MHS 6440 - Marriage Counseling
Thursdays 1-4 pm
Fall 2013

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This course will introduce participants to selected marriage models that reveal marital dynamics nurturing both “normal” (functional) and “abnormal” (dysfunctional) coupling patterns...& propose ways of thinking about those patterns that generate a variety of intervention options useful in the treatment of couples-in-crisis who are experiencing various degrees of danger and opportunity.

Course Goals

◆ Review briefly the history of Marital Counseling and Therapy, with an emphasis on the cybernetic foundations of eco-systemic practice (Brad Keeney);
◆ Provide a review of selected concepts & practices relevant to the practice of Marital therapy: Seven Principles (John Gottman), Emotion-focused (Sue Johnson), Marital Conflict (Bowen/Guerin), & Solution-oriented (deShazer/Berg);
◆ Inspire student development of an initial working model of each of the above couple & marital therapies that is informed by their growing knowledge of the professional literature and by their classroom experiences;
◆ Encourage student appreciation for the benefits of these meta-frameworks as aids in treatment planning & intervening in couple & marital therapy;
◆ Provide vicarious experiences in using meta-frameworks to analyze video-taped case examples presented in class;
◆ Provide direct experiences practicing selected frames of reference & therapeutic interventions in classroom role-play exercises;
◆ Gain an introductory familiarity with the professional research literature relevant to couple and marital therapy.

**ALERT**
This course will include extensive reading in each theory promoted, audio, video, & role-play glimpses of sensitive material to demonstrate theories-in-use, guest lecturers as opportunity presents, intense discussions, & live demonstrations of sensitive material. Enrollment indicates a willingness to actively participate & to honor the privacy of those who have shared so all of us can learn. Should there be particular concerns, please talk with the instructor.
TEXTS


ON RESERVE AT NORMAN LIBRARY


ADDITIONAL SUGGESTED RESOURCES


MINIMUM EXPECTATIONS FOR "A" LEVEL PERFORMANCE:

1. Regular ATTENDANCE and PARTICIPATION in each class.
2. Completion of the assigned READINGS in the required texts and handouts.
3. Satisfactory completion of THREE LEARNING LOGS, due SEPTEMBER 18, OCTOBER 16, and NOVEMBER 13 (See Outline at the end of the syllabus).
4. Conduct an ACTUAL INTERVIEW with a married couple using either structured interview format.
5. Brief REPORT summarizing the significant highlights of the MARITAL INTERVIEW regarding how the couple solved disagreements & what the couple says constitutes a satisfactory & “successful” marriage; due OCTOBER 30.
6. Satisfactory completion of the assigned CLASS ROLE-PLAYS.
7. Satisfactory completion of the CASE STUDY WORKSHEET summarizing the assigned class role-play case; due @ the time of the assigned role-play as co-therapists.
8. Satisfactory participation in REFLECTING TEAMS, CO-THERAPIST TEAMS AND CLIENTS’ TEAM.
9. Satisfactory completion of the ROLE-PLAY FEEDBACK FORMS for distribution to Role-Play participants.
10. Satisfactory completion of the WHAT I HAVE LEARNED REPORT at semester's end; due December 4.
11. Critically OBSERVE at least one videotape demonstrating couple communication patterns.

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

### COURSE SCHEDULE OF EVENTS/ASSIGNED READINGS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/21</td>
<td>Day One</td>
<td>Introduction</td>
</tr>
<tr>
<td>8/28</td>
<td>Gurman</td>
<td>Chapter 1</td>
</tr>
<tr>
<td></td>
<td>Williams, Et. Al.</td>
<td>Chapters 1 &amp; 2</td>
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<td></td>
<td>Power Point (PP) Interpersonal Communication</td>
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<tr>
<td>9/4</td>
<td>Williams, Et. Al.</td>
<td>Chapters 3 &amp; 4</td>
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<td></td>
<td>PP: Circular Questions or Emotion and Couple Therapy</td>
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<tr>
<td>9/11</td>
<td>Gurman</td>
<td>Chapter 5</td>
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<tr>
<td></td>
<td>Williams, Et. Al.</td>
<td>Chapters 11 &amp;12</td>
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<tr>
<td></td>
<td>PP: Why Marriages Fail and Succeed and Myths and Mistakes</td>
<td></td>
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<tr>
<td>9/18</td>
<td>Gottman</td>
<td>Chapters 2,3,7 &amp; 8</td>
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<td></td>
<td>PP: Gottman’s 7 Principles</td>
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<tr>
<td>9/25</td>
<td>Greenberg &amp; Johnson</td>
<td>Chapters 3 &amp;5</td>
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<td></td>
<td>PP: Emotion Focused Therapy</td>
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<tr>
<td>10/2</td>
<td>Gurman</td>
<td>Chapters 15 &amp; 17</td>
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<td></td>
<td>Guest Presenter: Dr. William Farley</td>
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<tr>
<td>10/9</td>
<td>Gurman</td>
<td>Chapters 24 &amp; 25</td>
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</tbody>
</table>
10/16 Weeks, Et. Al. Chapters 1 & 2
Role Play: Gottman or EFT

