

Handouts

from

Treatment Plans and Interventions in Couple Therapy:

A Cognitive-Behavioral Approach

by Norman B. Epstein and Mariana K. Falconier

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HANDOUT 1.1 Common Cognitive Distortions in Couple Relationships

Cognitive distortions are ways of thinking that most people engage in to some extent, which are inaccurate in some way. Because these ways of thinking occur automatically and without the person being aware of it, individuals rarely stop and question whether they are realistic and whether it would be a good idea to get more information. So, it is a good idea to notice situations in which you might be jumping to conclusions, especially if it is getting you upset at another person or at yourself. The following are descriptions and examples of common types of cognitive distortions. Although it can be tempting to point out instances when your partner seems to be engaging in some of these distortions, it is most helpful if you watch out for these in your own thinking.

Arbitrary Inference. Drawing a conclusion in the absence of evidence. For example, an individual calls their partner at work and is told that the partner is at lunch with a colleague. The individual concludes, *"My partner must be having an affair."* This involves the person making attributions about causes of events that they observe.

Selective Perception. A person's view of events that have occurred is biased, due to noticing particular details while ignoring other important information. For example, an individual whose partner rushes out of the house in the morning with a minimal good-bye concludes, *"My partner hardly pays attention to me anymore"* (overlooking other instances in which the partner does pay attention).

Overgeneralization. A person concludes that something that is true in one type of situation is true in general, across many situations. For example, an individual wants to try a restaurant that serves a type of food their partner has never experienced, but the partner has no interest in it. The person concludes, *"My partner is not adventurous."* This conclusion also involves some selective perception if the person is overlooking other ways in which the partner has been adventurous.

Magnification and Minimization. An individual thinks of something as more important or severe or less important or severe than it likely is in reality. As an example of magnification, an individual becomes very upset upon discovering that a partner spent money on a purchase without discussing it beforehand. The individual expresses it to the partner, *"You're going to ruin us financially!"* As an example of minimization, an individual's partner who is generally a private person discloses some painful experiences from childhood, but the individual replies, *"Fine, but there's so much you haven't told me."*

Personalization. A person concludes that events are about themselves when there is insufficient evidence to reach such a conclusion. For example, when a couple reunites after they both get home from work, one person notices that their partner seems irritated and distant. The person assumes, *"My partner is upset with me."*

Dichotomous Thinking. An individual thinks about events as either all one way or all another way (nothing in between), all good or all bad, a complete success or a total failure. For example, a couple has been working hard to save money for the future, and one member of the couple remarks that they have made some progress during the past year, but the partner thinks (and says): *"That's a meaningless amount of savings. We are not getting anywhere!"*

(continued)

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HANDOUT 1.1 Common Cognitive Distortions in Couple Relationships (p. 2 of 2)

Trait Labeling. A person labels and defines another person's identity (or their own) on the basis of imperfections and mistakes (particular actions) made in the past. For example, an individual who has been under severe pressure at work has been exhibiting irritability when interacting with his partner. The partner thinks and says to the individual, "You have turned into an insensitive person, not the person I chose to live my life with."

Mind Reading. This is another version of making inferences in which one believes one knows what another person is thinking and feeling without actually communicating with the other person. For example, a person who feels guilty about uprooting their partner by moving to a new city for the person's new job notices that the partner is especially quiet. The person thinks, "*My partner thinks that I'm a terrible person and am ruining their life.*"

HANDOUT 1.2 CBCT Interventions

Cognitive-behavioral couple therapy (CBCT) includes interventions that focus on partners' behavior toward each other, their ways of thinking about their relationship (cognitions), and their emotional responses to each other. The following are brief descriptions of these types of interventions that your therapist may be using in working with you.

INTERVENTIONS FOR BEHAVIOR

- Teaching the couple principles and methods for constructive communication, regarding expression of one's thoughts and emotions, and providing each other nonjudgmental empathic listening, and coaching them in practicing the skills.
- Teaching the couple skills for collaborative problem solving, and coaching them in practicing the skills with issues in their relationship.
- Teaching the couple concepts and methods of dyadic coping, and coaching them in applying those skills to address stressors affecting them as individuals and as a couple.
- Replacing negative interaction patterns with constructive behavior through psychoeducation about the effects of positive and negative actions, identifying constructive behaviors the couple wants to substitute for negative exchanges, blocking instances when partners engage in negative behavior during sessions, and coaching partners in substituting positive behaviors.
- Increasing partners' positive actions toward each other in daily life through agreements to increase actions that address unfulfilled needs, such as shared positive leisure time, forms of intimacy between partners, validation of each other's strengths, and emotional support.

