Individual Assessments for Couples Treatment with HFCA

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Many approaches to couples therapy include an individual assessment whenever a couple comes for treatment. Therapists should be aware that there is some risk involved in meeting individually with partners during the assessment period. It is my belief that there is more benefit than risk, but the risk should be understood. Partners may use the individual time to attempt to triangulate with the therapist in their own agenda for treatment. For example, the partner may "tell on" the bad habits or hurtful actions of their partner during the individual intake meeting. Clients who attempt to do this should be redirected towards a new pattern of interaction that is more healthy and helpful to the goals of treatment. The therapist also opens the door that a true safety issue, infidelity or intent to leave the relationship can be shared in the individual intake with the expectation that the therapist will keep the secret and not address it in treatment. These risks should be managed with all ethical considerations of benefits and risks to each partner as outlined in professional ethical standards.

However the main goals of the individual intakes are to determine whether couples treatment should be recommended, or standard protocols altered to fit the needs of the couple. Therapists should at minimum address issues of safety, intent to leave, infidelities, individual psychopathology or health problems and individual goals for treatment. If the couple is at low risk such that safety, intent to leave, infidelities, and individual pathology are all negative then the therapist can either shorten the individual assessment time or spend some time getting the know the individual client's background.

- Domestic Violence: I recommend also using an assessment such as the Conflict Tactics Scale -2 or your own violence checklist. This can help screen out couples with no history of domestic violence quickly, or focus in on specific situations if positive. Therapists can use the individual interview to ask about the context, history, their opinion about any violence, and to assess for safety. It is most typical that the couple will not give the same information so there is no need to be extra-suspicious as they are both likely inaccurate in ways that are self-protective. If significant issues of violence arise, then the therapist will need to smoothly recommend individual treatment and postpone couples treatment until issues of violence are effectively addressed. However, unlike other times in couples treatment, it may be important that the therapist "keep secrets" around issues of violence as this is one area where the therapist can harm the couple by inflaming a violent partner. The following are issues that should be weighed as to whether couples treatment is contraindicated in terms of violence:
  - Is there substance abuse paired with violence? If so, couples treatment should likely be postponed until there is no substance abuse and the partners should be evaluated whether a separation would be recommended for the sake of safety
  - Is there risk of significant harm? Violence can be unlikely to cause harm such as common couples violence that is milder and does not involve physical damage. For example pinning, throwing things or pushing would generally be consider milder if it's never caused harm. If the violence is more likely to cause harm- such as punching, kicking, bruising, leaving marks that last more than a minute,

or use of a weapon- then safety becomes the only goal of treatment, any couples goals are secondary.

- How recent and frequent is the violence? If the violence has occurred within the last year, and has occurred more than once or twice a year, then couples treatment may be contraindicated, depending on the context and risk of harm.
- Can the couple effectively use "time outs" when they are very upset? For all couples with any kind of violence, even the mildest forms, if they cannot effectively use time outs during the week to avoid escalating arguments to the point of violence then couples treatment should be postponed. Time outs would be necessary to have a basic level of safety in the couples' relationship, without which couples treatment will be severely limited. If couples treatment is severely limited due to lack of safety, then individual treatment is preferred. Couples should be told about this situation as they are being taught the time out procedures, and then the success of the time out should be assessed for several weeks before a course of typical couples treatment would begin.
- What is the male typology? Currently there is no female spouse abuse typology within the research. However, some of the male typology may apply to females given the lack of research. The male typology looks at various factors that predict how much of the violence is trait-based vs. situational. If the male has antisocial personality traits, is violent in various situations not just with his partner, has little to lose by being arrested for violence, has cognitive or memory deficits, has significant anger control or impulsivity traits, and has a belief that violence is acceptable or controlling one's spouse is a necessary male role in the relationship then couples treatment is unlikely to be effective. Unfortunately, the only treatments that appear effective with this type of situation is long-term "wrap around" kinds of services that address a variety of issues and modalities of treatment simultaneously.

- Intent to leave the relationship: It can be difficult to ascertain from partners what their true intent is in regards to their commitment in the relationship for the future. Some couples will state that they have a strong intent to leave and yet the couple will still be together months or years later. Other couples will state they 100% are committed for the long-term and yet move out 3 months later. Therapists can ask some questions to help determine the couples' intent to stay or leave the relationship. If one partner is intent on leaving, and will not put aside all plans or discussion to leave for the course of treatment, then couples treatment is not recommended.
  - If things get just a little better in your relationship in the next 6 months, would you stay or go? Their relationship may be difficult and they may be the kind of relationship that is very slow to change. It's hard to tell what kind of effects therapy will have on the couple until they begin some treatment. So, if the worst happens and things go slowly, would the partner stick around? This question also taps into their expectations for treatment.
  - What are their barriers to leaving? This can often be very enlightening for the partner and therapist. Barriers can include things like difficulties with finances if living separately, difficulty with co-parenting separately, moral beliefs about separation, support of friends or family in leaving, and so on. While many couples are unhappy in their relationship, often barriers to leaving will cause unhappy couples to remain together.

        - Do they have a plan for leaving? If a partner has a definite plan for leaving, has investigating housing, has consulted with a lawyer, is preparing children for their leaving or moving out, then the chances of imminent separation are fairly high.
        - For couples in longer term relationships, how long have they felt like leaving? Some partners stay in a perpetual "wish-state" to leave the relationship but never take steps to actually leave. You can assess whether their intent to leave is unusually high compared to the past, or more typical.