Co-Therapists: ________________________________
Clients: ____________________________________

Second Learning Log Due

10/23 Weeks, et. al. Chapters 3 & 4
Role Play: CBT

Co-Therapists: ________________________________
Clients: ____________________________________

10/30 Weeks, et al. Chapters 5 & 6
Role Play: Narrative

Co-Therapists: ________________________________
Clients: ____________________________________

Couple Interview Synopsis Due

11/6 Weeks, et al. Chapters 7 & 8
Role Play: Brief Couple Therapy

Co-Therapists: ________________________________
Clients: ____________________________________

11/13 Weeks, et al. Chapters 9 & 10
Role Play: Structural

Co-Therapists: ________________________________
Clients: ____________________________________

Third Learning Log Due

11/20 Weeks, et al Chapters 11 & 12
Role Play: Transgenerational

Co-Therapists: ______________________________________________________

Clients: __________________________________________________________

11/27 NO CLASS/THANKSGIVING BREAK

12/4 Discussion of video couples What you have learned entry due

APPLICABLE PROFESSIONAL STANDARDS ADDRESSED in MHS 6440

The 2009 CACREP (COUNCIL for the ACCREDITATION of COUNSELING and RELATED EDUCATIONAL PROGRAMS) STANDARDS call for the documentation of student knowledge and/or skill performance of key components in all relevant program areas. Because MHS 6440 is an entry-level MFC course, the focus of these assessments will be on the comprehension and application of basic facts and principles. Specifically, I will use Signature Assessments to determine your mastery of the following knowledge-based standards:

Program Area Specialty: Marriage & Family Counseling
Course: MHS 6440-Marriage Counseling (Fall 2010)

<table>
<thead>
<tr>
<th>Standard Addressed (✓)</th>
<th>Assignments Assessing Student Knowledge/Skills</th>
<th>Evaluation Criteria provided in Syllabus (✓)</th>
<th>Standard met if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATIONS</td>
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<tr>
<td>Standard A: Knowledge</td>
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<tr>
<td>2. Understands the ethical and legal considerations specifically related to the practice of marriage, couple, and family counseling.</td>
<td>✓</td>
<td>Addressed more completely in MHS 6705</td>
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<tr>
<td>Standard B: Skills and Practices</td>
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<tr>
<td>1. Demonstrates the</td>
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<td>Role Play</td>
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<td>couple, and family</td>
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<td>counselors in a variety</td>
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<td>of practice settings and</td>
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<td>in relation to other</td>
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<td>helping professionals.</td>
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<td>6705</td>
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4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling.  

|   | Addressed more completely in MHS 6705 |   |
|   |   |   |

5. Understands a variety of models and theories of marriage, couple, and family counseling.  

|   | Addressed in assigned readings & lectures | Role Play practices |
|   |   |   |

6. Understands family development and the life cycle, sociology of the family, family phenomenology, contemporary families, family wellness, families and culture, aging and family issues, family violence, and related family concerns.  

|   | Addressed more completely in MHS 7431 |   |
|   |   |   |

7. Understands family development and the life cycle, sociology of the family, family phenomenology, contemporary families, family wellness, families and culture, aging and family issues, family violence, and related family concerns.  

<p>|   | Addressed more completely in MHS 7431 |   |
|   |   |   |</p>
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Description</th>
<th>Method/Resource</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Understands issues of marriage, couple, and family life-cycle dynamics; healthy family functioning; family structures; and family of origin and intergenerational influences in a multicultural society.</td>
<td>√Readings + class discussions + film models</td>
<td>Practice</td>
</tr>
<tr>
<td>2.</td>
<td>Recognizes specific problems (e.g., addictive behaviors, domestic violence, suicide risk, immigration) and interventions that can enhance family functioning.</td>
<td>√Readings + class discussions + film models</td>
<td>Practice</td>
</tr>
<tr>
<td>3.</td>
<td>Understands human sexuality (e.g., gender, sexual functioning, sexual orientation) and its impact on family and couple functioning.</td>
<td>Addressed more completely in MHS 6705</td>
<td></td>
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<tr>
<td>4.</td>
<td>Understands professional issues</td>
<td>Addressed more completely in MHS 6705</td>
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</table>

