. What proportion of the time which your spouse spends with you do you think is happy for him or her?	95%+	75%	50%	25%	5%—
9. Everything considered, do you expect to continue to grow personally as time goes by?	95%+	75%	50%	25%	5%—
10. Everything considered, do you expect your spouse to continue to grow personally as time goes by?	95%+	75%	50%	25%	5%—

M. Please list any other positive changes which you would like to see in any aspect of your marriage, family, or personal experience not covered by other questions on this Inventory. Use the back of this sheet if you need more space.

Thank you for thoughtfully answering the questions on this Inventory. Please read over your answers to make certain that you have answered each part of every question as accurately as possible. Then please mail it back if it is at least one week prior to your first appointment. If it is less than one week until your first appointment, please bring the Inventory with you.