INTERVENTIONS FOR COGNITIONS

- Guiding partners in identifying their automatic thoughts and associated emotions and behavior, through psychoeducation, and monitoring thoughts during sessions as well as with homework written logs.
- Identifying cognitive distortions and labeling them through psychoeducation (Handout 1.1), using examples from partners' expressed stream-of-consciousness cognitions.
- Testing and modifying partners' automatic thoughts, through guiding each individual in examining evidence concerning the validity of a thought, considering other possible explanations for a partner's behavior, and evaluating how reasonable the thought is.
- Using the "downward arrow" technique to uncover "deeper" thoughts underlying an automatic thought, which are associated with emotional and behavioral responses, using a series of questions of the form, "And if that happened, what might that lead to?" The therapist guides the individual in evaluating the validity of underlying catastrophic thoughts.
- Testing expectancies through behavioral experiments that provide information regarding partners' predictions that particular actions will lead to certain responses from each other.

(continued)

HANDOUT 1.2 CBCT Interventions (p. 2 of 2)

- Using imagery, recollections of past interactions, and role-playing techniques to help partners revive memories and reexperience their initial reactions to relationship events that still influence them.
- Exploring family of origin and prior couple relationship histories to evaluate origins and current appropriateness of assumptions and standards (e.g., using genograms and history interviews).
- Guiding partners in considering the advantages and disadvantages of potentially unrealistic personal standards they apply to their couple relationship.

INTERVENTIONS FOR EMOTION

- **Enhancing awareness, subjective experience, and outward expression of emotions by inhibited individuals:**
 - Creating a safe environment for awareness and expression of feelings, by setting guidelines for behavior within and outside sessions
 - Using downward arrow questioning to uncover emotions and cognitions associated with particular interactions with the partner
 - Enhancing self-awareness by coaching the individual in noticing internal cues to emotional states such as bodily sensations
 - For individuals who avoid aversive emotions, refocusing attention on emotional topics when they attempt to change the subject or engage in distracting behavior
 - Monitoring nonverbal cues of partners' emotional responses to each other during sessions and inquiring about those responses
 - Engaging the individual in imagery and role plays on issues that elicit emotions
- **Increasing regulation of internal experience and outward expression of strong emotions:**
 - Guiding couples in scheduling times and places when they will discuss distressing topics, while avoiding such discussions at other times
 - Teaching couples how to use a "time-out" break to reduce arousal
 - Teaching partners to use constructive skills for expressing their emotions
 - Coaching the couple in self-soothing activities
 - Using acceptance-focused techniques to improve tolerance of distressing emotions

HANDOUT 2.1 Therapy Contract and Consent Form Template

(THERAPIST'S NAME), a Licensed (CREDENTIALS) agrees to provide couple therapy services to the following clients:

- a. _____
- b. _____

The following establishes an agreement between the Therapist and Clients:

What Is Couple Therapy

Couple therapy is a process in which the therapist meets with the members of a couple jointly and sometimes separately to address issues in their relationship. The therapy process involves assessment of the couple's concerns and problems as well as their strengths, the development of therapy goals, and treatment. The assessment takes place primarily during the initial sessions and may involve self-report questionnaires regarding individual and relationship functioning*as well as interviews with the couple and individual partners. Assessment also covers the partners' individual health and well-being, their educational and work histories, present life experiences affecting them such as jobs and relationships with family and friends, any past individual or couple therapy, and the quality of their communication patterns. The therapist establishes therapy goals with both partners together. Partners should not expect the couple therapist to be working with only one partner's agenda or goals, because both members of the couple are the therapist's clients. Treatment may include discussion of the issues of concern and activities (such as practicing positive communication skills) inside and outside therapy sessions. Couple therapy is a collaborative process in which both the therapist and the partners play active roles. The therapist brings knowledge and expertise on relationship functioning, and the partners provide input in every stage of the process. Both partners need to be motivated to engage in the couple therapy process and work toward the therapy goals on which they have agreed. Overall, the therapist's role is to help the members of the couple to develop a mutual understanding of each partner's experiences and help them make changes consistent with their values and wishes. The goal of couple therapy is to help partners make changes in the relationship in the areas they have identified as challenging. The goal is not necessarily to help partners stay together or separate. Decisions regarding the continuation or dissolution of the couple's relationship are made by the members of the couple, not by the therapist.

