EVIDENCED BASED PROCESS FOCUSED COUPLE THERAPY

Presented by

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Program Outline Day 1

- Introductions
- Overview of the 2 day program
- Introducing the stages of couple therapy
  - *Onboarding*
  - *Assessment*
  - *Formulation*
  - *Case Planning*
  - *Feedback*
  - *Healing the past*
    - Managing resistance
    - The power of meta-conversations
  - *Attuning to the present*
  - *Creating for the future*
  - *Relapse prevention*

2

What is Process?

- Content consists of what is being said—the data and information. Process is the manner and intent by which the content is shared. In short, content is the what ; process is the how.
- Weeks, Gerald R.; Fife, Stephen T.. Couples in Treatment (p. 68). Taylor and Francis. Kindle Edition.

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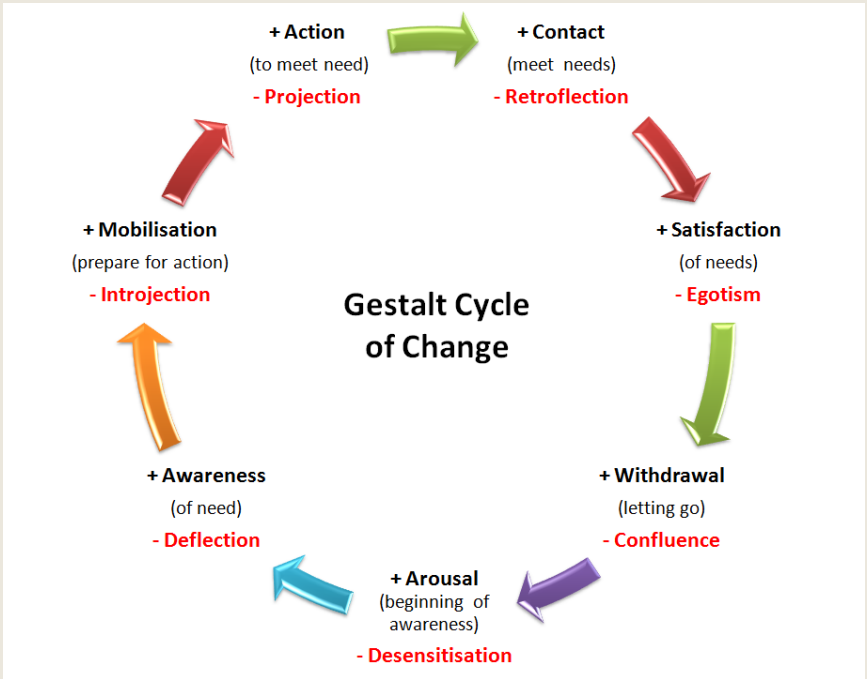

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Resistances in the Cycle

Desensitization	shutting down and numbing, feelings are diluted, disregarded or even neglected. The self experience of the individual feels anaesthetised and deadened –protecting sensory overload
Deflection	A means to turn aside from direct contact. It is a way of reducing one's awareness and feedback from self, others or the environment.
Introjection	'swallowing whole with little discrimination, differentiation, tasting or comparing-fixed conceptions of self, family, others, the world-the rule bound shoulds
Projection	Attitude, feeling, belief or behaviour which actually belongs to your own personality but is instead attributed to objects or persons in the environment and then experienced as directed towards you by them
Retroflection	There are two types of retroflection – the first is when you do to yourself the thing you wish for someone else. Another kind of retroflection is when you do to yourself the thing which you want to have done for you by others.
Egotism	Is stepping outside of yourself and becoming a spectator or a commentator on yourself and your relationship with the environment, *not being truly in the experience.*
Confluence	Phenomenon where one is not differentiated from the other. The boundaries are blurred. Two individuals merge with one another's beliefs, attitudes or feelings without boundaries

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Presentation in Therapy

Resistances	Client Presentation	Therapist intervention
Desensitization	I don't know, I feel numb, boredom, inactivity, sensory dullness. Extreme end is catatonia, body rigidity,	To awaken - wake up senses. Education of the senses, i.e. - recovery of sensing, through sensory awareness and direct work on and with the body. (Reichian therapy, polarity therapy, Directed awareness in here and now
Deflection	Doesn't worry me, I don't care, what do you think?, its and buts, using humor, intellectualizing, generalizing, , denial of affect	Redirect and explore functions of deflection and staying in the moment, exploring affect
Introjection	Pleasing, placating, excessive "I-should's" Should, can't, ought, Not wholeheartedly accepting or rejecting.	Identifying, owning and accepting feelings. Separating I want, I need, I like, I prefer from what others, society, want from me. Changing shoulds and oughts to I wants. Accepting consequences if not living up to other's expectations and taking risk of "hurting others."

