

ANNEX A2 - 1

Advanced Couple Therapy for Depression Training for Relate Practitioners - National Curriculum

CONTEXT

The competences required to deliver effective Couple Therapy for Depression are drawn from NICE-endorsed research studies and from other Expert Reference Group accepted Randomised Controlled Trials that examined the effectiveness of key couple therapy modalities, drawing on behavioural principles as developed since the 1970s in the USA and other evidence-based approaches such as, Interpersonal Therapy-Conjoint Marital (IPT-CM); Systemic Therapy; Emotion-focused Therapy (EFT); and Insight-oriented Therapy. As a result, the Couple Therapy for Depression competencies include a range of approaches all of which have been shown to increase relationship satisfaction and so reduce depression in couples. Couple Therapy for Depression is specifically designed to address presenting symptoms of depression and for delivery within the context of the IAPT programme.

There is a sound rationale for Relate providing the workforce within the NHS to deliver the Couple Therapy for Depression model; its integrative components are well suited to Relate practitioners' training – it was always 'the vision'.

The training to deliver this therapy through Relate Centres will depend on each Centre creating a prior working relationship and contract for delivery with their local IAPT services, to provide an appropriate referral pathway and the necessary funding for training.

GATHERING EVIDENCE FOR ADVANCED COURSE FOR RELATE PRACTITIONERS

Having trained over 100 Relate counsellors and therapists to date, with many working in thriving Couple Therapy for Depression services for IAPT, feedback has been collated from Relate Couple Therapy for Depression practitioners as to the main areas where they believe the training needs to be focussed.

We have also additional input from Couple Therapy for Depression supervisors who have worked closely with Relate practitioners over the 6 years we have been delivering this training. Several of them, as well as working within IAPT services, are also former Relate counsellors and supervisors.

CURRICULUM FOR RELATE TRAINING

The training consists of:

1. a five-day advanced course
2. an additional period of up to a total of 20 sessions of supervision in groups of 3-4, (often remotely) lasting 1.5 hours, with a Couple Therapy for Depression accredited supervisor
3. undertaking a minimum of two cases
4. recording and self-rating of 3-5 taped sessions, to be reviewed and rating also by supervisor with written feedback
5. written self-reflective questionnaire around learning, supervision and understanding of the model in relation to working with depression and couples.

ASSESSMENT OF COMPETENCY

Specifically for Relate, the CTfD competency adherence framework and assessment (see attached Portfolio requirements and competency framework) has been revised with more emphasis on an understanding of depression, its symptoms, risk and relapse prevention and increased self-reflection on learning and supervision.

Aims of the Training:

1. To focus on advanced couple therapy skills and techniques for working with depression in accordance with NICE guidelines and evidence based practice
2. To revise couple therapy techniques
3. To focus on depression, its symptoms, assessment and risk
4. To focus on the couple as a resource for recovery from depression and relapse prevention
5. Offering techniques in delivering a model and contract setting and the importance of this when working with a diagnosis of depression in one or both partners
6. To provide the context for working within IAPT services and offering Couple Therapy for Depression for Relate workers, including use of IAPT measures.

Structure of the Relate Training

The Units & associated competencies

Each unit is half a day; the training aims to cover all the Specific Technique Competencies for the treatment of depression by couple therapy outlined in the Competencies Framework. It also includes refreshers on basic principles of couple therapy and emphasises the role of feelings and emotional states as well as behavioural interactions between the couple, and the need for rigorous assessment of risk. Each unit, therefore, has its own associated competencies which link, as follows:

Unit 1a – Introduction to IAPT for Relate counsellors: IAPT Context and Depression

Competency: Knowledge of IAPT context and depression

Competency: Ability to use IAPT measures to guide therapy and to monitor outcomes

Unit 1b – Depression *cont.* and Risk *in Couples*

Competency: Knowledge of depression and risk

Competency: Ability to use techniques that focus on relational aspects of depression

Unit 2a – Working Therapeutically with the Couple Relationship

Competency: Ability to use advanced techniques that engage the couple where depression is present and Promoting Acceptance

Unit 2b – Managing Feelings in the Context of Depression

Competency: Managing feelings

Unit 3a – The Couple Relationship: advanced interaction skills for working with depression, i

Competency: Revising perceptions

Unit 3b - The Couple Relationship: advanced interaction skills for working with depression, ii