**Assessment procedures may vary, and each therapist should provide specific information about the assessment process they use.*

Collaboration

Therapy is a collaborative process of teamwork among the therapist and both clients, requiring responsibilities on the parts of both the clients (members of the couple) and the therapist. The clients participate in the development of their treatment plan (including treatment goals) and have the responsibility of participating in mutually agreed-upon specific activities within and outside of therapy sessions, and they have the right to refuse recommended treatment and/or referral services. Termination of services may occur at client's discretion, by mutual agreement between client and therapist, or by the

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HANDOUT 2.1 Therapy Contract and Consent Form Template (page 2 of 4)

therapist if the therapist determines that the couple treatment modality is not safe or appropriate for one or both partners.*

** Therapists in private practice settings often include unpaid balances as an additional reason for termination of services.*

Therapist's Primary Theoretical Orientation and Expertise: Cognitive-Behavioral

I, the therapist, earned a [academic degree(s) and field(s) of study] from [educational institution(s)] in [year(s)]. My graduate clinical training took place in [clinical setting(s)]*. I am licensed as [list fields of licensure]. The primary therapy theoretical orientation that guides my work with individuals, couples, and families is cognitive-behavioral therapy (CBT). CBT is based on substantial research evidence that the quality of an individual's personal functioning and the quality of the individual's personal relationships are influenced by the ways the individual thinks about life events, how the individual responds emotionally to those events, and how the individual behaves with others. Cognitive-behavioral couple therapy (CBCT) focuses on identifying and improving a couple's negative behavioral patterns, enhancing communication skills and positive shared experiences, improving partners' skills for evaluating the validity and appropriateness of their thoughts about each other, improving partners' management of distressing strong emotions, and resolving conflicts. CBCT tends to focus on a couple's current patterns but takes past experiences as individuals and as a couple into account. The therapist listens to partners' views and information, but also gives them feedback about patterns that the therapist has observed and discusses with them changes that they can try in order to alter problematic patterns. The couple often engages in between-session "homework" in order to create a more satisfying relationship. CBCT tends to be relatively brief (from several sessions to several months) but varies according to the needs of the couple and the severity of the problems they have been experiencing.

**Add specialized clinical training experiences as appropriate.*

Risks of Treatment

The assessment and treatment procedures of couple therapy typically draw clients' attention to some distressing experiences that they have had in their current relationship or previously. Identifying goals for an improved relationship may involve thinking about and discussing past unpleasant experiences that individuals want to prevent in the future. Consequently, there is some risk that clients will experience at least mild discomfort during some sessions or between sessions. The therapist also focuses on maintaining conditions during sessions that protect partners from behaving in negative ways toward each other, but at times an individual might be upset about their partner's comments or other behavior. The therapist will emphasize efforts toward achieving a mutually satisfying relationship but cannot guarantee that members of a couple will have similar personal goals. Research on the effectiveness of couple therapy has indicated that, overall, it increases the probability that couples will avoid deterioration in their relationships and will achieve greater satisfaction, but some couples do not respond positively. As noted above, some couples determine that the best outcome for them is to end their relationship, and this decision is made by the clients, not the therapist.

(continued)

Alternative Treatments

There are a variety of models of therapy that are used by couple therapists, and clients can learn about them from sources such as the American Association for Marriage and Family Therapy (AAMFT; website aamft.org) and the American Psychological Association (APA; website apa.org) that provide information for consumers. CBCT is one of the models that has received substantial support as effective from research studies. If this treatment does not seem to be helping the clients make progress toward their goals, the therapist would like them to feel comfortable discussing that, and the therapist can provide referrals to other local providers.

Session Duration and Frequency

Sessions are usually 50 minutes long and once a week. Session duration and frequency may be modified depending on clients' needs.

Confidentiality

The therapist has a "no secrets" policy* in which the therapist will not withhold information from a member of a couple that the other member of the couple shares in private when the therapist judges that information to be harmful or destructive to the goals and process of couple therapy. If one member of a couple is having difficulty sharing some information with their partner, the therapist is willing to work with that individual to prepare them to share it, but will not continue to hold a harmful secret beyond that "preparation" time. In contrast to harmful *secret* information, *private* information shared by one of the partners in an individual session (for example, about past upsetting relationships, employment problems) that the therapist judges are not harmful to the couple's relationship and therapy will not be shared by the therapist with the other partner without an authorization to do so.