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Projection	you-shoulding, blaming, experiencing others as angry, hostile, unloving, etc. Self -fulfilling via prophecy - because I believe you hate me. I hit you, you hit me back. I say, "Aha. I knew it all the time.' The provocateur, and saboteur. Language - using you instead of I, them instead of we.	**Help other to own/responsibility for his own thoughts, feelings, ideas, beliefs, etc.** **a) To use "I" instead of "you" language.** **b) Change "you should" into "I should."** **c) Differentiate values from moralism; turn the moralism (which is a projection) into a retroflection (I demand this of myself).** **d) Turn "You are controlling me" into "I want/need to control myself."**
Retroflection	Do to yourself, what you would like to do to others or do to yourself what you would like others to do to you (stroke, pat, hug, pinch, yourself). Conflict is avoided, Self-, psychosomatic illness. Over consideration, fear of hurting others so no action taken. Martyrdom. Personality split into "doer" and "done to."	Identify retroflections as messages of self to self about what self needs to do. Express resentments. Guilt is reversed resentment. Learning to get it from others, i.e., ask for help, love, etc. Body work, loosening the body and breathing
Confluence	belief there is no difference between self and other person, self and environment. Clinging, hanging on behaviour; obliteration of differences; loss of sense of self, we are the same "I'll die if you leave me,"	Develop boundaries, experience differences. e.g. How are the same and different

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Engaging your couple

- Enquiry procedure
  - *What happens?*
  - *Impact on couple?*
  - *Impact on therapeutic alliance?*
- Intake process
  - *What happens?*
  - *Impact on couple?*
  - *Impact on therapeutic alliance?*
- Impact of any prior therapy?
- Initial presentation
  - *How are your couple feeling?*
  - *Assessment starts here – what do the couple need to feel safe?*
  - *How do you begin?*

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Stage 1 - Therapeutic Assessment

Therapeutic assessment is a psychological assessment procedure that aims to help people gain insight and apply this new insight to problems in their life.

It is an intervention on its own and it is the first phase of treatment.

- What are we assessing?
- What to look for
- Questions to ask
- Psychometrics or not
- Managing Mental Health Concerns
- Dealing with betrayal
- Dealing with addiction
- Dealing with domestic violence

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Formulating and Treatment Plan

Formulation is a process for identifying and understanding client problems and hypothesizing approaches to creating positive change. Which framework do you use?

- Biopsychosocial – see handout
- Narrative – see handout
- Gottman – see handout
- EFT-C – see handout
- A mix – see handout

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Case Study

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Feedback

- Psychoeducation
- Shared Insights
- Sharing the NIC
- Setting collaborative goals
- Socialising couple to process of therapy
- Demonstration
- Q&A

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Stage 2 – Therapeutic phase

- Beginning the therapeutic process
  - framing the discussion
  - the shape of a session – explore, attune, create/integrate
- Set up interventions and step in interventions
- De-escalation – 4 horsemen and self-regulation interventions – catch the bullet – increasing awareness moment by moment
- Sliding into criticism and falling out of attunement.
- Stay in affect not in content
- Integrating FOO and attachment insights to increase self-awareness
- Demonstration
- Role-play
- Q&A

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Day 2

Trauma	Processing Betrayals	Atonement
Surfacing (Healing the past) Processing Bridge back (Attuning in the present Corrective emotional experience Moving forward (Creating for the future)	*What is betrayal?* *The AAA model*	*Goals* *Process* *Interventions* *Demonstration* *Practice* *Q&A*

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Attunement

- Goals
- Interventions
- Demonstration
- Role play
- Q&A

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What happens when …?

Case discussions

- Trauma
- Depression
- Anxiety
- Crises
- Other issues

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Attachment/Consolidation

- Phasing out therapy
- Relapse Prevention strategies
- Termination
- Q&A

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References and helpful Reading

Finn, Stephen E; Tonsager, Mary E (December 1997). "Information-gathering and therapeutic models of assessment: Complementary paradigms" (PDF). *Psychological Assessment*. **9** (4): 374–385. doi:10.1037/1040-3590.9.4.374.