Competency: Improving communication in depression

Unit 4a - The Couple Relationship: advanced interaction skills for working with depression, iii

Competency: Coping with stress

Unit 4b - The Couple Relationship: advanced interaction skills for working with depression, iv

Competency: Changing behaviour

Unit 5a - The Couple Relationship: advanced problem solving skills and Video Assessment

Competency: Solving problems

Unit 5b – The Couple Relationship: endings & relapse prevention and Video Assessment

Competency: Ability to end Couple Therapy for Depression, including relapse prevention

Method of Training

The 5 day course will be a mix of:

Didactic teaching – there are certain elements of the training that require a basic knowledge across participants so that they can work in a consistent way, nationally, as Relate workers within IAPT services. These include the overarching elements common to the practice of Couple Therapy for Depression of ‘working with depression’ and ‘working with difference’ (cultural competence).

Large and small group discussion – the participants are all Relate professionals and so will bring this to the learning experience of the course. Trainers need to ensure that any didactic teaching is followed by sufficient time to explore the different perspectives of the participant group – particularly as there may be conceptual and theoretical differences, and different levels of experience between group members in some instances.

Extensive use of case-discussion and role-play – these will form the largest part of any training course, for two reasons: firstly, the specific competencies underpinning the training are ones of technique, rather than knowledge; and, secondly, this allows participants to examine their own existing skills and practices in an experiential way, so learning by comparing and contrasting with each other.

Video assessment of a role-play using actors – these should focus on the promotion of Acceptance and Tolerance in the way the competencies for Couple Therapy for Depression describe and which will have been covered in the training. Participants should get clear feedback about their performance in such a way that enables them to identify skills deficits and see how they may be remedied.

Self-reflection questionnaires – these are specifically designed to encourage reflexivity in the participants about the relationship between their existing skills and those specified as effective in treating both relationship distress and depression in couples. They should be completed for each unit that specific techniques are outlined and should form part of the overall assessment of the participant.

Supervised Clinical Work

Back in their local centres, Relate practitioners will continue to work with couples. At least 2 cases have to be brought to Couple Therapy for Depression supervision to members of the training team (in the first instance) where they will be helped to continue developing the skills needed to work with depression. Trainees will attend 80% of 20 group supervision sessions (with 3-4 trainees for 1.5 hours) with an accredited CTfD supervisor.

After each supervision, supervisees complete a quick survey that outlines their learning and returns to their supervisor to collate as part of their Portfolio of Learning on the course.

Assessment of Relate practitioners' competence

There is a comprehensive self-assessment tool for Relate practitioners to rate themselves against the list of competencies for Couple Therapy for Depression. Supervisors will also rate practitioners against these, using the Couple Therapy for Depression Competency Adherence Scale. The videoed role play with actors will be rated against the key competencies it is designed to draw out. Written feedback is given to trainees on what they need to develop further.

The training is designed, however, to increase the range of relevant techniques available to the practitioner in their work with depressed couples; a further part of the assessment process in the training is the participant's self-reflection on their choice of technique and how these can be integrated into their existing practice.

The training team hold a balance between endorsing the existing skills that a participant brings to the course and encouraging the development of new skills. No participant will be expected to adhere to all the techniques discussed on the course; they will, however, be expected to be able to justify their choice of any particular technique at any one time. The Overarching Meta-competency of **A Capacity to use different therapeutic approaches coherently and appropriately** is key to the learning outcomes of the course.

Trainees will submit a formulation tape for 2 training cases and self-rate against the FORMULATION COMPETENCY ADHERENCE SCALE SUMMARY SHEET. This will be sent to the supervisor who will also rate the tape and give written or verbal feedback.

In total, trainees will submit a minimum of 3 tapes (2 formulations and 1 CTfD intervention) and a maximum of 5 tapes (2 more tapes should that be necessary due to drop out or client recovery or in consultation with supervisor). All tapes are rated by the supervisor and written feedback given to trainee.

At the end of training, trainees are required to complete the PRACTITIONER SELF-REFLECTIVE QUESTIONNAIRE and submit to their supervisor.

