

# Hope for Couples: The clinical cutting edge for Hope Focused couples treatment

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Regent University



# Objectives

- Results of clinical trial study
- Religious and spiritual assessment in the Hope lab
- Prayer in session
- Resistance, “The reluctant spouse”
- Length and pacing of treatment
- Cultural competency in the Hope lab
- Strategies for working with couples with personality disorders
- Trauma as addressed in the Hope approach



# Introduction

- Hope Focused Approach to Couples Counseling (Worthington, 2005)
- Hope lab at Regent University.  
Clinical Trial Research on the Hope Approach to Couples Counseling



# The Hope Lab Approach

- Screening, Assessment and Feedback
- Behavioral change: Communication skill, conflict resolution skills
- Bonding: Intimacy skills, emotional softening, share past hurts from other relationships
- Forgiveness: apologies, REACH for forgiveness
- Termination

# Hope Lab Results Sneak Peek

**Some mean results**

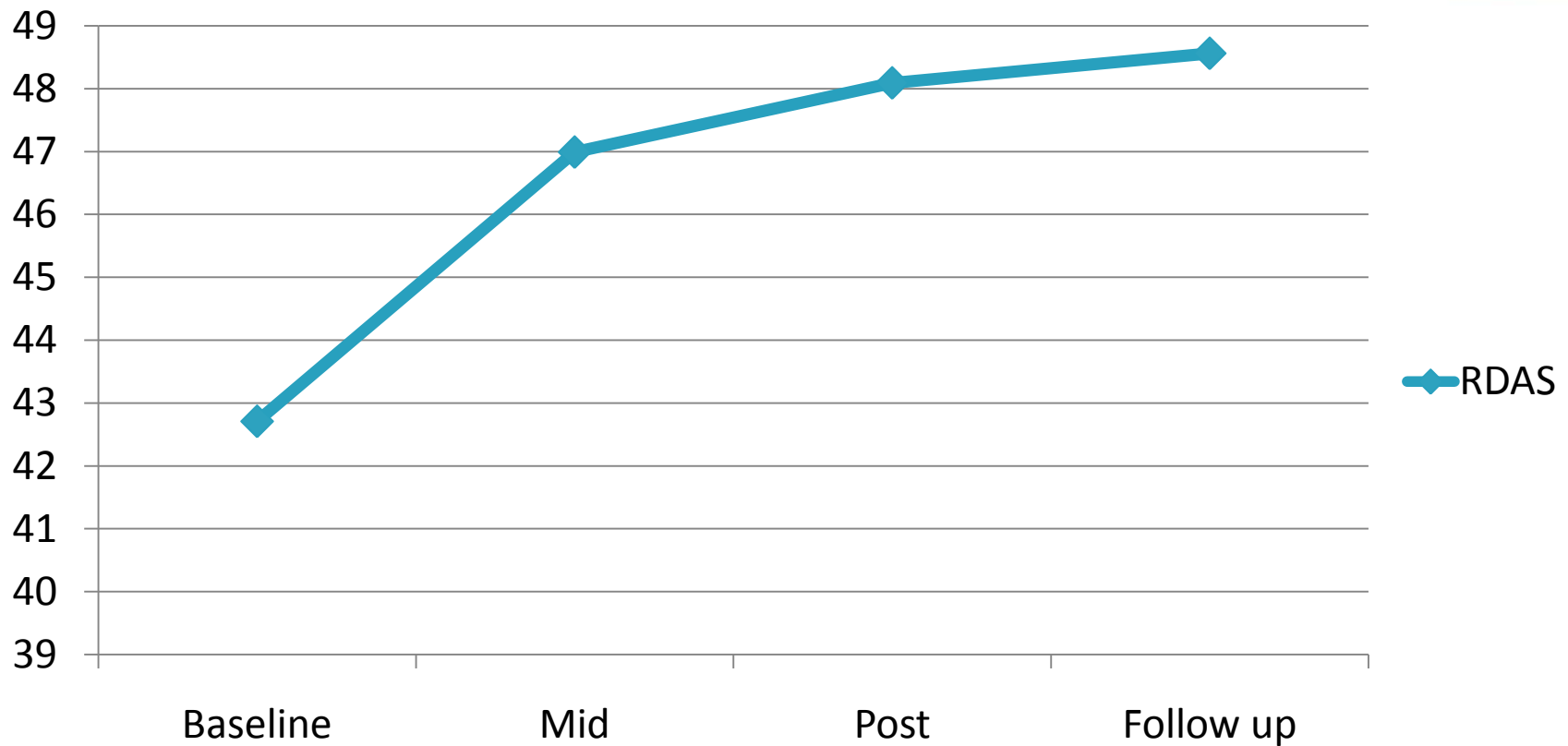
**Hope Clinical Trial**

**N=110 (who didn't drop out; 182 originally)**

**8-10 sessions of manualized Hope focused  
Couples Therapy**

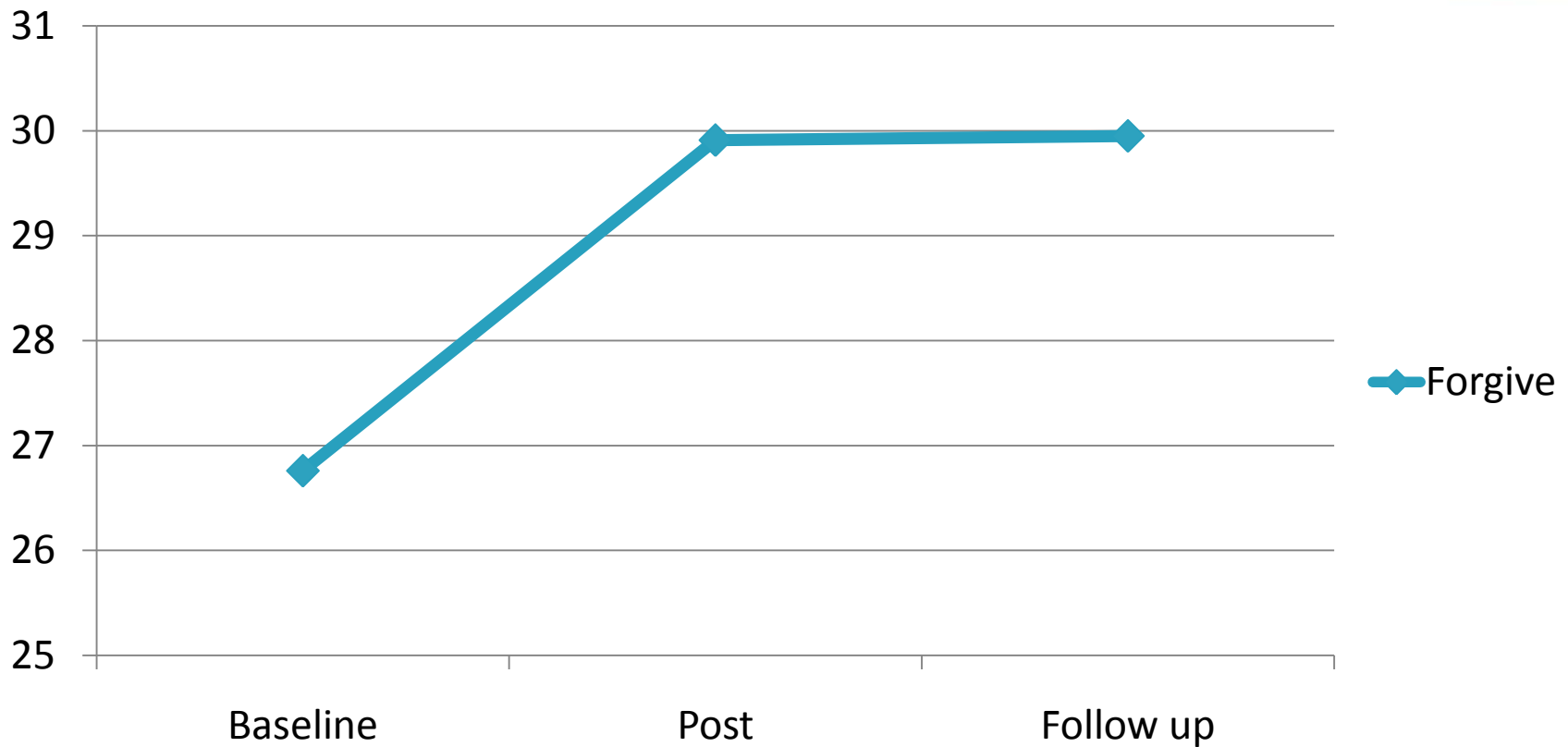
# Revised Dyadic Adjustment Scale From Clinical to non-clinical