No Visible Bruises – Snyder (Coercive Control)

Come As You Are – Nagoski (Sex)

The Marriage Clinic – Gottman

A new science of Family and Couple Therapy – Gottman

Becoming an EFT Therapist – Johnson

After the Honeymoon – Wile

Helping couples heal from infidelity – Baucom, Snyder and Gordon

Couples and Addictions - https://mindfulrecovery.com

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Biopsychosocial model of formulation

	Biological	Psychological	Social
Predisposing	• What was their temperament at birth? • What do we know about their consistent personality characteristics? • Is there a family psychiatric history? • Are there toxic exposures in utero, birth complications, or developmental disorders? • Is there a history of concussions or traumatic brain injuries? • Neurodevelopmental history	• What is their attachment style? • How did their family act and what is the family structure (i.e. - did the patient model their parent's behaviours, or did they rebel against their parent's behaviours – you either "act like your parents" or "act the opposite of your parents because you don't want to be like them")? • Do they have problems with affect modulation? • Do they have a rigid or negative cognitive style? • Low self-image/self-esteem?	• Poverty, low socioeconomic status, teenage parenthood, or poor access to health care? • Childhood exposure to maternal depression, domestic violence, late adoption, temperament mismatch, or marital conflicts? • Immigration history, marginalization, discrimination, or racism? • Exposure to antisocial personality/traits
Precipitating	• Serious medical illness or injury? • Increasing use of alcohol or drugs? • Medication non-adherence? • Pregnancy or hormonal changes? • Sleep deprivation?	Stressor that activate one or more psychological processes: • **Cognitive**: core beliefs and cognitive distortions • **Dialectical**: emotional dysregulation and dysfunction • **Interpersonal**: grief, loss, disagreement, change/transitions • **Psychodynamic**: unconscious conflicts/defenses, and unconscious repetition of early relationship patterns (psychic determinism)	• Loss of or separation from close family, partner, or friends • Interpersonal trauma • Work/academic/financial stressors • Recent immigration, loss of home, loss of a supportive service (e.g. - respite services, appropriate school placement) • Is the individual's current experience/symptoms similar to a past situation (i.e. - "history repeating itself")? For example,

			they might have had a loss, separation etc. in the pas
Perpetuating	• Do they have a chronic illness, functional impairment caused by cognitive deficits, or a learning disorder? • Lack of medication optimization (suboptimal doses) • Lack of treatment or follow up for mental illness • Current substance use? • Chronic medical problems, chronic pain, or disability? • How is patient responding to hospitalization? • What are the degree of the symptoms right now?	One or more perpetuating psychological processes: • **Cognitive**: chronic negative thoughts and reinforcing environment • **Dialectical**: help-seeking and help-rejecting, chronic emotional dysregulation and poor distress tolerance • **Interpersonal**: Chronic/unresolved dysfunctional relationships, interpersonal conflicts, or role transitions • **Psychodynamic**: recurring themes throughout one's life, chronic primitive defenses • What are their beliefs about self/others/world? What ideas have they internalized? • Are there self-destructive coping mechanisms, or traumatic re-enactments? • Ongoing poor coping skills, limited or lack of insight? • Personality traits (e.g. - unable to maintain consistent interpersonal relationships in borderline personality disorder) • How is their attachment style playing out in this particular situation?	• Chronic marital/relationship discord, lack of empathy from family/friends, developmentally inappropriate expectations • Chronically dangerous or hostile neighbourhood, trans-generational problems of immigration, lack of culturally competent services • Ongoing transitions and stressors • Poor finances or working long hours • Isolation, unsafe environment

Protective	• Good overall health • Absence of family psychiatric history • What is their response to medications (good response/no response, did they achieve remission, are they optimized on current medications)? • Do they have above-average intelligence, easy temperament, resiliency, specific talents or abilities? • No substance use is a protective factor	• Do they have ability to be reflective or modulate their affect? • Do they have ability to mentalize (see other's perspectives)? • Do they have a positive sense of self, or adaptive coping mechanisms? • Psychologically-minded, reflective, and capacity to change thinking patterns? • Have they previously responded well to therapy? • Good coping skills, good insight?	• Positive relationships, supportive community, and/or extended family/friends? • Religious/spiritual beliefs • Good interpersonal supports • Financial/disability support • Has an outpatient healthcare team: GP, psychiatrist, social, or case worker?