Accreditation

Successful completion of the training course plus successful assessment of competence in two cases by a supervisor of Couple Therapy for Depression enables the practitioner to apply for accreditation as: a "Couple Therapy for Depression IAPT Practitioner". A list of accredited Relate practitioners in Couple Therapy for Depression held by Tavistock Relationships on their Couple Therapy for Depression website and Learning Hub. BACP accreditation is also being negotiated for this training.

Supervisor Training

There is a supervisor training for already trained supervisors or equivalent who have demonstrated their competence as Couple Therapy for Depression IAPT Accredited Practitioners. It has two main parts: a one-day review of the model and its assessment, followed by six months of consultation to the practise of supervision in this modality.

Unit 1a – Introduction to IAPT Context and Depression

IAPT Induction Outline for Relate counsellors

Background to the IAPT Programme for Relate counsellors: History/ Access/ NICE guidelines/ Economic Case

- Targets
- Model
- Education and training of workforce
- Monitoring and evaluation
- Modalities based on NICE Guidance
- Long term sustainability

Learning Outcomes

Competency in:

- a working knowledge of the principles, practice, and ability to deliver high-intensity psychological therapy for depression in couples within a stepped-care system.
- consistently using outcome measures in the therapy in a way that promotes balance, curiosity and enables the revision of fixed or problematic perceptions of each partner in the relationship.
- using measures to provide appropriate feedback to the couple which helps support the couple's own awareness of their emotional state and encourage self-monitoring.
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Ability to use measures to guide therapy and to monitor outcomes for Relate counsellors

Knowledge of measures and ability to interpret measures

An ability to draw on knowledge of commonly used questionnaires and rating scales used with people with depression

An ability to draw on knowledge regarding the interpretation of measures (e.g. basic principles of test construction, norms and clinical cut-offs, reliability, validity, factors which could influence (and potentially invalidate) test results)

An ability to be aware of the ways in which the reactivity of measures and self-monitoring procedures can bias client report

An ability to use measures throughout treatment with couples

Knowledge of self-monitoring

An ability to draw on knowledge of self-monitoring forms developed for use in specific interventions

An ability to draw on knowledge of the potential advantages of using self-monitoring

- to gain a more accurate concurrent description of the client's state of mind (rather than relying on recall)
- to help adapt the intervention in relation to client progress
- to provide the client with feedback about their progress

An ability to draw on knowledge of the potential role of self-monitoring:

- as a means of helping the client to become an active, collaborative participant in their own therapy by identifying and appraising how they react to events (in terms of their own reactions, behaviours, feelings and cognitions)

An ability to draw on knowledge of measurement to ensure that procedures for self-monitoring are relevant (i.e. related to the question being asked), valid (measuring what is intended to be measured) and reliable (i.e. reasonably consistent with how things actually are)

Ability for Relate workers to integrate measures into the intervention

An ability to use and to interpret relevant measures at appropriate and regular points throughout the intervention, with the aim of establishing both a baseline and indications of progress

An ability to share information gleaned from measures with the client, with the aim of giving them feedback about progress

An ability to establish an appropriate schedule for the administration of measures, avoiding over-testing, but also aiming to collect data at more than one time point

Ability for Relate workers to help clients use self-monitoring procedures

An ability to construct individualised self-monitoring forms or to adapt 'standard' self-monitoring forms, in order to ensure that monitoring is relevant to the client

An ability to work with the client to ensure that measures of the targeted problem are meaningful to the client (i.e. are chosen to reflect the client's perceptions of the problem or issue)

An ability to ensure that self-monitoring includes targets which are clearly defined and detailed, in order that they can be monitored/recorded reliably

An ability to ensure that the client understands how to use self-monitoring forms (usually by going through a worked example during the session)

Ability for Relate workers to integrate self-monitoring into the intervention

An ability to ensure that self-monitoring is integrated into the therapy, ensuring that sessions include the opportunity for regular and consistent review of self-monitoring forms

An ability to guide and to adapt the therapy in the light of information from self-monitoring

UNIT 1b – Depression *cont.* & Risk in Couples

Knowledge of depression for Relate counsellors

An ability to draw on knowledge of the cluster of symptoms associated with a diagnosis of depression:

- depressed mood most of the day
- marked loss of interest or pleasure in daily activities
- sleep problems
- loss of appetite and significant loss of weight
- fatigue/exhaustion
- difficulties getting to sleep or excessive sleep
- psychomotor agitation (feeling restless or agitated) or psychomotor retardation (feeling slowed down)
- feelings of worthlessness or excessive guilt
- low self-confidence
- difficulties in thinking/ concentrating and/or indecisiveness
- recurrent thoughts of death, suicidal ideation, suicidal intent (with or without a specific plan)

