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The Hope-Focused Approach to Couple Enrichment and Counseling

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The hope-focused approach (HFA) to couple counseling and enrichment is a strategic short-term couple-treatment program that has been developed through programmatic research (Worthington, Ripley, Hook, & Miller, 2007). This strategic approach is particularly adaptable to various aspects of diversity and was developed with a religion-accommodative treatment option. This chapter describes a case that combines several cases from our lab.

Theoretical Foundations and Assumptions

A Focus on Hope

The HFA is aimed at encouraging hope in well-functioning couples and restoring hope in discouraged couples who have sought assistance. Hope is defined as involving an agency to change and pathways to change (Snyder et al., 2000), but it also includes encouragement to persevere when change is not yet observed. These are referred to as *willpower*, *way power*, and *wait power*.

Strategy of Faith Working Through Love

Couple therapists seek to help couples employ a strategy for effective couple interaction. This strategy is based on findings that the intimate emotional bond is central to good couple relationships (Fincham, Hall, & Beach, 2006). Thus, when problems in the couple relationship arise, couple therapists help couples repair damage to the emotional bond, strengthen emotional bonds, and engage in high-quality interchanges that reveal the strength of the emotional bonds to each other.

In past years, couple therapy or enrichment has often been seen as training in good communication or conflict resolution. These authors challenge couple therapists, however, to consider this question: If one could offer a troubled couple \$1 million to communicate using good communication for an hour, would they be able to do it? They suspect that most are able to communicate and resolve conflicts, but their patterns prevent them from using their skills. They (a) are involved in power struggles

attempting to meet emotional needs, (b) have practiced poor habits until they have become second nature, or (c) have lost hope that the relationship is redeemable and given up a motivation to change. These authors see good communication and conflict resolution as the *product* of a robust emotional bond rather than its *cause*.

The Strategy

The strategy they teach couples is to practice faith, work, and love. With *faith*, they suggest that faith has many objects: the counselor's ability to help, the partner's willingness to change, or the likelihood that the relationship can be salvaged. For religious couples, faith in God can often be mobilized to empower change as well. *Work* is the second part of the three-legged strategic stool. Any system will tend to disintegrate if energy or work is not invested in it. Thus, they challenge partners to invest new effort in the relationship to maintain the investment they worked so hard to build. They usually ask whether people are willing to invest a 40-hour work week in trying to save the relationship. Think of the implications of a couple that actually invests 28 hours outside of counseling in trying to improve their relationship. *Work* is vital to forming a stronger relationship. The third leg of the tri-legged stool is *love*. Couples come to couple therapy saying, "We want to love each other again." The authors join the couple in using love language. They define love as "being willing to value your partner and unwilling to devalue, put down, or disrespect your partner." Consistent effort is given to whether any intervention contributes to promoting faith, or work, or love.

Target Interventions to Areas of Most Distress

Assessment is needed to focus counseling. The authors describe a variety of areas in which problems typically surface and thrive. These include the central vision, core values, confession and forgiveness, communication, conflict resolution, closeness (i.e., intimacy), complicating problems, and commitment. Most couples come to couple counseling in response to conflict and poor communication, which they attribute as the causes of their problems. Thus, conflict is often the doorway into the relationship. However, counseling will use methods of communication training or conflict resolution to structure interactions that break up old patterns and allow for the couple to interact using different patterns. In addition, couples have usually damaged their emotional bonds through doing and saying hurtful things. The authors promote forgiveness and reconciliation to help heal the damaged emotional bonds.

The Nature of Interventions

These authors have found that couples usually respond best to active interventions. They use methods that involve something tangible, i.e., having partners complete a questionnaire and showing a simple chart of the results, using the space in the relationship as a metaphor to scale intimacy in the relationship (moving each person's body to illustrate how close or distant one feels), or making a memorial symbolic of

change at the end of counseling. This makes it more difficult for partners to arrive at different interpretations about what was done in counseling.

Assessment and Feedback

Partners complete an assessment battery before and after counseling. The counselor writes a report about the generalized strategic causes and illustrates it with specific behaviors in the couple's lives. Goals are set, decisions are made about length of treatment, and advice is offered in a report written for the couple about how the couple can improve their relationship through counseling and on their own. A clear and focused plan assists with quick strategic improvements in the couple's pattern.