RDAS



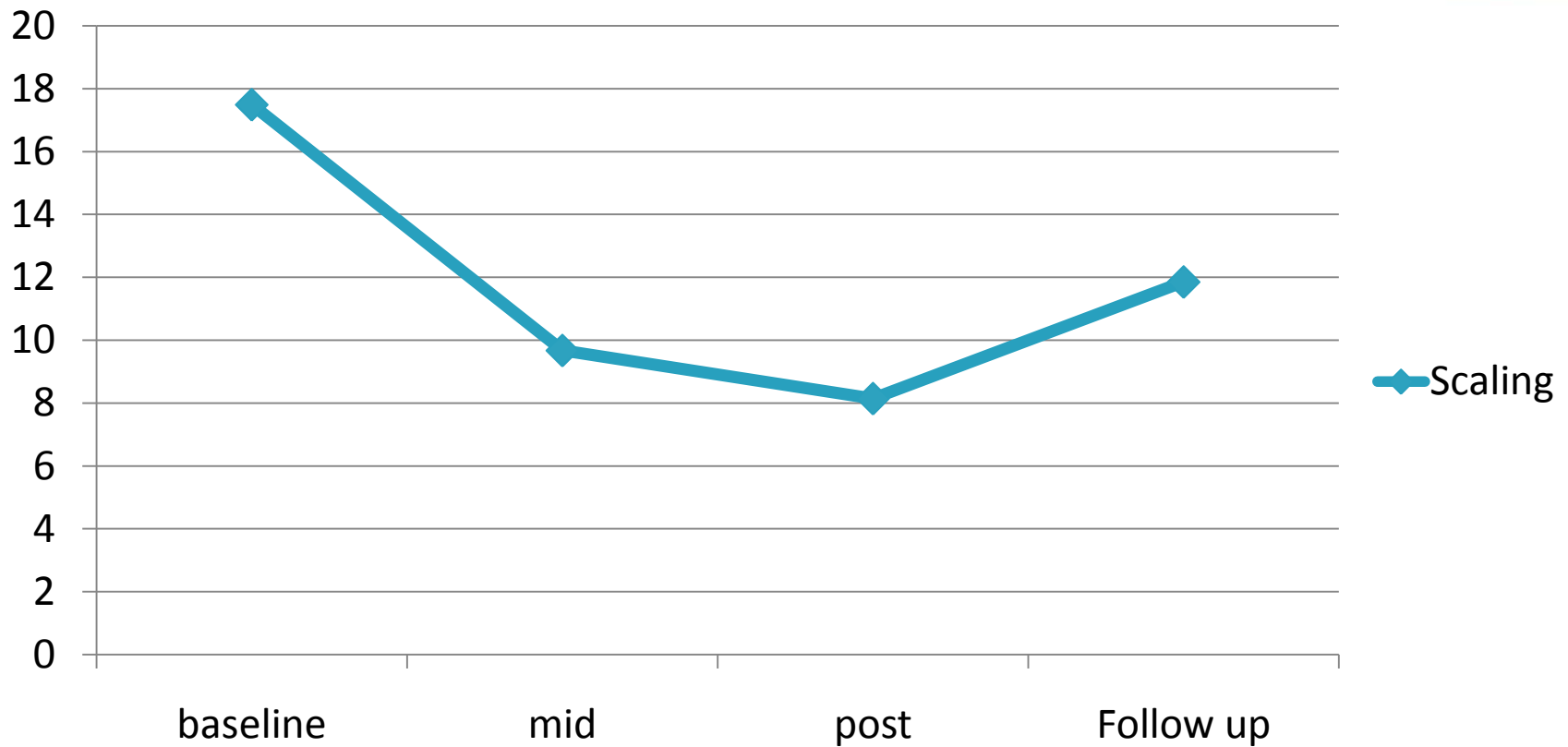
# Forgiveness: Gordon-Baucom (moving on subscale)