**COUNSELING, PREVENTION, AND INTERVENTION**

**Standard C: Knowledge**

<table>
<thead>
<tr>
<th>2. Demonstrates the ability to select models or techniques appropriate to couples’ or families’ presenting problems.</th>
<th>Models reviewed in class via film &amp; discussion</th>
<th>Role Play Practice</th>
</tr>
</thead>
</table>

ability to apply and adhere to ethical and legal standards in marriage, couple, and family counseling. completely in MHS 6705 Practice
<table>
<thead>
<tr>
<th>Standard D. Skills and Practices</th>
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<tbody>
<tr>
<td>1. Uses preventive, developmental, and wellness approaches in working with individuals, couples, families, and other systems such as premarital counseling, parenting skills training, and relationship enhancement.</td>
<td>√</td>
<td>Readings + class discussions + film models</td>
</tr>
<tr>
<td>2. Uses systems theory to conceptualize issues in marriage, couple, and family counseling.</td>
<td>√</td>
<td>Readings + class discussions + film models + Role Plays</td>
</tr>
<tr>
<td>3. Uses systems theories to implement treatment, planning, and intervention strategies.</td>
<td>√</td>
<td>Readings + class discussions + film models + Role Plays</td>
</tr>
<tr>
<td>5. Adheres to confidentiality responsibilities, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice.</td>
<td>√</td>
<td>Role Play practice</td>
</tr>
<tr>
<td>6. Demonstrates the ability to recognize his</td>
<td>√</td>
<td>Role Play practice</td>
</tr>
</tbody>
</table>

relevant to the practice of marriage, couple, and family counseling, including recognition, reimbursement, and right to practice.
or her own limitations as a marriage, couple, and family counselor and to seek supervision or refer clients when appropriate.

**DIVERSITY AND ADVOCACY**

<table>
<thead>
<tr>
<th>Standard E: Knowledge</th>
<th>1. Understands how living in a multicultural society affects couples and families.</th>
<th>√</th>
<th>Readings + class discussions + film models + Role Plays</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Recognizes societal trends and treatment issues related to working with multicultural and diverse family systems (e.g., families in transition, dual-career couples, blended families, same-sex couples).</td>
<td>√</td>
<td>Readings + class discussions + film models + Role Plays</td>
<td></td>
</tr>
<tr>
<td>3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective in working with diverse family systems.</td>
<td></td>
<td>Readings + class discussions + film models + Role Plays</td>
<td></td>
</tr>
<tr>
<td>4. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and that of the client(s).</td>
<td></td>
<td>Readings + class discussions + film models + Role Plays</td>
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</tr>
<tr>
<td>5. Understands the effect of local, state, and national policies, programs, and services on diverse family systems.</td>
<td></td>
<td>Readings + class discussions + film models + Role Plays</td>
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</table>

**Standard F: Skills and Practices**
## ASSESSMENT

### Standard G. Knowledge

1. Knows principles and models of assessment and case conceptualization from a systems perspective, including diagnostic interviews, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments.

   √

   Readings + class discussions + film models + Role Plays

2. Understands marriage, couple, and family assessment tools and techniques appropriate to clients’ needs in a multicultural society.

   √

   Readings + class discussions + film models + Role Plays

3. Understands the impact of addiction, trauma, psychopharmacology, physical and mental health, wellness, and illness on marriage, couple, and family functioning.

   Readings + class discussions + film models + Role Plays

### Standard H. Skills and Practices

1. Applies skills in interviewing, assessment, and case management for working with individuals, couples, and families from a system’s perspective.

   √

   Role play practice

2. Uses systems assessment models and

   Role Play practice
<table>
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<tr>
<th>procedures to evaluate family functioning.</th>
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<tbody>
<tr>
<td>3. Determines which members of a family system should be involved in treatment.</td>
<td>✓</td>
<td>Role Play practice</td>
<td></td>
</tr>
</tbody>
</table>

**RESEARCH AND EVALUATION**

**Standard I. Knowledge**

| 3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in marriage, couple, and family counseling. | ✓     | Assigned readings discussed in class |       |

**Standard J. Skills and Practices**

| 1. Applies relevant research findings to inform the practice of marriage, couple, and family counseling. | ✓     | Role Play practice |       |

*The FLORIDA INSTITUTIONAL PROGRAM EVALUATION PLAN (IPEP) ACCOMPLISHED PRACTICES STANDARDS are NOT addressed in this course.*
Relationship experts report that too many couples fail to ask each other critical questions before marrying. Here are a few key ones that couples should consider asking:

1) Have we discussed whether or not to have children, and if the answer is yes, who is going to be the primary care giver?