Narrative Formulation

1. [Patient] presents with a [diagnosis]. They are *biologically* predisposed because of [reasons]. They struggle with the following [psychological difficulties]. Their underlying temperament is [temperament], which further exacerbates the symptoms.

2. Furthermore, the patient's difficulties can be understood as arising from the following developmental processes:

    - Childhood/adult trauma (if any)
    - Attachment style

3. … which has led to the following thinking patterns:

    - About themselves
    - About others
    - About the world

4. … and the [precipitating event] is connected to their underlying struggles in the following way:

    - e.g. - depression was brought on by the:
        - (i) death of their spouse
        - (ii) stopping medications
        - (iii) loss of job
        - (iv) re-experiencing of trauma

5. They have the following: [protective factors]

Example:

1. Jane Doe presents with a diagnosis of borderline personality disorder and history of depression. She is *biologically* predisposed, with a family history of depression and alcohol use disorder in her immediate family members. She struggles with the following *psychological* difficulties, including fears of abandonment. Her underlying temperament is anxious, which further exacerbates her symptoms.

2. Furthermore, the patient's difficulties can be understood as arising from the following developmental processes:

    - Her underlying history of experiencing trauma and sexual abuse at a young age
    - A history of invalidating experiences in childhood

3. … which has led to the following thinking patterns:

    - That she is not deserving of love or close relationships, a core belief of her being "unlovable", and that self-harm is the main way of coping with stressors
    - That others may leave or abandon her any time, increased rejection sensitivity, and a future fear of being rejected
    - That the world can be a fearful and scary place

4. … and her being fired from her job is connected to her underlying struggles in the following way:

    - After being fired from her job, she experienced strong feelings of rejection, and was unable to cope with this major stressor. This may have reactivated/exacerbated her emotional dysregulation, and resulted in negative coping styles such as her self-harming and suicidal ideation. She also appears to use alcohol as a way of managing distressing emotions, but does not have any psychological coping strategies. This has further exacerbated her alcohol use disorder.

5. She has the following protective factors, including a supportive psychiatrist and friend. She has also previously responded well to psychotherapy and appears to be psychologically-minded.

Sarah - 47 yo - Fantasy writer - 3 children Bill 12, Grace 15 and Toby 17

Steven - 45 yo - lawyer - together 18 years

Client ID#: Date:

Gottman Treatment Plan

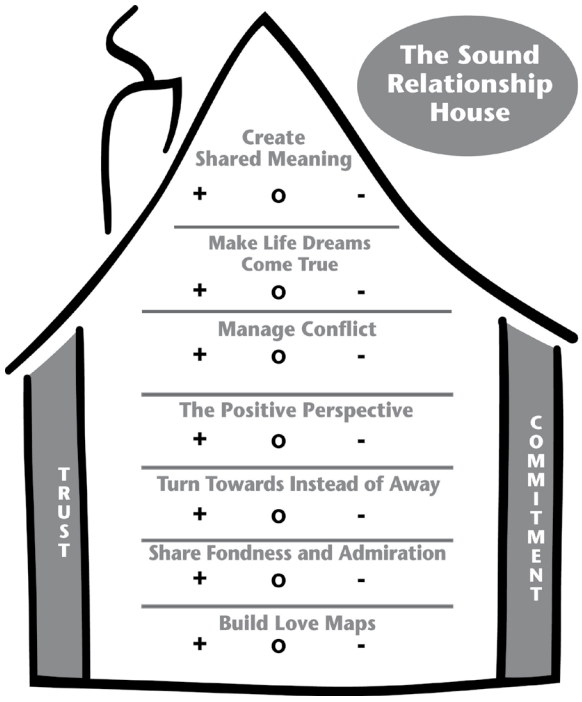
Areas of Strength

Global satis	Housework/childcare
WC	Fun
Love Maps	Spirit
Chaos	Children
Trust	Gridlock

Notable History:
(abuse, trauma, affairs, family origin, relationship)

Sarah - Adopted at birth, punishment/threatened if spoke about adoption, emotionally distant parents, strict religion, corporal punishment, rape at 23, no previous committed relationships, birth trauma Grace.