Case Study

Treatment Process: Early Phase

Presenting Issues and Difficulties

David and Tracy are an African-American married couple in their 30s referred by their minister for counseling. Tracy initiated the counseling because she reports unhappiness and mistrust in the marriage. Her primary complaint was David's use of pornography, which she believed desecrated their "covenant sacred sexual relationship." David is less traditional in his religion, but he is highly committed. He believes pornography is morally wrong, but he isn't sure it is as bad as Tracy describes it. However, he is willing to do whatever is necessary to improve things. David would like more frequent sexual and spiritual intimacy and for Tracy to be more "disciplined" with their three young children.

The Therapist

The therapist is a licensed psychologist experienced in the hope-focused strategic approach to couple therapy. She is Caucasian but has expertise in cross-cultural psychotherapy. She attends a traditional African-American church with her multi-racial husband and his family. The therapist is committed to her religion herself.

Couple's History

Tracy is formal and proper. There are generations of ministers in her family, and her family was active in the civil rights movement in the Chicago area. She has a highly developed sense of self as an African-American woman. Interpersonally, Tracy is mildly avoidant. She rarely shows affection or emotion. She is the "engine" of the family, however, making the busy household run smoothly. But she sometimes becomes overwhelmed and has mild depression.

David was born into poverty in the south side of Chicago. He was the only child of a 14-year-old mother. He has strong relationships with previous generations of women who raised him. A variety of family and friends moved in and out of his

grandmother's house, where he grew up. While he felt he was warmly loved and cared for, he was drawn into a "bad crowd" as a teenager, where he assisted a cousin with drug sales. He was incarcerated at 16 and reformed himself after a year in jail. He emerged as highly religious but rejected traditional Christianity. He became a member of his aunt's (rather traditional) church, which was a key to his attending the university where he met Tracy. David exhibits a preoccupied attachment style. He is social, has many friends, is involved in political activity, and retains strong ties to his family of origin. David provides some financial support for his mother and two aunts.

Tracy and David had a relatively smooth beginning. David's wild streak in college was exciting to Tracy, who had been sheltered prior to college. Tracy provided stability and strong ethnic pride to David.

Assessments

The HFA uses assessment to help develop the treatment, to engage people in treatment, and to reinforce the major ideas of the HFA. The assessment phase of therapy with David and Tracy included a telephone screening for violence, substance abuse, intent to leave the relationship, and current or recent affairs. There were no concerns, so David and Tracy were given online access to complete their assessments: the Revised Dyadic Adjustment Scale (Busby, Crane, Larson, & Christensen, 1995), the Couples Assessment of Relationship Elements (Worthington et al., 1997), the Manifestations of God Scale (Mahoney et al., 1999), the Gordon-Baucom forgiveness measure (Gordon & Baucom, 2003), the relationship efficacy scale (Fincham, Harold, & Gano-Phillips, 2000), a symptom checklist, and some open-ended questions. Once these had been completed, the therapist scheduled them for dyadic intake. During intake, the therapist discussed the following issues.

- "What brought you to see me?" The therapist explores the presenting problem.
- "If a miracle happened and the relationship were just as you hoped it could be, what would that look like?" (de Shazer, 1988).
- "Tell me how you met and came to be a couple."
- "I want to see how you are each doing individually." The therapist assesses for individual psychopathology based on a symptom checklist and interview data.
- "I notice that being an African-American Christian family is important to you both. How does this help with your problems? How might religion or culture create struggles for you?"

After the interview, the couple was video recorded for 10 minutes communicating during the intake, which later was coded using a system based on the Interactional Dyadic Coding System (IDCS; Kline et al., 2004) by a psychological assistant. The couple also watched their completed video, rated it, and discussed it with the therapist to help identify relational issues the couple saw for themselves.

Written Report and Feedback

This information was used to create a brief (3 to 4 pages) report written for the couple, which described the history, presenting problem, strengths, areas for growth, case conceptualization, treatment goals, and a tentative treatment plan. This report was given to each of them in their second session, and then discussed and revised (after discussion) as needed. A full description of this process is found in *Hope-Focused Marriage Counseling* (Worthington, 2005) and the *HFA Manual* (Ripley, Leon, Davis, & Worthington, 2009).