2) Do we have a clear idea of each other’s financial obligations and goals, and do our ideas about spending and saving mesh?

3) Have we discussed our expectations for how the household will be maintained, and are we in agreement on who will manage the chores?

4) Have we fully disclosed our health histories, both physical and mental?

5) Is my partner affectionate to the degree that I expect?

6) Can we comfortably & openly discuss our sexual needs, preferences & fears?

7) Will there be a television in the bedroom?

8) Do we truly listen to each other & fairly consider one another’s ideas & complaints?

9) Have we reached a clear understanding of each other’s spiritual beliefs & needs, & have we discussed when & how our children will be exposed to religious/moral education?

10) Do we like and respect each other’s friends?

11) Do we value and respect each other’s parents, & is either of us concerned about whether the parents will interfere with the relationship?

12) What does my family do that annoys you?
13) Are there some things that you & I are NOT prepared to give up in the marriage?

14) If one of us were to be offered a career opportunity in a location far from the other’s family, are we prepared to move?

15) Is each of us fully confident in the other’s commitment to the marriage & believe that the bond can survive whatever challenges we may face?

December 17, 2006

**MARRIAGE QUESTIONNAIRE I**

NAME ________________________________________ Gender _____ BIRTHDATE ______

How long were your parents married (if they were)? ______
Are they still Married_____ Divorced? ______

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

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

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

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

3. What are its disadvantages?

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

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

1. A husband’s marital satisfaction is usually lower if his wife is employed full time than if she is a full-time homemaker.

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

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

4. The best single predictor of overall marital satisfaction is the quality of a couple's sex life.

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

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

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

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

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

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

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

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

13. Husbands usually make more life style adjustments in marriage than wives.

14. Couples who cohabitated before marriage usually report greater marital satisfaction than couples who did not.
T F 15. I can change my spouse by pointing out his/her inadequacies, errors, etc.

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

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

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

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

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

MHS 6440: MARRIAGE CONCEPTS QUESTIONNAIRE II (Continued)

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

<table>
<thead>
<tr>
<th>AGREE: Complete (7)</th>
<th>A Good Deal (6)</th>
<th>Somewhat (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEITHER AGREE NOR DISAGREE:</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>DISAGREE: Somewhat (3)</td>
<td>A Good Deal (2)</td>
<td>Completely (1)</td>
</tr>
</tbody>
</table>

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

_____ 1. "Our love (ie., romance and excitement) will continue unabated over time."
_____ 2. "My spouse should be able to anticipate my thoughts, feelings, and needs."
_____ 3. "My husband/wife would never hurt me or strike back in anger."
_____ 4. "If you truly loved me, you would always try to please me (ie., meet my every need and desire)."
_____ 5. "Love means never having to be angry or upset with your partner."
_____ 6. "Love means always wanting to be together."
_____ 7. "Our personal interests, goals, and values will always remain the same."
_____ 8. "My partner will always be open, direct, and honest with me."
_____ 9. "Because we are in love, my spouse will always respect, understand, and accept me no matter what I might do."
_____ 10. "It would be terrible if my husband/wife ever embarrassed, belittled, or criticized me."
_____ 11. "Our level of sex, affection, and commitment must never decline."
_____ 12. "We must always be in agreement with one another on matters of import."
C. Beliefs about your marriage or significant relationship (Beck, 1988).

____1. If a person has any questions about the relationship, then it means there is something wrong with it.
____2. If my partner truly loved me, we would not have any quarrels.
____3. If my partner really cared, he or she would always feel affection for me.
____4. If my partner gets angry at me or is critical in public, this indicates he or she doesn’t really love me.
____5. My partner should know what is important to me without my having to tell him or her.
____6. If I have to ask for something that I really want, it spoils it.
____7. If my partner really cared, he or she would do what I ask.
____8. A good relationship should not have any problems.
____9. If people really love each other, they should not have to work on their relationship.
____10. If my partner does something that upsets me, I think it is because he or she deliberately wants to hurt me.
____11. When my partner disagrees with me in public, I think it is a sign that he or she doesn’t care for me very much.
____12. If my partner contradicts me, I think that he or she doesn’t have much respect for me.
____13. If my partner hurts my feelings, I think that it is because he or she is mean.
____14. My partner will always try to get his or her own way.
____15. My partner must always listen to what I have to say when I want to say it.
COUPLE & FAMILY THERAPY THEORY-BUILDING QUESTIONS *

The questions presented below are designed (1) to stimulate your thought about your own development as a couple and marital therapist, and (2) to guide your reflection on the particular theory you will present in class.