Forgive



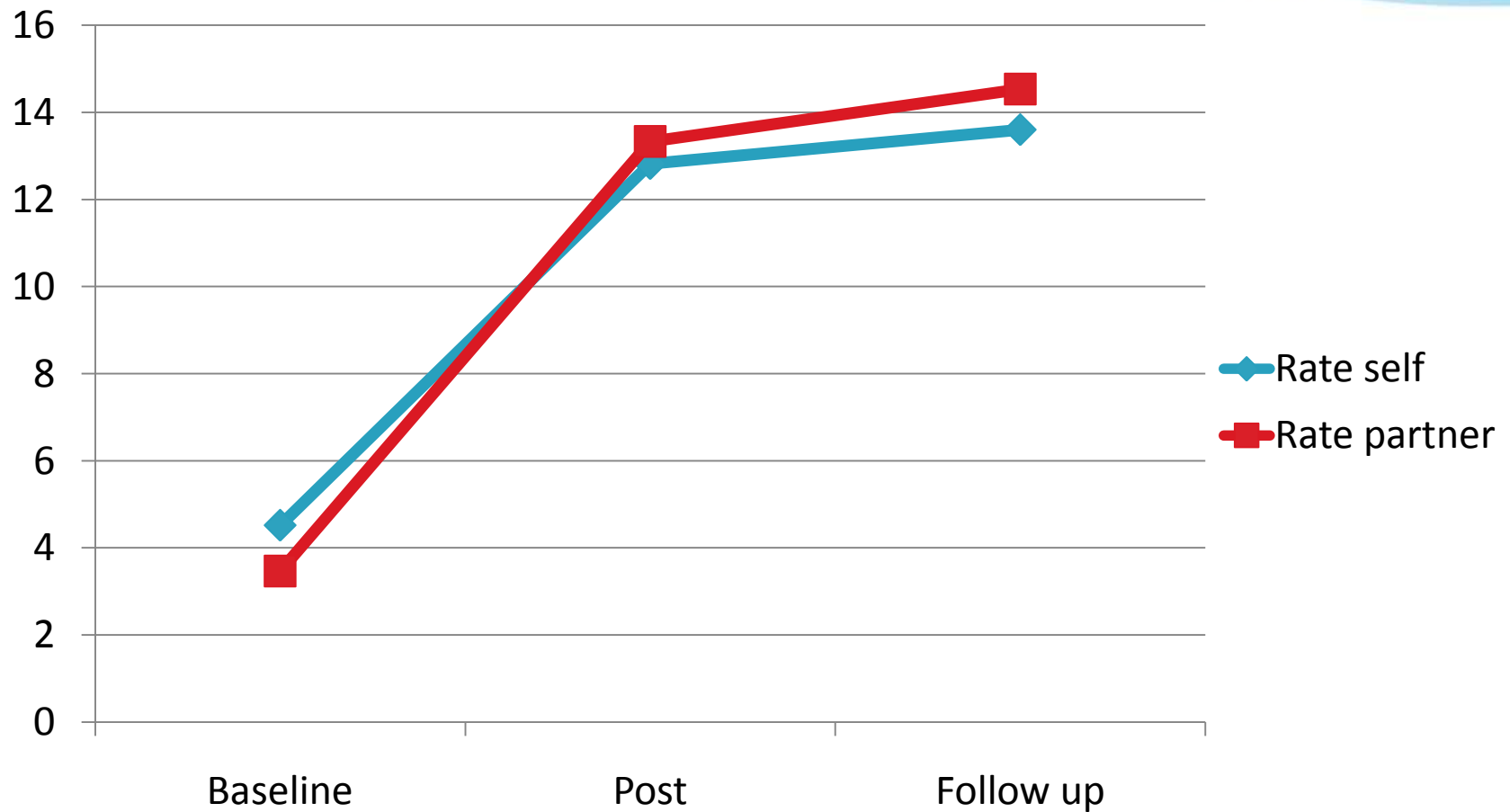
# Space in Room Scaling


## Scaling



# Couples Ratings of their own Video

## Scale from -27 to +27





# Religious and Spiritual Assessment in the Hope lab

Heather Kemp

# Religious/Spiritual Assessment

- Rationale:
  - Understand worldview
  - Health of RS orientation
  - Assess RS coping resources
  - Guide spiritual interventions
  - Spiritual needs to address in therapy

(Richards & Bergin, 2005)

# Religious/Spiritual Assessment

- Guidelines:
  - Multilevel
  - Multidimensional
- More in-depth assessment when:
  - RS seems clinically relevant (Richards & Bergin, 2005)
  - RS primarily informs one partner's worldviews (Shafranske, 2005; Weld & Eriksen, 2006)
  - RS likely to facilitate or hinder therapy (Shafranske, 2005)
  - RS significantly impaired by couple problems (Hathaway, 2003)

# Religious/Spiritual Assessment

- Areas to assess further:
  - Should assess both individually and as a couple
  - Includes assessment of:
    - Worldview
    - History
    - Affiliation (past and present)
    - Experiences (past and present)
    - Values
    - Meaning
    - Beliefs
    - Preferences
    - Orthodoxy
    - God image
    - Practice
    - Value-lifestyle congruence
    - Concerns
    - Needs
    - Struggles
    - Coping style
    - Prayer style
    - Orientation (intrinsic/extrinsic)
    - Health
    - Well-being
    - Identity
    - Maturity
    - Support system

(Pargament, 2007; Richards & Bergin; Shafranske; Sperry, 2001)

# RSA standard in HOPE lab

- Assessment begins before intake
  - Pre-intake assessment includes
  - Intake assessment
- Advanced RSA warranted in HOPE when:
  - Both partners highly spiritual
  - Problems or solutions have a RS component

# Advanced RSA in HOPE

- Advanced RSA should address:
  - Couple homogamy or heterogamy
  - Amount and type of joint RS activities
  - Frequency, nature, and severity of RS conflict and typical interaction during out outcome of these discussions
  - Individual and shared RS beliefs, values, attitudes regarding the relationship and sacredness



# Advanced RSA in Hope

- Individual and shared RS practices, meanings, and experiences
- RS losses
- RS influence on parenting beliefs and gender/partner beliefs
- RS destinations, pathways, goals, and strivings



# Prayer in Session

Abrielle Conway

Michele King, M.A.



# Guidelines for Prayer in Session:

- Therapist praying for the client in session and encouraging the client to pray silently or aloud during session
- Pros/Cons
- Guidelines for prayer
  - Educated about prayer
  - Have an intentional approach.
  - Gain consent!
  - Gauge comfort
  - Prayer should be general, affirming, and brief



# Prayer Outside of Session: The Impact of Couple Prayer

“*A couple* that prays together stays together”

- Regular Prayer for the marriage/ ones’ spouse
  - Increased marital satisfaction
  - Conflict prevention
- Prayer During Conflict
  - Emotional softening/empathy
  - Conflict resolution



# HOPE Case Example

- James and Sally
- Both rate as moderately religious
- Uncomfortable with prayer together at first
- Later “Some of my clients find comfort in prayer, others do not. Would my teaching you a way to pray together at home be helpful to you, or do you feel that it would not be particularly helpful?”