Case Conceptualization

This couple has strengths in terms of their love, i.e., they value each other and do not intentionally devalue each other. The partners in this couple have no intent of leaving the relationship, have some hope that therapy will be helpful for them, and have a familial values system that highly prioritizes marriage.

Areas for growth were work and faith. Despite being unhappy, the couple is not working on their relationship. They have focused on children, work, and outside activities due to feeling discouraged in the relationship. Tracy particularly feels like “giving up” working on the relationship, although she has no intention of leaving. In terms of faith, the couple lacks a sense of efficacy in how to turn their marriage around. The HFA defines faith as a belief that the marriage can be healed and that counseling can help.

Treatment Goals

The therapist decided with the couple that treatment would initially require 10 sessions of therapy focused on three areas to change. Early treatment would focus on creating safety and quick, observable changes in *communication*. Second, partners would seek to increase their *emotional bond*. Third, counseling would seek to repair the relationship through *forgiveness* of one large offense (pornography) and create self-efficacy in how to apologize and forgive future offenses. Strategic treatment would involve tangible, practical, memorable exercises and experiences to help the couple transform their own relationship.

Treatment goals will also accommodate the diversity of the couple. This couple would be expected to benefit from religiously accommodative therapy (McCullough, 1999) and culturally sensitive therapy (Kelly & Boyd-Franklin, 2009). In fact, ignoring their religion might damage the therapeutic rapport and couple “buy in” for counseling.

In this case, there is overlap of the couple’s religious and cultural identities. The couple resonated with discussion of their histories that considers—beyond parental influence—their extended family histories as African-Americans. For example, they are stressed over supporting low-income family members and that David is called upon as a role model in the community.

Treatment Process and Strategies: Middle Phase

Highlights of treatment include active, memorable interventions to focus on the three relationship areas: communication, closeness (emotional bond) and confession, and

forgiveness. The couple gave informed consent that sessions would end with a blessing prayer for the couple by the therapist. The couple decided to have a weekly date night and to increase their prayers for their relationship.

Communication Skills

Communication skills began with defining the patterns of miscommunication for this couple. For David and Tracy, David often approaches Tracy for attention or sexual connection, and Tracy is “too busy.” This causes David to feel angry, to make snide comments, and to sabotage such as “forgetting” to do household chores. The therapist intervened by suggesting that the couple create their own communication rules when a discussion is difficult.

The next week, after the therapist reviewed the couple's week, the therapist introduced a communication exercise called the TANGO, which structures principles of positive communication (Ripley, Leon, Davis, & Worthington, 2009). TANGO stands for communication “steps” to structure the couples style of communicating in order to have a more positive experience. The speaker is responsible to T) tell what happened, A) discuss how it affected partners emotionally, N) be nurturing, give a nurturing statement. Then the listener is responsible to G) check and see if he or she “got it” and O) observe the effects of the conversation. Even if the couple does not use the TANGO exercise at home, the *principles* of communication are made salient, conversation is slowed down, partners are encouraged to take turns speaking, use rules, take care to be nurturing, to intentionally value their partner, and look for healthy dynamics.

The next session repeated the TANGO principles and discussed methods of switching from their typical communication patterns to new patterns of communication. David and Tracy did have a date. This couple had difficulty positively communicating with each other at home. They spent a session exploring the costs and benefits of their communication patterns. The conversation helped both partners change some attributions about each others' negative communication styles. Another session was spent shoring up the learning from the communication sessions and discussing their new patterns of communication.

Transition to Emotional Bonding and Closeness

The couple's progress in communication was roughly in line with the treatment plan to move forward focused specifically on emotional bonding and closeness in the relationship. The therapist began by asking them to share their personal history and the depth of their fears of intimacy relevant to previous important relationships. David explored some of his childhood in terms of being left to take care of himself, and the long-term sense of loneliness that this created in him. He said that he used to seek out any available friendship and would even cross the line to help his cousin in drug sales. Tracy's responded warmly, and she empathically mirrored what David was communicating. This was important to bonding the couple more closely.

