

# Integrative Behavioral Couples Therapy for Distressed Couples an Evidence-Based Practice

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# VA and EBT



## INTRODUCTION

## Background

- In recent years, health care policy has incorporated evidence-based practice as a central tenet of health care delivery (Institute of Medicine, 2001)
- The VA developed a Mental Health Strategic Plan in response to the President's New Freedom Commission on Mental Health report (2004)
- The Mental Health Strategic Plan calls for the implementation of EBPs at every VAMC in the country

### Goals of VA Training in EBPs

- To train VA staff from multiple disciplines in evidence-based psychotherapies
- To augment psychotherapies already being offered in VA medical centers

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### Limitations

- This presentation will not provide equivalent training to the EBP rollouts
- This presentation will not provide the full standard of an EBP without further training and supervision

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### Objectives

1. UNDERSTAND THE HISTORY, PROCESS, AND BENEFIT OF INTEGRATIVE BEHAVIORAL COUPLES THERAPY
2. UNDERSTAND IMPLEMENTATION OF PHASE ONE OF INTEGRATIVE BEHAVIORAL COUPLES THERAPY, WITH SPECIFIC FOCUS ON THE DEEP FORMULATION PROVIDED DURING THE FEEDBACK SESSION
3. UNDERSTAND THE PROCESS OF PHASE TWO OF INTEGRATIVE BEHAVIORAL COUPLES THERAPY, WITH KNOWLEDGE OF DIRECT CHANGE STRATEGIES AND ACCEPTANCE STRATEGIES FOCUSING ON EMPATHETIC JOINING AND UNIFIED DETACHMENT WHICH ARE FIRST LINE INTERVENTIONS OF IBCT.

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# History, Process, and Benefit

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## OBJECTIVE 1

## History



- Behavioral Couples Therapy
  - First steps
  - Jacobson and Anderson
  - Christensen
- Traditional Behavioral Couples Therapy
  - Behavior Exchange
  - Communication/Problem-solving Training
- Limitations of TBCT
  - Outcome Studies
  - Something missing?

## Acceptance



## What is the IBCT process about?

- To make an informed decision about the future
  - Not about saving marriages
- Stance of the therapist

## IBCT Outcome Studies

- Traditional vs Integrated
  - 75%

## Phase One

**OBJECTIVE 2**

**Overview of IBCT**

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- **PHASE 1**
  - Assessment phase
    - 1 joint and 2 individual sessions
  - Clinical formulation and feedback
    - 1 joint session
- **PHASE 2**
  - Active treatment
    - Multiple joint sessions
  - Termination
    - Spaced joint sessions

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**Assessment and Feedback: Format**

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- Initial session with both partners
  - Presenting problems and context
  - Relationship history
  - Assign measures, book
- Individual interviews with each partner
  - Presenting problems and context
  - Violence, affairs, commitment
  - Individual history and current social context
- Feedback session with both partners
  - Feedback on assessment; outline of treatment

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**Feedback Session: Case formulation**

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- Level of distress and commitment
- Case Formulation – **DEEP** analysis of the problematic issue or theme with which the couple struggles
  - Differences or incompatibilities
  - Emotional reactions/sensitivities/vulnerabilities
  - External circumstances/stressors
  - Patterns of communication/interaction
  - Impact – hopeless/helpless, adversaries/strangers
- Strengths – individual and couple

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### Feedback Session: Treatment Plan

- General goals for treatment
  - Acceptance of differences & sensitivities
  - Change patterns of interaction
- Specific goals related to issues
- Methods (during 2<sup>nd</sup> phase):
  - Incidents (+, -, future) & issues
  - Discussion with T active participation
  - Weekly questionnaire as basis

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### Phase Two

#### OBJECTIVE 3

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### Therapeutic Methods in IBCT

- Guiding Formulation – DEEP understanding
- Focus on emotionally salient, in-vivo exp.
  - Events in therapy that reflect formulation
  - Recent or upcoming incidents
  - Issues of current concern that reflect formulation
- Strategies:
  - Affective change – “Empathic Joining”: New emotional experience (compassionate Dis)
  - Cognitive change: “Unified Detachment”: New perspective on the problem (Analytical Dis)
  - Behavioral change: New coping (Practical Dis)

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### Format for Treatment Sessions

- Weekly Questionnaire; Check-in
- Violent/destructive event; major change
- Debrief positive events
- Set agenda based on client incidents/issues
- Use interventions below for incidents/issues
- Shift agenda as problem discussion ⇔ problem
- Wind down and summary
  - Questionnaire, homework

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### Who Talks to Whom?