- Infidelities, in past or current: While individual assessments can ask about this, some partners feel unsure whether their response will surface in meetings or a legal case and therefore may conceal the infidelity from the therapist. This area of assessment is also very difficult. If the client is not willing to address infidelity, it can trap the therapist to be aware of it yet unable to address it in treatment. Therapists might consider assessing this area in person with a question like:
    - I do not like to keep secrets between partners, however if there is an infidelity going on now then couples therapy is not recommended. Instead I would recommend individual treatment if that were the case so each partner can sort out what he or she wants at this time. Is there any reason why I should recommend individual treatment? If the partner answers yes, then the therapist should assess what that partner believes their partner knows about the extramarital relationship, and the history of infidelity. The therapist should assess if the partner is willing to end or suspend the other relationship while in counseling. If the partner does not want to tell their partner about the other relationship, then the therapist can encourage a confession on the part of the partner having the affair but if he/she refuses, then individual therapy would be recommended for the couple at this time.
    - If both partners are aware of the affair. Depending on the situation and time since the affair is the affair the primary reason for seeking counseling at this time? How much would they each individually feel the need to address the affair? If working towards forgiving the affair is the major goal of treatment then I recommend relying heavily on the treatment protocol for affairs developed by Baucom, Snyder & Coop-Gordon (2009) "Helping couples get past the affair" with Guilford Press. Hope focused treatment can supplement this treatment protocol for general couples treatment but HFCA is not specifically designed for treatment of infidelities like affairs.
    - Is there a history of infidelity? The therapist who hears that there is no current infidelity should also ask if there is a history of infidelity at some point in their history. Infidelity is very common in couples, and particularly in some types of couples such as those frequently physically separated due to deployments or work duties. If there is a history of repeated infidelities, or if the infidelity is recent enough that partners are still focused on it and haven't moved on from it, then treatment should focus on the infidelity.

- Individual psychopathology or health problems: Therapists should assess each partner for individual psychopathology and health problems that may be contributing to or interacting with the marital problems. Depression has a particularly high correlation with intimate partner problems and should especially be assessed for. Given the limited time within individual intakes I recommend that therapists employ an effective clinical

symptomology checklist (such as the SCL-90, or the symptom checklist developed for use in the Hope lab which is available on our website) to focus on any possible individual pathology.

- Depression: Therapists should assess for depression symptoms to determine if individual treatment specific to the depression in addition to couples treatment should be recommended. Couples treatment for depression can be an effective form of treatment in and of itself, but some individuals may benefit from also addressing their depression through CBT, individual protocols for depression or psychiatric treatment. In the Hope lab we have used the Beck Depression Inventory for Primary Care which is a 7 item screen used in primary care settings that can be quickly added to all couples intake forms to screen for depression.
- PTSD symptoms: Symptoms related to trauma can be especially difficult on intimate partners. Individual intake session should assess for childhood abuse, sexual assault or abuse, military trauma or accidents that have left an individual PTSD type symptoms and their partner with potential secondary trauma symptoms.
- Sexual dysfunction and Body image issues: Since sexual dysfunctions or body image issues may especially not be volunteered by partners, symptoms related to these issues should be specifically asked about either in written or verbal format.
- Health concerns: For many couples their relationship has changed significantly due to health concerns, especially health concerns that may affect mood or their sexual intimacy.

- Individual goals for couples treatment: Therapists can assess what each partner hopes will occur as a result of treatment. Since the dyadic intake has typically occurred before the individual intake, the therapist can address with the individual client whether they have additional hopes or goals for counseling that were not discussed in the dyadic meeting. The therapist can also begin to "float" a preliminary treatment plan idea to the individual to determine what areas of the relationship would be focused on during treatment, especially the 9 C's in the Hope approach (Central values, Core values, Confession & forgiveness, Communication, Conflict resolution, Changing cognitions, Closeness, Commitment or Complicating factors).

- If time, individual history: If there is time, and there have been few concerns for all the prior "screening" issues then the therapist can spend time learning about the individual history of each partner such as family of origin issues, experiences with psychological interventions or marital enrichment, faith history, and issues of career or hobbies.

Set of individual intake questions for potential use in couples therapy assessment.

1. I see on your screen that you indicated no types of violence between you in your history. Is that correct? If any hesitation, reassure the individual that if safety is an issue at all you will keep things to prevent stirring up their partner.
2. I see on your screen that there's been some (hitting, pushing, shoving) can you tell me more about that?

    a. Get context, frequency, story of most recent interaction, what happened right before the violence, how did the couple repair things after the violence, and story of the most scary or hurtful violence ever in their history, whether substances are involved in the violence, if it's 2 way violence or 1 way, how afraid the partner is of violence reoccurring in the next few weeks, plan for getting out of the home/situation if the person sees violence starting again, find out whether the abuser has been in legal trouble for violence in or outside of their relationship, if there are children whether the children have witnessed or been physically abused (and whether CPS should be called), what the abuser would have to lose if he/she got into legal trouble, and the partner's need for support in creating a safety plan. Even if the violence has been relatively mild, offer the client/s the number to local women's shelters or domestic violence hotlines in case the partners need immediate consultation to avoid harm
3. Have you thought about leaving the relationship?
4. If things only got a little bit better in the next 6 months, would you stay or go?
5. What keeps you from leaving the relationship?
6. I do not like to keep secrets between partners, however if there is an infidelity going on now then couples therapy is not recommended. Instead I would recommend individual treatment if that were the case so each partner can sort out what he or she wants at this time. Is there any reason why I should recommend individual treatment?
7. Has there been any kind of betrayals or secrets in your relationship?
8. I see on your screen that you indicated (this symptom), can you tell me more about that? (Explore for psychopathology or diagnosis)
9. Do you have any health problems or medications that you're on?
10. What do you hope to see change in your relationship as a result of counseling?
11. (If time) Tell me a little bit about your history growing up, your family and childhood.