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

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

Components
What makes couples unique as a treatment focus?
How does marriage change a relationship (if it does)?
How does change occur in therapy and how does this relate to what you do?
What are the major theoretical tenets (assumptions) that guide your practice?
What are the major goals of your treatment approach?
How are your interventions congruent and/or consistent with your theoretical tenets and therapeutic goals?
What elements organize your approach to “assessment” and “diagnosis”?
How do you decide whether a behavior is "normal" or "dysfunctional"?
What relative importance do you give affect, cognitions and behavior change in your approach to family therapy? Why?

To what extent do you see therapy as education?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Gottman’s ORAL HISTORY INTERVIEW for COUPLES*

PART 1: HISTORY of the RELATIONSHIP (About 45 Minutes)

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

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

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

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

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

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

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

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

Question 9. Looking back over the years, what moments stand out as the really hard times in your marriage? Why do you think you stayed together? How did you get through these difficult times? What is your philosophy about how to get through difficult times?

Question 10. How would you say your marriage is different from when you first got married? (Lots of people have losses here; they have stopped doing things that once gave them pleasure. Explore these with the couple.)
PART 2: YOUR PHILOSOPHY of MARRIAGE

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

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

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

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


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

**GOTTMANN: SEVEN PRINCIPLES for MAKING MARRIAGE WORK**

- **Enhance your “LOVE MAPS”**. Actively make maps of your partner’s psychological world, thereby becoming intimately familiar with each other’s world & making plenty of cognitive room for your marriage.

- **Nurture your fondness and admiration**. Emphasize the positive when viewing the past.

- **Turn toward each other instead of away**. Be mindful of each other’s emotional needs.

- **Let your partner influence you**. Make your partner an ally in problem solving. Be willing to share power and to respect your partner’s point of view.

- **Solve your solvable problems**. The problems that address a particular dilemma or situation in which there is no underlying conflict that’s fueling
your dispute and the conflict is less painful, gut-wrenching, or intense than perpetual, grid-locked problems.

- **69% of marital problems are perpetual; they are part of your lives forever, in one form or another.** “When choosing a long-term partner, you will inevitably be choosing a particular set of unsolvable problems that you’ll be grappling with for the next ten, twenty or fifty years.” - D. Wile.
- The most typical areas of marital conflict are: work stress, in-laws, money, sex, housework, a new baby.

- **Overcome gridlock:** Gridlock is a sign that you have dreams for your life that aren’t being addressed or respected by each other. Move from gridlock to dialogue; learn to talk about the perpetual issues in your marriage without hurting each other.

- **Create shared meaning:** Create an atmosphere that encourages each of you to talk honestly about your convictions. The more each of you speaks candidly and respectfully with the other, the more likely there is to be a blending of your sense of meaning…and each other’s stories can become the stories of the new family you are creating.

### GOTTMAN’S WEEKLY FIVE HOURS of MAGIC for COUPLES

Below is the “amalgam of advice” solicited from post-workshop couples who continued to make progress after Gottman’s workshop by structuring at least five hours a week of their time together to do the following (Gottman 1999):

- **PARTINGS:** Don’t part in the morning without knowing one interesting thing that will happen in your spouse’s day. (**2 minutes a day x 5 working days = 10 Minutes**).

- **REUNIONS:** Take 10 minutes to talk about your day (the stress-reducing conversation); partners alternate in actively listening (**20 minutes a day x 5 days = 1 Hour, 40 Minutes**). **RULE:** Support and understanding must precede advice.

- **ADMIRATION & APPRECIATION:** Find some way every day to genuinely communicate affection & appreciation toward your spouse. (**5 minutes a day x 7 days = 35 Minutes**).

- **AFFECTION:** Kiss, grab, hold, touch each other. Play is good. Make sure to kiss each other before going to sleep and follow the admonition in Ephesians: “Do not let the sun set on your wrath.” (**5 minutes a day x 7 days = 35 Minutes**).
LOVE MAPS & ARGUING: Take at least 2 hours a week for a marital date. During the date couples can do a number of things, such as updating their Love Maps, turning toward one another, discussing conflictual issues, repairing failed bids, and often just asking one another how each is. Some think of questions to ask their spouses in advance (e.g., “How are you thinking of changing the bedroom these days?” or “What would be your idea of a great getaway?” or “How are you thinking about your work these days?”).