An ability to draw on knowledge:

- that a diagnosis of depression is based on the presence of a subset of these symptoms
- that of these symptoms, depressed mood; loss of interest or pleasure; and fatigue are central
- that symptoms need to be present consistently over time (e.g. DSM-IV-TR criteria specify two weeks, ICD-10 criteria specify one month)

An ability to draw on knowledge of the diagnostic criteria for all mood disorders (including minor depression/dysthymic disorder and bipolar disorder) and to be able to distinguish between these presentations

An ability to draw on knowledge of the incidence and prevalence of depression, and the conditions that are commonly comorbid with depression.

An ability to draw on knowledge of various models of treatment for depression, including medication.

An ability to draw on knowledge of the patterns of remission and relapse/recurrence associated with depression.

Ability for Relate counsellors to use techniques that focus on relational aspects of depression

An ability to focus on and reduce negative cycles of influence between depression and couple interactions, for example by:

- educating couples about potential links between depression and stressful patterns of relating in the couple
- revision of gathering in broader aspects of the couple's relationship and focusing on these (for example, concentrating on their roles as parents as well as partners)
- inviting the depressed partner to assume the caring role normally occupied by her or his partner
- asking the depressed partner to help her or his partner to express feelings supporting the depressed partner in being assertive
- discouraging blaming, denigration and contempt
- encouraging partners to maintain routines, surroundings and relationships that provide them with a sense of familiarity and security

Revision of the ability to take account of sexual functioning in the couple's relationship, and the impact of depression on the sexual functioning for example by:

- exploring the current state of their sexual relationship
- identifying any changes that have taken place over time
- establishing if the couple wants specialist help for any sexual dysfunction
- making a referral, where appropriate, for specialist help

Review and revise exploration of interpersonal roles in the couple relationship, especially with regard to care giving and care receiving, for example by:

- using family life-space techniques to enable partners to represent how roles are divided between them, including any changes that have taken place as a result of depression
- encouraging each partner to depict graphically the amount of time and energy they believe they spend carrying out these roles, including any changes that have taken place
- using genograms to investigate family-of-origin roles
- reviewing how roles were allocated in previous partnerships
- highlighting similarities and differences between each partner in terms of their cultural expectations
- investigating how their audit of relationship roles compares with what each partner expects and desires
- identifying areas where changes might be achieved

An ability to consult with the couple about their interaction, for example by reflecting back observations about:

- recurring patterns of relating between the partners, particularly around depression
- ways in which each partner and the couple use their therapist
- any relevance this might have to their relationship concerns

An ability for Relate counsellors to generate and test hypotheses that explain depressive symptoms through the relational contexts in which they occur, for example by:

- offering thoughts about the possible functions of symptomatic behaviour for each partner
- highlighting the roles played by each partner and others in creating and maintaining depressive symptoms, and exploring possible reasons for these describing interactive patterns that may maintain depressive symptoms

An ability to challenge repetitive sequences, for example by:

- interrupting monologues, or cycles of accusation, rebuttal and counter-accusation
- exploring possible functions performed by such repetitive sequences for each partner and the couple
- suggesting alternative behaviours or ways of communicating, including specific skills to regulate conflict

Learning Outcomes for Relate counsellors

Competency in:

- assessing risk factors associated with depression in couples and the integration of risk management within treatment plan
- assessing suicidal risk and implementing practical strategies for managing suicidality in couples
- addressing relational aspects of depression through the appropriate use of depictive, challenging and supportive techniques
- identifying unhelpful cycles of between the couple and enabling the couple to observe and use ways of changing their interactions
- addressing the role of the couple's sexual relationship in their difficulties

Advanced Skills Questions for Relate workers for Unit 1

- How does the depression of one partner affect the other partner's feelings and responses?
- What do you understand by the concept of formulation?
- What do you think are the best ways of co-creating goals for therapy with couples where one or both are diagnosed with depression?
- What helps and what hinders recovery from depression?
- How might your views on depression affect your work with couples?
- Why use measures and how do you involve couples in their use?
- How up-to-date do you feel about the impact of medication on sexual functioning?