Tracy disclosed how as a young teen she was bullied by a group of girls for being “too white” because she was involved in academic pursuits. Her parents were also

working hard to grow their church and business beyond their neighborhood's African-American community. She made an "inner vow" that she would be a strong woman, without fears or tears. Already introverted, she plunged further into academic pursuits, which isolated her from many of her peers. David responded empathically.

The therapist suggested as homework to write a nurturing letter to themselves as a young person. They were to explain the wisdom they had gained and, when finished, they were to read the letters to each other aloud as an emotionally bonding experience. At the end of this important bonding session, the therapist warned the couple that often, when a session produces closeness, confusing feelings can surface. They might feel warm and loved but also uncomfortable with the closeness and openness. They were to look for ways they might feel vulnerable and protect themselves from that vulnerability during the week.

At the next session, the couple had had an argument that morning. David had gone out in the middle of the night to meet with a young man who had been arrested. When he returned, he told Tracy he had paid for the young man to stay at a hotel due to a violent stepfather. David also had not given his typical assistance with preparing their children for school, so Tracy was upset and angry with David. David appeared visibly tired and withdrawn.

The therapist asked what they had learned previously that could be applied to this situation. They decided to use their communication rules/TANGO to talk. They did reflect the other person's perspective. The therapist wondered aloud whether the vulnerability in the previous session made this situation seem worse than it might otherwise have felt. Tracy said that she felt like David's decision to attend to this crisis meant their gains in counseling weren't real. The couple reconnected with each other, and each spontaneously apologized for their part in the earlier argument.

The therapist gave the couple a handout to discuss at home about intimacy using a CLEAVE acrostic to remembering concepts of healthy intimate relationships. The concepts were discussed briefly, and the couple given self-directed homework to focus on their calendar and adjusting intimacy elsewhere.

- C: Changing actions to positive
- L: Loving romance
- E: Employing a calendar to create time together
- A: Adjusting intimacy elsewhere if needed to focus on the relationship
- V: Valuing your partner
- E: Enjoying yourselves sexually

Transition to Focus on Forgiveness

Tracy and David appeared to be making good progress in therapy and benefiting from it. However, the research in the hope-focused approach has found that the forgiveness aspects of the intervention are those that create the best long-term change (Worthington et al., 2003) and are rated most highly by couples (Ripley et al., 2010). So the therapist focused next on repairing their relationship using confessions and forgiveness. Forgiveness may appear to be less of an issue for the couple at this point, as they have improved communication, increased their bond, and apologized for some

things. However, we believe the greatest threat for couples in therapy is that they lose the effects of treatment and slide back into old patterns because they don't know how to repair and maintain the relationship in the future. Forgiveness is a primary means for repair of relationship hurts in the hope-focused approach.

History and Experiences with Forgiveness

For Tracy, forgiveness was a conventionally religious subject with a rich family tradition and heritage of using forgiveness as a means of personal living and social change. David had some concerns because his family of origin had misused confession and forgiveness. His mother and grandmother blamed David for even the smallest misdeed. Apologies had been used to control and devalue David.

Therefore, half of a session was spent asking the couple to define what apologies and forgiveness meant to them, and their histories with it. Tracy changed her attributions for why David rarely apologized due to his soft and vulnerable explanation of his mother's misuse of forced apologies. Tracy treated forgiveness as a rigid moral duty. That was potentially problematic both practically, given David's history, and theologically (forgiveness as a grateful gift to others deriving from God's forgiveness). This required sensitivity on the part of the therapist. She could accept Tracy's view, particularly if it wasn't causing a problem in the relationship, or try to work with Tracy to alter her beliefs.

The therapist chose to try a pragmatic intervention by asking David how Tracy's beliefs about forgiveness affected him. He stated that sometimes Tracy wasn't consistent and didn't apologize or forgive easily herself. This angered Tracy, who defended herself with righteous indignation. The therapist stopped them. She noted that apparently forgiveness was a sore spot for them as a couple. They agreed. Time was up, so the therapist asked the couple for homework to write down positive experiences with apologies and forgiveness.

Accommodate Maladaptive Religious Beliefs?