GOTTMAN BIBLIOGRAPHY

TWELVE CHARACTERISTICS of DYSFUNCTIONAL MARRIAGES
(Gottman)

In marriages headed for divorce, look for the following patterns of interactive behavior that characterize “dysfunctional” relating between partners:

1. During discussions of areas of continuing disagreement, there is more negativity than positivity. [Note: By contrast, Gottman discovered that, in stable, happy marriages, the ratio of positivity to negativity in interactive behavior is overwhelmingly in favor of positivity, even during conflict resolution (i.e., at least a 5 to 1 ratio of positivity to negativity)].

2. The relational climate is characterized by vigilance, subjective upset, and fight/flight rather than trust, calm and well-being.

3. Conflict on “perpetual issues” in the marriage is “grid locked” and characterized by emotional disengagement rather than dialogue.

4. There is harsh start-up of conflict discussions (usually by the wife, but the etiology of this harshness is in a non-responsive husband during non-conflict conversation).

5. There is little positive affect (interest, affection, humor) expressed.

6. There is an absence of de-escalation attempts.

7. Four negative behaviors, the “four horsemen of the apocalypse”, are most corrosive: criticism, contempt, defensiveness, and stonewalling. They are clearly in evidence, along with emotional disengagement, the presence of underlying tension and sadness, and the absence of positive affect. [Note gender differences: female startup/male stonewalling].

8. There is repeated refusal by the husband to accept influence from his wife, as demonstrated either by his emotional withdrawal (i.e., the “demand-withdrawal pattern”) or by one of two approaches to exercising control: (1) domineering, defensiveness, and contempt; or (2) belligerence, defensiveness, and contempt. [Note that Stanley, Bradbury, & Markman (2000) suggest it is not the husband’s refusing his wife’s “influence” (as Gottman suggests) that is the key factor in predicting marital satisfaction/dissatisfaction; rather it is whether the husband is able to tolerate and respond to his wife’s expressions of negative affect, which are also bids for support. The “positive sentiment override” (which enables partners to filter negative or neutral behaviors and repair rifts) addresses emotional engagement and responsiveness as the foundation for stable connection and refers to the confidence a partner has that the other will be responsive when needed and stay close (Johnson, 2002, p. 172).]

9. Repair attempts fail; they fall on deaf ears.
10. Negative Attributions (dispositional and stable rather than situational and fleeting) accompany the general negativity.

11. Emotional “flooding” occurs and the “distance and isolation cascade” gains momentum.

12. Chronic diffuse physiological arousal and immunosuppression kick in as the “stress response” takes over.

The DISTANCE and ISOLATION CASCADE in MARRIAGE* (Gottman)

First Stage: You See Your Marital Problems as Severe.

Most couples would admit that their union is far from perfect, but once you perceive your problems as virtually impossible-to-fix obstacles, you’ve turned a dangerous corner. Has your marriage reached this unfortunate point? Self-Test A will help you see whether your marriage has reached this stage.

Second Stage: Talking Things Over With Your Spouse Seems Useless.

Not only do you perceive your marriage as very troubled but you also feel hopeless about being able to salvage it by communicating with your mate. Rather, you look for solutions on your own (I’ll try to be nicer to him.” “I’ll ignore her insults.”) You may, for example, decide to avoid certain kinds of interactions with your spouse, or try to convince yourself that you’re not upset by your spouse’s actions when you really are. Self-Test B will help you see whether your marriage has reached this stage.

Third Stage: You Start Leading Parallel Lives

We all know at least one couple like this - they occupy the same house but not the same universe. Think of Prince Charles and Princess Diana, even before they officially separated. Such marriages seem more like business arrangements than intimate relationships. Although the couple may live together, they rarely connect. Self-Test C will help you see whether your marriage has reached this stage.

Fourth State: Loneliness

Officially, you are still married. But you feel so isolated that there’s little difference between your marriage and living alone. Loneliness is one of the most painful human conditions. There’s a tragic irony in feeling this way in a marriage, which is supposed to offer love and companionship. People who reach this point don’t necessarily divorce. But unless they seek each other out, and in most cases get professional help, the marriage is for all intents over. Again, the questions may seem obvious, but Self-Test D can clarify your sense of just how lonely you are.