- Each partner talks to therapist
  - Therapist has most control
  - Therapist insures hearing & validation for each
  - Therapist can reinforce each appropriately
  - Therapist can transition effectively
  - Less generalization
- Couple talks to each other
  - Therapist directs the discussion - enactments
  - Therapist intervenes in the discussion
  - Therapist watches and applauds discussion

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### Empathic Joining – Purpose

(focus: Emotional Sensitivities)

- Heart-to-heart discussion of a significant relationship experience
- Both partners share feelings, some that they may not have shared before
- Partners experience understanding and validation, from therapist & partner
- Partners experience greater intimacy and emotional acceptance

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## Empathic Joining: Therapeutic Strategy

- Be attentive to emotional reactions
  - Hidden, initial, primary, soft vs.
  - Surface, secondary, reactive, hard
- Prompt personal disclosure
  - Probe, explore, elicit, suggest emotions
  - Highlight, validate and reflect emotions
  - Prompt disclosure to partner
  - Prompt partner response (e.g., summary, reaction)

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## Unified Detachment – Purpose

(focus: Pattern of Interaction)

- Intellectual discussion about a significant relationship experience
- Partners reveal thoughts, views, perspectives, and observations
- Discussion of relationship experience is
  - descriptive, nonjudgmental, dyadic, and mindful
  - versus evaluative, blaming, individually oriented and responsibility-seeking
- Partners often feel a sense of common, unified perspective on a problem and greater acceptance of the problem

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## Unified Detachment: Therapeutic Strategies

- Engage couple in a discussion that
  - Describes sequence and patterns
  - Identifies “triggers” and “buttons”
  - Makes comparisons/contrasts (ratings)
  - Distinguishes intentions from effects
  - Employs humor, metaphor, and images
  - Treats problem as an “it” versus a “you”

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### Direct Change - Purpose

- Communicate more effectively
- Problem solve more effectively
- Increase positive interactions
- Increase tolerance of negative events
- Partners often experience a greater sense of confidence and control

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### Direct Change - Strategies

- Strategies
  - Prompt existing behavioral repertoires first
  - Teach new communication/problem solving strategies or suggest new + events secondarily
- Interventions
  - Replay difficult interactions
  - Discuss vexing problems and possible solutions
  - Identify, prompt, & debrief + actions
  - Anticipate/prepare for challenging events
  - Conduct Tolerance interventions
  - Do BE; Train traditional CT/PST

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### Ordering of Interventions

- Start with EJ & UD not direct change
  - Partners get heard, understood, and true issues and feelings exposed
  - May on its own trigger improved functioning
- Integrate EJ and UD
  - Debriefing incident in or out of therapy
- When doing direct change interventions
  - Prompt existing behaviors before teaching new behaviors

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### Ordering of Interventions - Continued

- Tolerance interventions done
  - Later rather than earlier
  - When couples have some distance
- Adapt interventions to couple
  - Capitalize on their strengths (e.g., humor)
  - Address needed deficits (e.g., difficulty in expressing emotion, shutting down during difficult communication)
  - Repeat what works

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### Termination Phase

- When should you begin termination?
  - Significant progress made
  - Couple desires termination
  - Little of emotional significance to discuss
  - Note – 26 sessions max in clinical trial
- Process of termination
  - Space sessions at longer intervals
  - Allow boosters sessions as needed

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### Termination Session

- A post-treatment feedback session, emphasizing progress
- Use post-treatment data as part of the feedback
- If couple calls in to terminate, suggest a closure session
- Plans for dealing with set-backs

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