Unit 2a – Relate counsellors’ revision of working therapeutically with the couple relationship – engagement, balance, involvement and promoting acceptance in the context of a diagnosis of depression for one or both halves of the couple.

Relate counsellors’ revision of the ability to use techniques that engage the couple in the context of depression

An ability to promote a collaborative alliance between the partners in the couple, for example by:

- using empathic questioning to help the partners explore and reappraise their respective positions
- encouraging the partners to address each other directly, rather than the therapist being drawn into a role as mediator or interpreter

An ability to engender hope where there is a diagnosis of depression about the therapeutic process, for example by:

- expecting neither too little nor too much about what can be achieved and by when engaging constructively with problematic issues
- encouraging, recognising and reflecting back positive cycles of interaction in the couple reinforcing achievements by marking and celebrating positive change

An ability to instigate therapeutic change in the context of depression, for example by:

- encouraging shared responsibility for the therapy by constructing agendas collaboratively;
- recapitulating and checking out key communications made during sessions encouraging couples to describe events and episodes in active rather than passive terms (for example, asking ‘how did you make that happen?’ rather than ‘how did that happen?’)
- creating openings for new relational experiences (for example, through collaboratively setting homework assignments)
- being clear and sensitive about the rationale for any homework assignment, and following up on how it is experienced as well as whether it has been completed

Relate counsellors’ skill in promoting acceptance

An ability to work with couples in ways that respect each partner’s experience of depression, for example through:

- educating the couple about depression

- accepting the couple's reality of the depressed partner as patient
- accepting the reality of both partners' depression when this is the case, and the limitations on what each can do for the other in the short term
- engaging the supportive abilities of the non-depressed partner
- evaluating and managing the patient's depressive symptoms, including the need for either social stimulus and/or medication
- relating to the depressed partner as 'more than his or her depression', to help reduce the effects of depression
- assisting the depressed partner to manage their condition for themselves

An ability to help partners empathically connect with each other around their concerns by:

- eliciting vulnerable feelings from each partner that may underlie their emotional reactions to their concerns
- encouraging them to express and elaborate these feelings
- conveying empathy and understanding for such feelings
- helping each partner develop empathy for the other's reactions through modelling empathy toward both partners

An ability to help the couple empathically connect with each other in distancing themselves from their concerns, for example by helping partners:

- step back from their concerns and take a descriptive rather than evaluative stance towards it
- describe the sequence of actions they take during problematic encounters to:

build awareness of the triggers that activate and escalate their feelings

consider departures from their behaviour and what might account for such variations

generate an agreed name for problematic repetitive encounters to help them call 'time out'

An ability to help the couple develop tolerance of responses that the problem can trigger by:

- helping partners identify positive as well as negative functions served by problematic behaviour
- using desensitising techniques to reduce the impact of problematic behaviour (such as practising arguments in sessions)

Learning Outcomes

Competency in:

- moving between the concerns and perspective of each partner and their shared relationship in such a way that the relationship itself becomes a resource for them
- developing tolerance in the couple for the exploration of their competing positions and perspectives
- using techniques that focus on the development of empathic acceptance of difference between the couple

Unit 2b – Managing feelings and emotions in the context of depression

Managing feelings in depression
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An ability to encourage the expression and reformulation of depressive affect, for example by:

- supporting the expression of depressed feelings, and the partner's reactions to depressed feelings, and encouraging acceptance of them

An ability to work with partners who might minimise expressions of emotion, for example by:

- heightening emotions, in a controlled and safe way within the session by repeating key phrases to intensify their impact

An ability to work with partners who amplify the expression of emotion, for example by:

- curtailing statements of contempt through opening up explorations of its impact and underlying emotions
- helping partners to establish useful boundaries around emotional expression, for example through:
 - scheduling mutually agreed times and places in which to discuss feelings, especially those associated with painful experiences, whether shared or separate
- encouraging partners to accept the importance of other relationships (such as friends and relatives) to provide additional emotional support, and to reduce unmanageable pressure on the relationship, while also:
 - identifying and agreeing upon mutually acceptable boundaries (such as, for example, mutually agreed sexual or financial limits to other relationships)

An ability to work with mismatches between partners' emotional responses and meanings accepting and processing mismatches of emotional expression and responsiveness