REFERENCES:
Navigating successfully through the emotional process of divorce, particularly in the first three stages of the decision, the announcement, and the initial separation, requires coping effectively with ambiguity, uncertainty, emotional pain, and dramatic changes in one's everyday life. Individuals discover that their usual ways of coping aren't likely to work. As Abigail Trafford says in her book *Crazy Times*, "Divorce puts you on the edge of sanity."

What can therapists do to assist their clients in creating order from the chaos of the separation process? Following are some key issues involved in handling the first three stages of the divorce process: the decision, the announcement, and the separation.

1) One useful goal is to help clients view divorce as a normal and common life transition. The negative view of society about the outcome of divorce leads to "expecting the worst". Transitions are turning points; uncomfortable periods that mark the ending of something familiar and the beginning of something new. It may help clients to be aware that transitions are the times when we are most vulnerable and also the time when we are most likely to personally grow.

2) Helping clients identify common "marker points" in the process takes some of the mystery out of what is happening as the client's life undergoes dramatic (and sometimes unwanted) changes. Knowing what to expect doesn't take away all the pain or upheaval, but it does help to be able to place oneself within a natural progression that has a beginning and an end. Clients feel less crazy when they know they are not alone.

3) Divorce is ranked at the top of the list of stressful life events. Understanding the cycle of stress, crisis, and adaptation may be most useful to clients during the emotional process of separation. A crisis occurs when too many stressors hit an individual all at once; when this happens, system overload sets in. The way out of system overload is adaptation. Adaptation requires restructuring or reinventing some portion of life, changing the way stressors are perceived or managed, learning new skills, and finding new resources.

4) Anger is a universal and inevitable part of the divorce experience. However, controlling and managing anger is one of the keys to creating a manageable post-divorce situation for all concerned. Uncontrolled and prolonged rage acts as a defensive shield against sadness and loss, and can prevent individuals from letting go and moving on. Therapists can help clients to acknowledge and identify anger so that it can be managed effectively.
MANAGING THE DIVORCE PROCESS:
THE FIRST THREE STAGES

The Decision
1) If clients obsess about their marriage, vacillate, anguish, get depressed, or have an affair, they may be entering the decision stage.

2) The first step toward divorce is rarely mutual; usually, one person begins to feel dissatisfaction with the marriage and to question his or feelings for the other partner.

3) Ambivalence – wavering between the pain of leaving and the pain of staying – is very disquieting, but very common.

4) Fantasies about life without the spouse may serve as a way to rehearse possibilities for future adaptations.

5) The person making the decision to divorce may be terrified and guilty, identifying their feelings and denying them the next moment, and searching for reasons to justify what they may fear is an irrational decision.

6) Attempting to avoid taking responsibility for ending the relationship, the client may try to make the other spouse so miserable that he or she will decide to leave the marriage first. Having an affair may also be used to precipitate a crisis that will lead to separation.

7) Possible sources of support during the decision-making period may be family, friends, books, or a new partner.

8) Sometimes the person wanting to leave the marriage may hesitate until some other life transition sparks the departure. The loss of a job, a geographical move, a serious illness, or death in the family, a momentous birthday - all can serve as a catalyst to move on.

The Announcement
1) At the time that the "leaver" makes the decision to leave known to the "left", the balance of power lies with the leaver, who has had the advantage of wrestling with his or her feelings, beginning the grieving process, and has already detached to some degree. The one who is left feels like the victim, immediate reactions range from disbelief and shock to outrage and despair.

2) On the other hand, the leaver also pays a stern price for making the decision to leave: the disapproval of society. Friends and family want reasons. Children want reasons. The spouse wants reasons. The community wants reasons. Everyone looks for tangible evidence. Helping clients develop a reasonably accurate account of the marriage and the breakup is important for both the leaver and the left.

3) For some couples, the announcement is as far as their divorce will go. The moment of confrontation can create an opportunity to actually improve a marriage. For others, the
announcement is the first step in a tangled or escalating series of confrontations and reconciliations. Still others take the announcement as an almost instant path to separation and divorce.

4) In the first two phases of the process - the decision and the announcement - the leaver commonly feels guilty, the left feels angry. The anger that accompanies rejection often masks depression, and when the angry feelings abate, the depression emerges.

5) The key to defusing crisis at the time of the announcement differs depending on the client's position in the process: for the leaver, it's accepting responsibility for the decision, for the one who's being left, it's the quality of his or her coping skills.