Steven - father alcohol, abusive (verbal), mother used children as protection, 3 pror commited relationships 1 with male, 1 with female, both abusive - male physical, female emotionally



Co-morbidities

Sarah - avoidant attachment, trauma? - rape and birth experience, untreated, alcohol dependence?

Steven - anxious attachment, DV trauma?

Presenting Problems:

Both	Sarah	Steven
Rels		
Marital Adjustment	F&A	Jealousy
Finances	Freq sex	Distressing events
TT	4 H	
Symbols	Accept Inf	
Satis	Comp	
Passion	Repair	
Qual sex	Values/goals	
Emo Dis	goals	
Meta E		
Harsh SUP		
Flooding		
NSO		
Fam Hist		

Preliminary Treatment Goals:

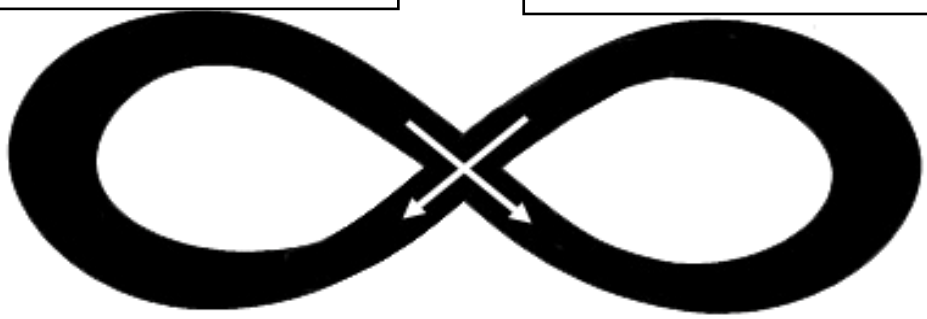
NIC; What I need to feel closer and more connected; Impact of alcohol - flirting - distressing events; Finances - meaning, goals, fears; Meta-E interview; F&A and sex.

The Negative Interaction Pattern

Name: Sarah - 47 yo - Fantasy writer - 2 children Bill 13, Grace 15 and

Name: Steven

Behaviours	(what they do or say)	Behaviours
1d. Gives him 'the eye'; Sarcasm 'Yes dad!' 2d. Counterattacks - 'Why can't you ever just let me have fun?' 'Why are you so needy?' 3d. Pushes him away; Refuses to leave; Raises voice;		1a. Asks Sarah to 'tone it down'; 2a. Questions - 'why do you do that?' "Why can't you see my point?' 3a. Tries to make her leave; takes her arm to lead her away;
Perceptions	**(What they think of each other)**	**Perceptions**
1c. He thinks I'm childish; I'm too much; Our relationship is dying; 2c. He thinks he is better than me 3c. I have to stay away; He will 'overcome' me (rape trigger/)		1f. She acts like one of the kids; I'm the only responsible one here; (Never thinks there is a problem with the relationship) 2f. She doesn't get me; she thinks the worst of me; I am doing my best to keep us (the relationship) safe; She is drunk and unreasonable; I have to save her; 3f. I have to leave; I can't help her like this; I'm a failure
Secondary Emotions	**(The emotion they show)**	**Secondary Emotions**
1b. Feels judged/disapproved of (triggers FOO) 2b. Feels patronised - angry, hurt; 3b. Feels controlled - panic, fear		1e. Feels criticised/belittled - irritated; 2e. Feels misunderstood, misjudged - hurt, sad; 3e. Feels embarrassed, rejected, in danger - confused, hurt, helpless



Primary Emotions	(What they are really feeling)	Primary Emotions
Fear		Grief
Unmet Attachment Needs		**Unmet Attachment Needs**
Unconditional acceptance - I am ok just the way I am Trust - I can trust you have my back without controlling or taking advantage of me		Appreciation - I am a good man, doing my best; Trust - I have your best interests at heart Safety - We will never break

Formulation and Case Plan

Relevant demographic information
P1: Sarah – 47 years old – fantasy author – 3 children Billy 12, Grace 15, Toby 17
P2: Steven – 45 years old – lawyer – together 18 years married 14 years

Strengths
P1: Resilient, bounces back quickly, affectionate, committed, organised, motivated, trusting
P2: Hard worker, doesn't give up, committed, accepts influence, interested
Relationship: Mostly satisfying for both, good commitment, supportive