# Resistance “The Reluctant Spouse”

Jill Kays

Justin Dewberry

# Resistance in Couples Therapy

- General Ideas

- Often it is one reluctant spouse while the other is motivated
- Try to empathize rather than get frustrated
- Goal is to understand reason for resistance- What is the barrier to progress?
- Two main approaches:
  - Gain “Buy In”
  - Work with it- seek to understand and validate, so that it can be overcome

McCormack, 2002

Sherman, Oresky, & Rountree, 1991

Willis, 1984

# Resistance in Couples Therapy

- Assessment
  - Important to assess attitudes/expectations about therapy at intake
  - Be clear, honest about observations
  - Work together to understand resistance
    - Collaborative

# Application to Hope Approach

- Create and maintain positive and realistic hope, which creates motivation
- Resistance may be due to lack of hope
  - Encourage couple
  - Reinforce positive qualities and changes
  - Remind them of why they are there
  - Set attainable & observable goals and
  - Celebrate when progress is made

# Case Example

- Harold & Wilma
  - Married seven years, no children, Harold- not motivated; Wilma motivated
  - Reframe
  - Two stage buy-in
    - Initially to get Harold in the door
    - Plant metaphor to encourage him to stay
  - Working with it
    - Validation and understanding of Harold's resistance
    - Processing blame expectancy in session



# Length and Pacing of Treatment

Seth Rainwater  
Audrey Atkinson



# Length & Pacing of Treatment

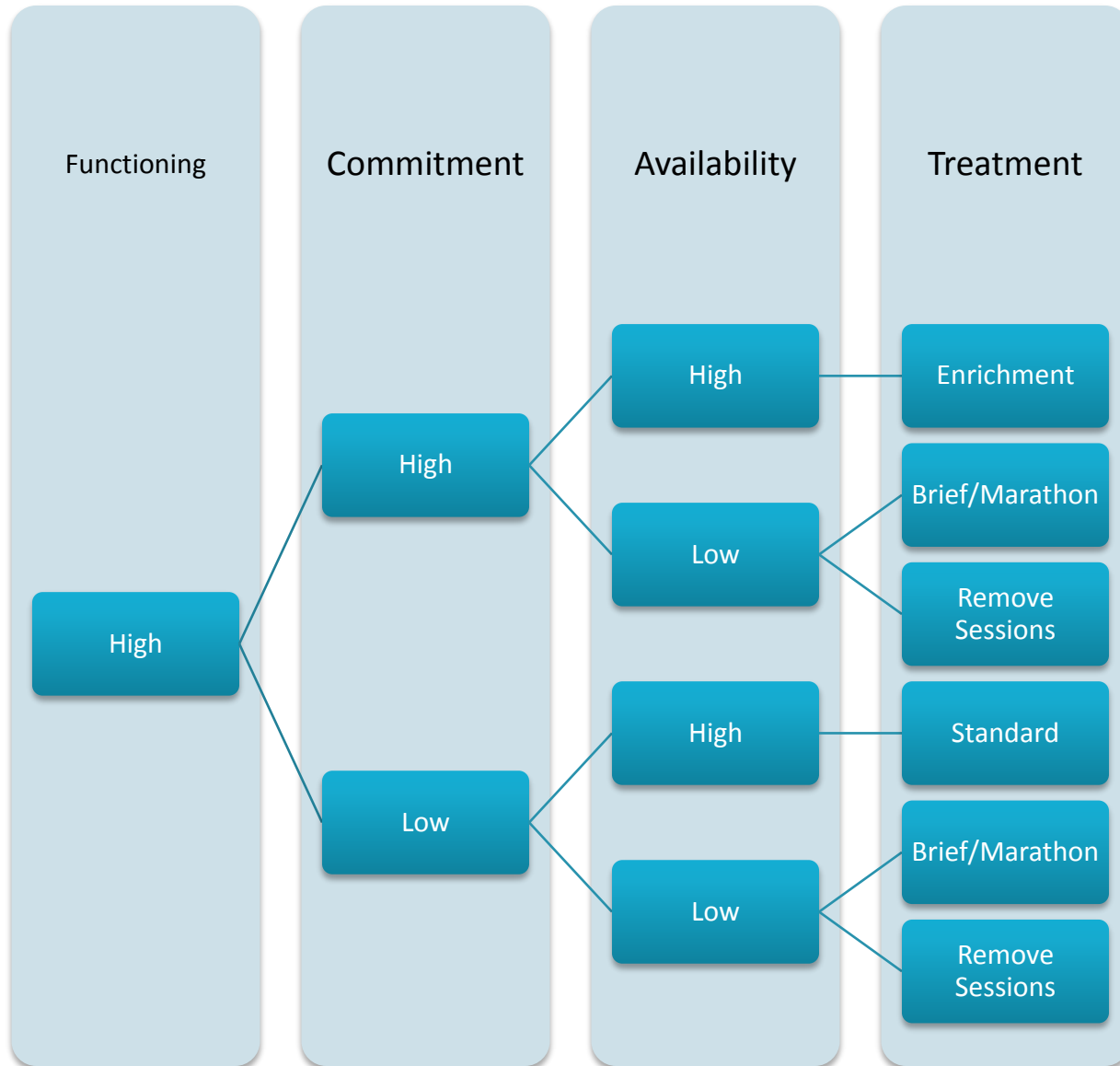
- Most clients attend between 8-10 sessions
- 70% clients have terminated by the 10<sup>th</sup> session
- HOPE-Focused Approach generally 8-12 weeks of 90 minute sessions
- “Good enough level”
  - More improvement seen in early sessions