- helping translate each partner's respective meanings of the other's behaviours
- helping the couple reach clearer shared understandings of each other's responses and meanings
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Learning Outcomes for Relate counsellors

Competency in:

- engaging the couple in active and open discussion of their emotional states, both positive and negative, in a way that promotes empathic joining between the couple
- enabling the safe exploration of 'strong' emotions including anger and despair and helping the couple see these as normal in the circumstances of their lives and relationship, whilst assessing the couple's ability to cope with such exploration at any one time

- surfacing hidden emotions, such as 'soft' feelings of vulnerability underlying 'hard' feelings of anger, in such a way as to enable greater understanding and acceptance of each partner's emotional worlds (including the ways they perceive and react to feelings)

Unit 3a – The Couple Relationship:

Relate counsellors' advanced interaction skills for working with depression, i

Revising perceptions

An ability to observe and reflect back on observations of seemingly distorted cognitive processing, for example through:

- marking selective inattention
- encouraging partners to check out the validity of attributions they make about each other
- encouraging partners to check out the validity of perceived criticism
- drawing attention to self-reinforcing problematic predictions and assumptions

An ability to reduce blame and stimulate curiosity in the partners about their own and each other's perceptions, for example through:

- 'circular' questioning (questioning that highlights the interactive nature of each partner's behaviour on the other)
- 'Socratic' questioning (questioning that re-evaluates the logic behind existing positions in order to create an alternative, more functional logic)
- encouraging partners to 'read' what their partner is thinking and feeling through:
 - picking up verbal and non-verbal cues and messages

listening to feedback about the accuracy of these readings

minimising unhelpful 'mindreading'

- imagining the effects their behaviour and feelings have on their partner, and to accept and reflect on feedback from their partner about this
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Relate counsellors' ability to use techniques that increase the partners' understanding of their own and each other's vulnerability to cognitive distortion, for example by encouraging them to:

- identify recurring behaviour and feelings that might act as flashpoints for each partner in their relationship
- explore the contexts in which they arise
- encourage reflection across relationship domains about similar experiences and reactions

An ability to engage the curiosity of partners about possible links between their current relationship perceptions and past developmental experiences, for example by:

- using devices such as family genograms to identify cross-generational family meanings, norms, and/or expectations, especially with regard to relationship roles and scripts
- allowing embedded roles, scripts, themes, and patterns that might contribute to distortions in the representation of relationships to emerge and be worked with;
- linking past attachment themes and problematic experiences with current perceptions and predictions

An ability to develop shared formulations of central relationship themes, for example by:

- exploring the transference of representations of past attachment patterns, roles and affects into current couple and/or therapy relationships, and helping the couple distinguish between past and present meanings and realities
- exploring the therapist's own emotional and behavioural responses, both to each partner and to the couple itself in order to make connections between the affective experiences of each partner and their therapist to build understanding from shared experience

Revision of the ability to identify and make links between specific arguments and central relationship themes, for example by highlighting:

- meanings, thoughts and feelings that accompany escalating arguments
- recurring tensions over the need for intimacy and autonomy
- conflicts that are structured around issues of dominance and submission
- roles that rooted in gender or cultural expectations that might be uncomfortable for one or other of the partners
- past attachment experiences that might be creating anxieties and fears

An ability to reframe events, actions, feelings or interactions to provide alternative, more positive and/or functional meanings to those posited by one or both partners in order to change perceptions of what is going on in the relationship, for example by:

- reconceptualising a partner's perceived negative motivations as misguided or misfired attempts to be supported by and/or supportive of the other
- emphasising the desire of partners to enable rather than disable each other

An ability to apply developing formulations to achieve changes in perception, for example by:

- working through past attachment difficulties, disappointments and losses
- making accessible and accepting feared emotions/experiences, and encouraging new ways that partners can be with each other providing the context for a corrective emotional experience that encourages each partner to feel secure with each other

Learning Outcomes

Competency in:

- identifying cognitive, perceptual and emotional distortions and misconstruals and using a variety of techniques to enable the couple to change or correct these
- enabling the couple to see the impact of repetitive patterns between them, and to identify their roots in each of their developmental and relationship histories, so enabling change in appropriate ways.