The therapist felt somewhat "boxed in" for treatment options. She didn't want to directly challenge Tracy's moralistic view on forgiveness as a therapeutic task. Yet she saw that Tracy's point of view on forgiveness was causing problems in the relationship. She wondered whether perhaps Tracy was reasserting old patterns of needing to be in control in the relationship using religious moral reasoning. She wanted to accommodate Tracy's religious worldview, but also felt that this particular belief was a personality issue inlaid with religious language. In the end, she decided to use the strategy of emotional softening to help the couple bond around the issue of forgiveness.

Emotional Forgiving

When the couple arrived the following week, they had obviously been waiting to discuss forgiveness all week. They both came with their list of reasons why their partner was wrong, even though the homework had been to look for positive experiences. The therapist talked with the couple about what context and situations made it easier to apologize and forgive in the relationship. The therapist firmly kept the couple focused on positive situations instead of the negative list they wanted to discuss. She stated

that all three of them agreed that forgiveness is a good thing, and that *deciding* to forgive was something that they both wanted.

But the problems they seemed to be having were emotionally forgiving (Berry, Worthington, O'Connor, Parrott, & Wade, 2005). Emotional forgiveness takes time and new experiences. They would have to replace resentment and anger with love and understanding. Tracy accepted this conceptualization because the decision to forgive was framed as the moral decision. A good session ensued. The couple discussed emotional vulnerability and good communication as keys to being able to apologize and emotionally forgive more easily. Reestablishing trust was discussed as the eventual outcome of emotional forgiveness. All of this was applied to a past situation in which Tracy disparaged David when she caught him using pornography. For homework, the couple agreed to write down all of the things they could remember they had done that had hurt their partner. The therapist coached them that this required humility (as a virtue) and time.

The REACH Model

The next session was one of the better sessions. They had written out apologies for offenses from their past and took turns reading them to each other in session. They both were tearful. They spontaneously offered forgiveness and commented how much easier this was to do at this point in counseling than it would have been when they started. The therapist decided to give the couple a handout describing the REACH model of forgiveness (Worthington, 2005) to help put terminology to the couple's experience without using valuable therapy time. The REACH model is as follows:

- R: Remember the hurt. Focus on a specific hurt in relationship and how it affected each.
- E: Empathy. Using vulnerability and empathy, create a new understanding of the hurt.
- A: Altruistic gift. Offer a gift of forgiveness altruistically. This gift is an act of humility.
- C: Commit to forgive. Make a public decision to forgive, if it is safe and possible.
- H: Hold onto forgiveness. Feelings of fear and unforgiveness are expected in the future. The client is coached to recognize factors that may cause unforgiveness to reoccur and to work through the REACH forgiveness process again.

Treatment Process: Late Phase

At this point, the couple had attended nine sessions. The following week was originally scheduled to be their final session. While they had additional work to do, the couple had made good progress. The partners were paying cash for their treatment, and they decided to end on schedule. For the final session, the therapist asked the couple to create a "Joshua memorial." This intervention is when the couple creates something as a memorial of the time they spent in therapy improving their relationship. It is

based on the story of Joshua creating a memorial of gratitude to God as the Hebrews crossed the Jordan River into the promised land. The therapist also gave them a set of questionnaires for end of treatment.

The couple created a craft with a tiled mirror. The tiles around the mirror symbolized various concepts they had learned in counseling, where they wrote the words “forgive,” “reflect,” “listen,” “vulnerable,” and “no fear.” They explained to the counselor that the mirror showed how important it was to reflect on their relationship and to watch each other. They also collected handouts the therapist had given them and written homework in therapy and created a notebook.

The therapist talked about what they still needed in their relationship. The couple was reluctant to discuss areas of need, but with some prompting they talked about long-term tensions about their different backgrounds, some theological differences, and the demands that were put on David as a mentor. They felt they had better tools (way power) to handle problems that arose. The therapist recommended they read *Reconcilable Differences* by Christensen and Jacobson (2002) as an introduction to acceptance principles in marriage. Because the hope-focused approach is eclectic, drawing from empirically derived principles and interventions, acceptance-based principles from integrative behavioral couple therapy can easily be integrated into the HFA. If they had continued in therapy, this might have been a good treatment goal and intervention.

Therapy ended with the review of the results from the questionnaires (CARE, RDAS, and Gordon-Baucom Relationship Efficacy Scale), which showed good improvements on all measures for both partners. The therapist suggested they have a follow-up meeting six months later to check on maintenance. David was concerned about the financial obligation of that meeting, and the therapist said the meeting would just be half an hour and she would offer it at no cost if the couple made all their payments on their payment plan for the treatment sessions. Follow-up sessions are important in the hope-focused approach, as recidivism is high for couples in therapy.