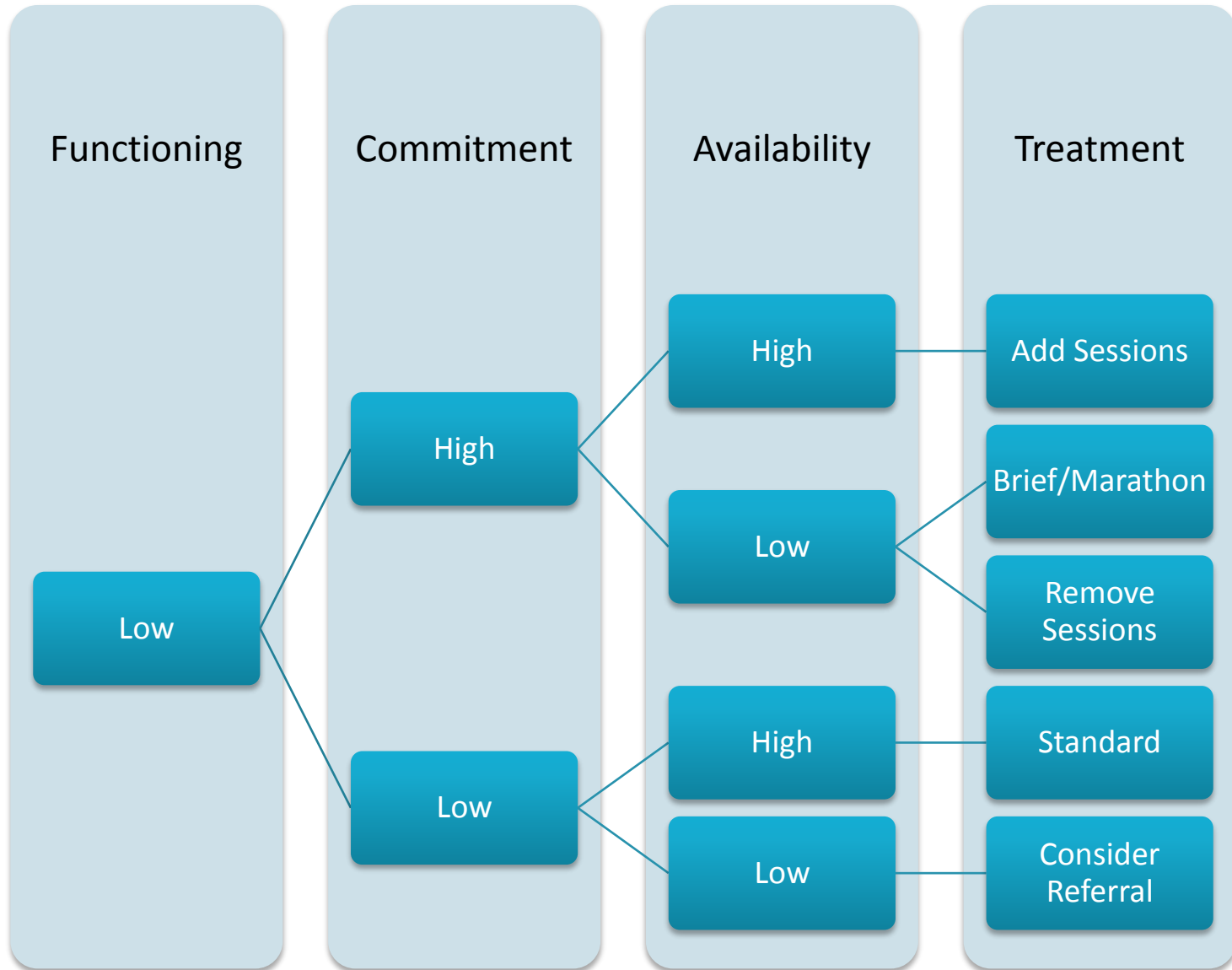
# Length & Pacing of Treatment

- Client's expectations of length of therapy best predictor of number of sessions attended
- Various formats effective
- Marathon couples Therapy
  - 3-5 days lasting from 3-6 hours a session
- Should be tailored to couple

# Emotional/Communication Concern



# Emotional/Communication Concern





# Cultural Competency in the Hope lab

Elizabeth Pearce, M.A.

# Cultural Competency in Hope

## Cultural differences and expectations

(Bhugra & DeSilva, 2000)

Beliefs about help-seeking, self, couple roles, therapy goals, course of therapy

## Therapist's Role

Therapist's cultural influences and biases (Stampley & Slaght, 2004)

“White is a color, too” (Nolte, 2007)

# Cultural Competency in Hope

## Assessment

Couple's view of presenting problem

Roles within the dyad

Boundaries with family of origin

Norms for marriage relationship

Examples: age of marriage, basis for mate selection, responsibilities of each spouse, sexual expectations, interactions with outsiders

# Cultural Competency

Bhugra & De Silva (2000)

Pitfall	Pitfall
Color blindness	Cultural ambivalence
Color consciousness	Over-identification
Cultural transference	Identification with oppressor
Cultural counter-transference	



# Strategies for Working with Couples with Personality Disorders

Amanda N. Trent, M.A.



# Considerations within the Hope Approach

- Axis II and marital distress correlate
- Time and energy for communication
- Power differentiation
- Expectations




# Case in Point

- Bob and Sue