Advanced Skills Questions for Unit 2

- What couple dynamics make acceptance work easier or more difficult for couples?
- What links exist between working with cognitions and working with emotions?
- What are the pros and cons of working within structured behavioural paradigms

Unit 3b - The Couple Relationship:

Relate counsellors' advanced interaction skills for working with depression, ii

Improving communication in depression
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An ability to use advanced techniques to aid communication, including:

- Techniques to introduce exercises within CTfD, elicit feedback and work with resistance
- Techniques to encourage couples to repeat exercises outside therapy and explore roadblocks to progress
- Techniques to unreciprocated encourage behaviour exchange and increase positive exchanges
- An ability to help couples define their problems in ways that limit complaint or criticism
- Techniques that help problem solving where there is depression in one or both partners

Learning Outcomes

Competency in:

- using and teaching communication skills including listening and disclosing in such a way as to further the development of acceptance and tolerance in the couple
- modelling appropriate use of communication, including silence and care in expression, so that the couple's experience of appropriate and helpful communication is reinforced
- enabling the empathic use of curiosity and receptivity about each other

Unit 4a - The Couple Relationship:

Relate counsellors' advanced interaction skills for working with depression, iii

Coping with stress

Revision of the ability to help partners cope with their own and each other's stress, for example by:

- enhancing a sense of safety by encouraging each partner to talk first about low level stressors that are removed from home before going on to talk about higher level stressors that may be closer to home
- encouraging the speaking partner to identify what they might find helpful in coping with the stress – using techniques such as creating a 'stress map'
- enabling the listening partner to offer empathic support for the speaker in disclosing what they are finding stressful, and any specific needs they may have in order to cope with the stress
- encouraging the speaking partner to provide empathic feedback on their experience of being supported
- repeating these sequences with the partners changing speaker and listener roles
- maintaining fairness and equity in the balance of speaker and listener roles to ensure neither partner is privileged in either role

Learning Outcomes

Competency in:

- enabling the couple to express and explore things they find stressful in a carefully managed way, ensuring that the exploration itself does not become over-stressful
- enabling the couple to recognise and accept that some stressors cannot be got rid of, but can be lived with as part of an ordinary relationship
- maintaining a balance between each of the partners in a way that is not rigidly equal but which matches the emotional needs of the couple at any one time
- enabling the couple to identify and distance themselves from influential and repetitive family 'scripts' or expectations that arise from their developmental histories so enabling accurate perception of the current interactions between them

Unit 4b- The Couple Relationship:

Relate counsellors' advanced interaction skills for working with depression, iv

Changing behaviour

An ability to hold collaborative discussions to establish and assist in achieving agreed upon and specific goals, including:

- helping couples identify and set their own goals for the therapy
- establishing the rules and procedures for achieving these goals
- when appropriate, contracting with either or both partners to refrain from specific behaviour (for instance, behaviour that has been agreed-upon as dangerous)
- exploring why behavioural agreements entered into by the partners have worked or failed to work, and reviewing goals in the light of this

An ability to instigate an increase in reciprocated positive behaviour, for example by:

- noting such positive behaviour in the couple and:
 - focusing on increasing the frequency of positive exchanges rather than on diminishing negative exchanges
- helping each partner to generate a list of specific, positive, non-controversial things they could do for the partner
- helping the partner to whom the list is directed to develop the list
- conducting a staged approach in which:
 - requests from partners are simple and clear
 - complaints from and about partners become wishes
 - specific, reciprocal, achievable changes are negotiated and worked at together
 - progress is monitored by all participants
- encouraging the reciprocation of positive behaviour

An ability to instigate an increase in positive behaviour that does not depend on reciprocation, for example by:

- enabling partners to identify and achieve specific changes they want to make in themselves irrespective of whether their partner reciprocates, including:

changes of a broad nature, such as improving the emotional climate of the relationship through being more available to share time

changes with a specific focus, such as the manner in which concerns are raised

- encouraging partners to predict how changes in their own behaviour might have a positively reinforcing effect upon their partner:

exploring how this prediction looks to the partner

exploring their own and their partner's response to initiating such change

- identifying and articulating relationship themes and meanings for each partner that lie behind specific behaviour

Learning Outcomes

Competency in:

- building on the collaborative engagement of the couple in the relationship and in the therapy by encouraging a collaborative approach to behavioural change
- Relate workers using behavioural-exchange techniques in a way that prioritises the increase in positive behaviours over the reduction of negative ones
- enabling the couple to accept and tolerate their differences between them about reciprocity of wished-for behaviours, so promoting greater trust in the relationship
- promoting empathic bonding between the couple through the use of techniques that enable an empathic understanding of each other's view of the behaviours in question through identifying and articulating the underlying relationship themes and meanings for each partner

Unit 5a - The Couple Relationship: problem solving skills for working with depression

Solving problems skills for Relate workers

An ability to create and nurture shared systems of meaning within the couple as a prelude to addressing problems, for example by:

- encouraging partners to talk to each other about respective hopes and fears they have about their relationship, especially when they feel upset or threatened
- establishing and noting, to underline their intentional nature, the partners' daily rituals of connecting with each other (over meal times, shared activities and so on)

- identifying ways, and noting their intentional nature, in which partners already are supported by each other in their shared roles (parenting, home maintenance and so on)
- facilitating the emergence and recognition of a shared relationship story:
- noting how it clarifies and sustains the values and meanings the partners have in common

An ability to help couples define problems in ways that can limit complaint or criticism, for example by encouraging partners to:

- use specific examples when raising potentially contentious issues
- convey why the problem is important to them
- include clear statements about how the problem makes them feel

An ability to provide a structured and stepped approach to problem-focused discussions, for example by:

- separating the process of sharing thoughts and feelings from discussions about the way in which decision-making and problem-solving will proceed
- developing communication skills before applying them to problem-solving
- starting with low conflict before proceeding to high conflict issues
- addressing one problem at a time
- avoiding being side-tracked
- discouraging disagreements when there is insufficient time to address them

An ability to enable partners to try out different approaches to managing conflict, for example by:

- enacting arguments in the safety of the therapy session
- interrupting enacted arguments to explore alternative approaches
- encouraging pretend or controlled arguments outside sessions

An ability to help couples find a solution to identified specific problems through sequentially:

Defining problems

- brainstorming potential positive alternatives to current problematic behaviour
- evaluating the pros and cons of those alternatives
- negotiating alternatives
- identifying the components of a contract
- forming an explicit (when appropriate, written) contract
- being able to differentiate between soluble and insoluble problems, and where problems are insoluble maintaining a dialogue round the insoluble problem

Learning Outcomes

Competency in:

- using problem-solving techniques in a way that matches the each of the partners' abilities and sensitivities to manage conflict, either actual or feared, at any one time
- enabling the couple to accept and tolerate the insoluble differences between them that usually lead to conflict
- promoting empathic bonding between the couple through the use of techniques that enable an empathic understanding of each other's position in the conflict
- enabling and containing discussions of common conflict-areas of a couple's life such as sex, money, family and parenting, in such a way as to enable the couple to self-regulate more effectively

Advanced Skills Questions for Unit 5

- How might different presentations of depression affect a couple's abilities to use problem solving and behaviour exchange exercises?
- What precisely would you do if a couple finds it difficult to stay with the problem-definition stage of problem-solving and moves on prematurely to trying to solve it?

Unit 5b – The Couple Relationship: endings & relapse prevention and Video Assessment

Ability to end couple therapy in the context of depression

To revise techniques to review couple skills learnt during therapy and evaluate change where there is depression

To revise techniques on ending therapy where there is depression and encourage couple reviews

An ability to prepare a relapse prevention plan collaboratively with the couple that addresses both individual problems (depression in one partner) and couple problems (communication patterns) and sets out realistic interventions for these both to maintain gains and manage potential deterioration

An ability to liaise about the ending appropriately with other Relate practitioners who made the referral for couple therapy, and to refer on to other services where required and agreed

Learning Outcomes

Competency in:

- working collaboratively with the couple in constructing an idiosyncratic relapse prevention plan or blueprint of therapy to maintain and consolidate gains and identify future stresses that might lead to further distressed feeling

- dealing with the mixed feelings that ending therapy brings, including helping the couple understand the impact of the loss of the therapy relationship on them, and linking this to the characteristic ways that they deal with such events
- judging the interaction between ending therapy and outcome measure scores for any particular couple
- liaising with professionals about the case ending in such a way as to increase their understanding of the nature of CTfD, so enabling better informed referrals

Advanced Skills Questions for Unit 5

- What kinds of things do you think should be included in a relapse prevention plan and how might you use measures to illustrate this?