Relevant historical influences
P1: Adopted at birth, punishment/threatened if spoke about adoption, emotionally distant parents, strict religion, corporal punishment, rape at 23, no previous committed relationships, birth trauma Grace.
P2: Father alcoholic, abusive (verbal), mother non-protective, 3 prior committed relationships, 1 DV, 1 emotionally abusive
Relationship: Moved very quickly – living together within 2 months, immediate pregnancy, high stress, unsupportive families – has improved, birth trauma with Grace unresolved; hurt feelings re engagement and wedding unresolved; honeymoon 'disaster';

Attachment style
P1: Fearful Avoidant – 'I want to be close but he is gets too intense' H: triggers rape trauma?
P2: Anxious – 'If she is ok then I am ok' – 'I have to keep her (and the kids) safe' – H: mother's failure to protect?

Problematic MH
P1: Untreated trauma? Alcohol dependence?
P2: Interpersonal sensitivity

Current Issues
P1: Not enough affection, sex, escalating arguments, job stress
P2: Emotional distance, feeling rejected, not good enough, use of alcohol, flirting, insecurity

Preliminary Treatment Goals
Understand their negative interaction cycle (NIC)
Conversation – What I need to feel closer and more connected
Impact of alcohol – flirting – distressing events
Increase turning towards, fondness and admiration
Sex

Couple Case Consultation ProForma

Names (can be pseudonyms)

Partner 1 Belinda **Partner 2** Joseph

How many years together? 22 years Married? Yes/No. If Yes, how long? 20

Occupations:

Partner 1 Primary School Teacher Partner 2 Locksmith

Children. Yes/No. If Yes, names and ages
David (14) Michael (12) Daisy (9)

Oral History Summary:

Presenting issues

- J had a brief physical affair with a female work colleague
- Negative interaction patterns leading to avoidance of issues and problems in the relationship
- Difference in future planning, security and stability

(An assessment of Joseph's suicide ideation rated the risk low and not current)

Timeline of important/relevant couple events (both positive and negative):

- Upon meeting the couple spent 6 months as friends before dating
- The wedding and honeymoon are significant highlights for the couple
- First born child was premature and lived for 12 hours, both report this a truly tragic experience and the supported each other well through this period
- Discovery of J affair
- Both experience the build-up of negative events, their avoidance and eventual resolution-this cycle has been an ongoing pattern.

Partner 1 History:
Family of Origin brief summary:

- Parents were together for 23 years, highly volatile relationship with M displaying very unpredictable and aggressive behaviours. F was passive and attempted to be the peace maker with little success. B reports police frequently visited their house because of her mother's volatility.
- B is the middle child with 4 siblings. During escalated parental conflict she would shepherd her younger siblings outside and play with them
- B reports going to her F for comfort
- When she became older, she would spend a majority of time at friends' houses
- B was very active in sport and recreation activities at school with no accounts of bullying.
- Parents divorced in her late teens

Important life events (both positive and negative):

- B grew up in a highly volatile family environment
- B first born child was premature and lived for 12 hours
- She studied teaching after her third child and teaches in a primary school
- B reports moving in and out of depression and anxiety over many years, has found therapy and a range of CBT strategies useful.
- The affair discovery created great shock and she is struggling with the hurt

Partner 2 History:
Family of Origin brief summary:

- Both parents came from economic disadvantaged backgrounds and work in factories
- J spent majority of time with his grandparents and formed a strong attachment with them
- He reports that his parents never came to school events
- J completed year 12 but reports he attended for the social aspect rather than the academic side -no bullying was experienced
- He reports his parents placed very few boundaries or conditions on him and from the age 12 he was fundamentally on his own with little scrutiny, support or guidance

Important life events (both positive and negative):

- J started to smoke cannabis at the age 12-13y and into his early 20's
- J started accessing online pornography at the same age and this behaviour has continued
- J reported his mother found a large quantity of cannabis in his room at the age of 14 and simply said don't tell you father to keep the peace. He expressed confusion at the

time with his mother's approach to this. After this event he would often be at the dinner table stoned and neither parent seemed to notice.