- Self-identified Christians, very religious
- Narcissism
- Lateness
- Defensiveness
- Counter-transference!



# Lessons Learned

- Supervision/ Consultation
- Empathy
  - No matter what approach you take in couples work, your connection with the couple is paramount.



# Trauma as addressed in the Hope-Focused Approach

Amy P. Smith, MA

Regent University



# Addressing Trauma

- Childhood Sexual Abuse (CSA)
  - decreased emotional intimacy,
  - sexual dysfunction and dissatisfaction,
  - lack of trust,
  - low self-esteem,
  - depression,
  - anxiety,
  - fear of re-traumatization



# Addressing Trauma

- Individual differences
- Crucial goal: create atmosphere where each person feels safe to talk honestly



# Case Vignette

- Delilah (21) and Mark (23) married for 3 mths
- Infrequent sexual activity
- Delilah has low sexual desire
- Disparaging remarks to Mark following sex
- Delilah sexually molested as a child by brother
- Intercourse reminded Delilah of guilty feelings experienced after brother raped her

# Guidelines for Therapists

- Understand and communicate the impact of individual sx on the relationship
- Possibility of secondary traumatization
- Roles of Therapist: consultant, teacher, coach
- Communication skills & acceptance strategies
  - Psychoeducational, empathic joining, sexual issues, self-care



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[mmatecenter.com](http://mmatecenter.com)

Couples with Religious Spiritual Conflicts

Gender

Pornography and Internet Sexuality

Sexual Problems

Substance Abuse

Couples with Low Empathy