6) When faced with the anguish of rejection, it is normal for the rejected spouse to want to retaliate. Impulsive revenge, however, causes extreme damage to both partners.

7) Sometimes couples attempt to reconcile immediately after the announcement. This may be a genuine effort to recognize the marital problems and improve the relationship, but more often the reconciliation is a surface illusion, prompted by fear. Unless the couple resolves the fundamental issues that divide them, the marriage will not permanently improve.

The Separation

1) Separation day is one of those marker days that divorced people never forget. For children, this may be the first time that they realize the enormity of the changes taking place in the family structure.

2) Even though separation may bring a sense of relief from a highly stressful marriage, everyone experiences this transition as a time of major disorganization, when the routines of daily life go up in smoke. This is also the time that the situation becomes public, which may bring added stress from the reaction of family and friends.

3) Clients need to be aware that separation involves major life changes and requires careful planning. Children need time to process the impending change with both parents whenever possible. Disorderly separations usually occur when the earlier crisis points have not been worked through.

4) Mutually agreed upon and adhered to post-separation relationship boundaries - rules for how the ex-spouses will interact (or not interact) after the separation - give the binuclear family a common ground and a common law. A lack of clear boundaries may give the spouse who is left false hope of an eventual reconciliation.

5) Lingering feelings of attachment, the ambivalence of the decision, and the ambiguity of the future combine in complex ways to make this a time of deep soul-searching, anxious discomfort, and vacillating but intense desires. Clients need to know that it is normal to feel emotional extremes, and that a continued feeling of attachment is to be expected, even if the marriage was very stressful - and even for the person who chose to leave the marriage.

6) A good divorce requires being able to let go some of the aspects of the relationship while holding on to others. Clients need support in effectively managing conflict,
tolerating seesawing emotions, and defining the boundaries of the new binuclear family structure.

**TOWARD SOLUTION DEVELOPMENT....
THE ALL KNOWN TASKS FILE**

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

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

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

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

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

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

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

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

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


Additional couple therapy role plays may be drawn from:

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

AUTHOR ____________________________ CHAPTER # ________

SUMMARIZED BY: ____________________________

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

C. Summarize the theory advanced by the writer(s):
   
   C1. What specific interventions were used in the chapter?
   C2. What therapeutic strategies were evident in the chapter?
   C3. What theoretical propositions were exemplified in the chapter?
D. Summarize the outcome
D1. What was the result of the chapter therapist’s intervention?
D2. What changed? What stayed the same?
D3. What would you have done differently if you were the therapist(s) in the chapter?

E. Role Play Planning

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

1. The Co-Therapists will hand out to all class members (except the role-play clients) copies of their summary of the case presented in the role-play (see Exhibit R).
2. The role-play Clients are asked to stay “in character” throughout the exercise.
3. Several members of the class will be assigned to serve on the Reflecting Team and will be available to comment when the Co-Therapy Team and/or Dr. Hull requests their participation.
4. Several members of the class will be assigned to serve on the Co-Therapists Side Line Team and will be available to comment when the Co-Therapy Team and/or Dr. Hull requests their participation.
5. All class participants (except the Co=Therapists) are asked to complete the Role-Play Feedback form (see Exhibit T) so that the Co-Therapists have a set of “outside views” to consider as they reflect on their performance.
6. After class (at 4PM or via appointment), the role-play participants are invited to discuss their role-play experiences outside of class with Dr. Hull if they so desire.
REFLECTING TEAM GUIDELINES *

A. The ROLES described:

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

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

The Co-Therapists Team will consist of interview observers who are there as support and encouragement for the co-therapists. The focus of this team is the co-therapists – their process with one another as well as the clients; provide suggestions when asked; and serve as a specific consultation team for the co-therapists.
B. The PROCEDURES followed:

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

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

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

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

C. SUGGESTIONS:

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

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

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

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

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

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

- The reflecting team can also be thought of as an audience for the preferred story told by the Role-Play Team.
.role play #___ Feedback Form

Co-Therapists: __________________________
________________________
________________________________________________________________

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

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

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

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

⇒ What do you think the co-therapists did well?

Feedback from ____________________________________________ Date _____
<table>
<thead>
<tr>
<th>MHS 6440 - Marriage Counseling (FALL, 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEARNING LOG (Due Sept. 18, &amp; Oct 16, &amp; Nov 13)</td>
</tr>
<tr>
<td>FINAL WHAT I HAVE LEARNED REPORT (Due December 4).</td>
</tr>
</tbody>
</table>

NAME ______________________________________ DATE ______

Readings to date: ______________________________________

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

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