Formulation:

Couple Negative Cycle

Name: Belinda (Pursuer)	**Name:** Joseph (Withdrawer)
Behaviours	**Behaviours**
Generally, raises issues calmly unless ignored	Minimizing, defensiveness/excuses,
Increase HR, louder voice, shouts, harsh start up	Withdrawal, deflecting,
Swearing, critical	
Perceptions	**Perceptions**
It's not fair, I'm the adult he's the child	She treats me like a child
He doesn't care,	Why do I forget thing-I'm stupid
I wish he knew how much this hurts me	
Secondary Emotions	**Secondary Emotions**
Anger, frustration,	Frustrated, annoyed, stressed, overwhelmed
Primary Emotions	**Primary Emotions**
Disrespected, abandonment,	Fear, Sad, Shame/guilt
Sad	Loneliness
Unmet Attachment Needs	**Unmet Attachment Needs**
Safety, security, trust	Respect, acceptance, connection

Summary of Treatment so far:

The couple attended 2-day marathon therapy and a three monthly follow up session

Healing the Past

- The infidelity was processed using the Atone, Attune, Attach treatment approach with a restorative dialogue (Rapoport Conversations) being used. Importantly in this process a focus was held on the telling of the whole story rather than the drip feed that was

previously occurring, creating space for B's questions to be asked and answered assisting in creating a coherent narrative about how the affair occurred. A thorough understanding of the impact of J behaviour on B was unpacked and a deeper atonement/sorry emerged. Transparency, accountable and trigger management were explored and agreed upon.

Attune the Present

- Identification of the couple's negative interaction cycle and deeper understanding for each other's experience in the NIC, family of origin influences and unmet attachment needs in their interaction pattern. Further strategies were explored to de-escalate negativity such as flooding and ritual break, impact of the 4 horseman and the antidotes and increasing their capacity to repair negative interaction.

- Rebuilding of the friendship system included a range of activities including conversations about how to build safe emotional connection and closeness in the relationship, Gottman card decks such as open-ended question, love map and ritual of connection cards, Stress Reducing Conversation, I Appreciate Activity, State of the union conversation and introduction to the Magic Six Hours

- Exploring the gridlock difference the couple experience in career pathways and financial security in their relationship using the Dreams with Conflict intervention

Creating the Future

- Exploration with the couple about the legacy they are trying to create for themselves, the relationship and their family using visualization activities.
- Development of rituals of connection for the couple and family that include daily, weekly and yearly activities

Trauma/Trigger HAC process

Step	Couple	Therapist	Process
Surfacing (Healing the past)	Begin to talk about a current issue	Has a hypothesis formed based on the assessment; Listens carefully for the emotion laden content	Socratic questioning to explore vulnerable feelings in that situation: *What's that like for you?* *How does that feel?* *How does that feel in your body?* *Where in your body do you feel that?* *What's really distressing for you about this?*
		Summarises the pattern	So when *X* is happening/being said, you feel *name the feelings A has described* and then you *describe the behaviour* and when that happens you feel *describe B's feelings.* Have I got that right?
	Partner A identifies the trauma moment	Begins to explore	Can you remember the first time in your life you felt this way? Or Float back in your memory to a time growing up when you had the same feeling … a time when you were upset like this and someone else was there.
	Partner A explores the moment	Deepens Empathises Validates	*What is going on in that moment?* *Who is there with you?* *How old are you?* *What is little X doing? Thinking? Feeling?* *That must have felt so sad/scary/lonely*

Step	Couple	Therapist	Process
Making Sense		Helps make sense of the experience	*What does little X do with that? That makes so much sense to feel so scared and to want to run and hide If little X wasn't going to hide in that moment what would they need? Yes, that sounds perfectly right, he/she needs (whatever A says) How does little X try to get his/her need met?*
		Summarises and brings past and present together	*So it sounds like when you were little and things got noisy, chaotic, and felt out of control, you felt scared and panicked and you had this uncontrollable urge to run, to hide and so even now when things in your household gets loud and chaotic you again feel that lack of control and your brain screams at you to get away, that's all you can hear in your brain, you can't think or process anything that's going on, all you can hear is the demand to 'RUN'*
Explore the current impact on the relationship (Attune in the moment)		Brings Partner B in to attune	*When you hear all that, what happens to you? How do you feel?*

	Partner B shows empathy	Keeps Partner B focussed on A's experience and works to create a corrective emotional experience	*What do you want to say to your partner about their experiences?* *What does that say to you about what happens now when things get loud and chaotic in your home?* *What is your new understanding of what happens in you home now?*
	Gently explore their own part in their current conflict	Guides the conversation to shared understanding and repair and a corrective emotional experience	*What's your part in the issue?* *How do you contribute to the disconnection?* *What do you want to say/acknowledge to your partner about your part in this?*
Explore and Identify needs (Create for the future)	Identifies their emotional needs	Guides and shapes the conversation to ensure realistic and actionable needs are identified and shared	*When things begin to erupt what do you need from yourself, from your partner, as a couple?*
Plan	Begin to brainstorm how they can manage these trauma triggers and symptoms in future	Continues to guide and shape the conversation to a mutual, realistic outcome	*What would have to happen for you to feel like your needs were being met?*