At the follow-up session, the couple discussed positive changes that had lasted. Questionnaires at the six-month follow-up (the CARE, RDAS, Gordon-Baucom Relationship Efficacy Scale) showed that the couple was maintaining their gains. The therapist gave the couple a link to an online version of the CARE and encouraged them to take it at least yearly and to return to counseling if needed in the future.

Conclusion

Therapist’s Reflection/Commentary on the Case

This case illustrates the brief strategic aspects of the hope-focused approach. The authors believe there are five reasons why the hope-focused approach was effective with this particular couple.

Hope

First the couple had hope. They primarily wanted to focus on their relationship, didn’t have extensive psychopathology, didn’t have parenting problems that needed

to be the primary focus of treatment, and they understood and agreed with the basic concepts of the hope approach. Hope was also familiar in their religious and cultural frameworks, making them a particularly good match for focusing on hope as a key to change.

Simple

Second, this approach is simple. According to the HFA, relationship problems are not intricate and technical problems requiring extensive analysis and discovery. David and Tracy's problems were a lack of compassion, understanding, and connection with each other. This is not to say that changing these simple things isn't difficult to do on an emotional level. But because they are often emotionally risky, utilizing simple strategies worked for this couple. In the end, they took with them a few simple concepts learned in treatment as well as an experience of improving things together with effort.

Research

Third, this approach is based on a research program developed over decades. The approach adjusts itself based on established new research on couples. Tracy and David can be assured that the therapist isn't relying merely on her own marriage, personal interests, or favorite theory. This approach has been empirically tested in multiple labs and formats, and found effective with a wide variety of couples and presenting problems.

Bonds

Fourth, the damaged bonds that David and Tracy presented with were attended to with memorable, interactive, and experiential therapeutic interventions. Similar to putting a cast on a broken bone, a safe time was created early in treatment with skills training. Next, the couple focused particularly on the intimacy aspects of their relationship to increase their bond. Finally, apologies and forgiving interventions were used to repair stretching or breaks in their bond.

Flexibility

Fifth, the therapist could work creatively with a wide variety of techniques and interventions to fit the needs of the couple. HFA is eclectic, relying on strategies but borrowing from almost any effective intervention. The therapist has maximum freedom to accommodate the couple's style, diverse backgrounds, interpersonal dynamics, and needs.

Implications for Training and Supervision

Trainees and new therapists sometimes make common mistakes doing strategic short-term therapy using a manual. It can be difficult to determine the best strategy. Most couples come to counseling saying that "communication" is the problem in

their relationship. However, when they use the term, it tends to be a global term for “troubled marriage.” New therapists should work closely with an experienced supervisor to help couples determine specific key issues that are the primary source of their dysfunction. Other helpful principles include:

Be Creative

It is important to not just follow a book, but to be creative and innovative in implementing treatments with couples to match their needs. This present case might require a new therapist to learn more about the history of the African-American family, religion-accommodative therapy, dual-career couples, and treating depressive symptoms with couple counseling. The therapist would benefit from understanding how historical dominant cultural power can have a subtle influence on the therapeutic relationship. There are good written and video resources for these issues, and the new therapist must work hard to develop a repertoire of awareness, knowledge, and skills to meet the needs of their clients.

Respect Small Changes

New therapists tend to expect big changes in a brief time. Couples present with ingrained fears and experiences. Therapy asks couples to try something new with hope that their partner will join them and there will be a healthier relationship due to the risk taking. New therapists must balance respect for inner fears and past experiences with a positive belief that change will make things better, supporting the couple in small changes over time. The relationship can be “good enough.”

As frequent clinical supervisors with the HFA, the authors have found the approach to be flexible, modular, and simple enough for neophyte therapists to learn and effectively implement. The most intensive work involves assessment, conceptualization, and treatment planning to assist the student in working with the couple to employ effective strategies for treatment. They believe that most therapists can learn to be effective couple therapists, given hope.

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Case Studies in Couples Therapy

THEORY-BASED APPROACHES

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