Couple Case Consultation

Names (can be pseudonyms)

Partner 1 Tony - 47 **Partner 2** Helen 43

How many years together? 22 years Married? Yes/No. If Yes, how long? 20

Occupations:

Partner 1 Photographer Partner 2 Homemaker

Children. Yes/No. If Yes, names and ages
Tobias (16) Grace (14) Evie (11)

Oral History Summary:

Presenting issues

- Tony and Helen describe issues in parenting style that are getting worse as the kids get older;
- Helen reports that when the kids are arguing, yelling, playing loud music or rumbling – making thumping noises, Tony (not his real name) "over-reacts" – she reports Tony yells at them, says nasty things, screams at them to stop, hits himself in the head and eventually leaves the house and can be gone for hours. Once he returns he is silent and angry and she believes he is blaming her for what happened.
- Tony reports he 'doesn't know why he does it', he says things like: "I just can't think, my brain doesn't work, there is something wrong with me, my brain is full of fog, I can't control anything, I have to get out".

Timeline of important/relevant couple events (both positive and negative):

- Upon meeting the couple spent 2 years travelling and working overseas – they described this time as 'magical' and 'fun'.
- They similarly describe their wedding and honeymoon as magical, deeply bonding experiences.
- They agree the problems began just after their first baby was born, Tony found it difficult to cope with the baby crying for any length of time, he would take himself away to another part of the house or outside where he could not hear the noise;

- This led to ongoing arguments between them with Helen complaining about his lack of support and feeling like she was a single parent and Tony feeling unfairly criticised as he reports spending 'loads of time playing with them and taking them places to give Helen a rest'.
- They report the other major issue in their relationship is Tony's 'obsession' with tidiness, although Helen reports this is less of an issue for her than Tony's behaviour with the children.
- They demonstrate genuine fondness and admiration for each other and a strong desire to stay together with high levels of trust and commitment.

Tony's History:

Family of Origin brief summary:

- Tony was the youngest of 4 boys.
- His nearest siblings are 8 and 9 years older than him.
- His parent separated when he was approx. 7 years old and he and his next two siblings stay with his mother whilst his elder brother moved in with his father;
- Describe the household from this point forward as 'full of violence, yelling and noise';
- Reports regular fights between his brothers that often involved punching, yelling, furniture and walls being damaged an dhis mother being verbally abused;
- He describes his memory as 'not being good' but that he has a strong memory of it being a loud, chaotic and unsafe household.

Important life events (both positive and negative):

- grew up in a highly volatile family environment;
- won a prestigious photography award at 19 years of age that led to traveling and studying overseas where he met Helen;
- has won numerous awards since;
- Is proud of the success he has had as a professional photographer and the life he has built for them as a family.
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Helen's History:

Family of Origin brief summary:

- Eldest daughter, two sisters;
- Describes childhood home as fun, loving, easy-going;
- Parents still together, live nearby, are a big help to them;
- Nil reports of negative events during childhood or high school
- One previous boyfriend at age 18 who was 'a bit handsy and pushy' but her father 'sorted him out'

Important life events (both positive and negative):

- Meeting Tony was the most exciting thing in her life 'he was so alive and brilliant'
- Travelling together and really getting to know each other 'he was always there for me'
- Nil reported negative events.

Summary of Treatment so far:

The couple have completed the Gottman assessment phase and are about to begin their first treatment session.

The therapist asks: What would it be useful for us to work on today?

Helen reports she would like to talk about a recent event when Tony "lost it" when their 16-year-old son returned home late from visiting with friends and had engaged in an aggressive yelling match with her. She says she looked to Tony for support, but he had 'disappeared'. She eventually found him in the garage on the floor with his head in his hands sobbing.

Tony reports that hearing his wife and son screaming at each other he 'just couldn't bear it any longer' and had to get out. He reported he felt panicked, helpless, and afraid. He says "My brain just seemed to shut down and I couldn't make sense of anything, I just had to get away."