In addition to the "no secrets" policy regarding sharing information between members of the couple, the therapist adheres strictly to confidentiality laws of the State of [name of state where the therapist practices], ethical codes of [list appropriate professional organizations], and confidentiality guidelines set forth through HIPAA. The therapist is required to maintain confidentiality regarding all information shared by clients, not sharing it with any outside parties or organizations. Confidentiality may only be breached as required by state and federal law. Specifically, the therapist is mandated by law to report to a helping authority if the therapist is concerned about a client's potential harm to self or others and/or if they suspect abuse or neglect of minors, the elderly, or individuals with disabilities, regardless of whether the client(s) is the perpetrator or recipient of the abuse and/or neglect. In addition, the therapist must respond to subpoenas and court orders ordering the therapist to release information about the clients. No information about the couple therapy treatment will be shared with any third parties unless **both partners** have signed a form permitting the therapist to exchange information with such parties.

Modify this statement if the clinician has a different personal policy regarding keeping a person's secrets (e.g., regarding infidelity).

(continued)

Fees and Payment*

In this section couple therapists should describe their fees for therapy sessions (assessment and treatment), phone and/or email consultation, and court appearances and preparation, as well as policies regarding appointment cancellation, tardiness, and fee increases. It is important to indicate whether individual sessions in the context of couple therapy will be charged at the same rate as conjoint sessions. Therapists should also include what payment methods are accepted (e.g., credit card, checks, cash) and whether there are any associated surcharges. In addition, therapists should describe whether and which medical insurances they take, billing procedures to insurance providers, and/or support provided to clients for reimbursement from medical insurances and/or flexible spending accounts.

Communication Outside the Session

Clients should expect the therapist to respond to phone calls, emails, or texts within one business day, and clients are expected to indicate in their messages the day, time, and best way to reach them. Clients should let the therapist know which phone number(s) to use to leave messages. In order to protect clients’ privacy, it is strongly recommended that clients restrain themselves from sharing personal information with the therapist via text messages, emails, voicemails, or any social media platform. Text messaging, email, and voicemails should be restricted to scheduling of appointments.*

**Some therapists may feel comfortable with only some of these options for scheduling appointments.*

Emergency Situations

In case of an emergency and immediate need for assistance, clients should call 911 or go to the nearest emergency room. Alternatively, they could call (LOCAL CRISIS HOTLINE) for assistance.

We have read and agree to the terms of this therapy contract. We also understand the nature and purpose of couple therapy services, possible alternative methods of treatment, and possible risks involved.

_____/_____/_____
Client Signature Date _____ (THERAPIST’S NAME) _____/_____/_____
Date

License (CREDENTIALS)

_____/_____/_____
Client Signature Date

HANDOUT 3.1 Relationship Issues Survey

There are a variety of areas in a couple's relationship that can become sources of disagreement and conflict. Please indicate how much each of the areas is **presently** a source of disagreement and conflict in your relationship with your partner. Select the number on the scale that indicates how much the area is an issue in your relationship.

- 0 = Not at all a source of disagreement or conflict**
- 1 = Slightly a source of disagreement or conflict**
- 2 = Moderately a source of disagreement or conflict**
- 3 = Very much a source of disagreement or conflict**

- _____ Relationships with friends
- _____ Leisure activities and interests
- _____ Career and job issues
- _____ Household tasks and management
- _____ Career/life balance
- _____ Religion or spiritual life
- _____ Values, goals, and things believed important in life
- _____ Cultural traditions and practices
- _____ Amount of time spent together
- _____ Finances (income, how money is spent, etc.)
- _____ Affairs/infidelity
- _____ Privacy
- _____ Relationship with family of origin (parents, siblings)
- _____ Honesty
- _____ Sexual relationship
- _____ Gender identity and/or sexual orientation (e.g., changes, coming out)
- _____ Expressions of caring and affection
- _____ Child rearing/parenting approaches
- _____ Management of a child's medical/psychological conditions
- _____ Management of matters related to a child's gender identity and/or sexual orientation
- _____ Trustworthiness
- _____ Personal habits
- _____ Negative ways of behaving during of conflict

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HANDOUT 3.1 Relationship Issues Survey (p. 2 of 2)

- _____ Alcohol and drugs
- _____ Commitment to the relationship
- _____ Taking care of possessions
- _____ Support for one's career/projects/interests
- _____ Understanding and support for each other's stresses or problems
- _____ Personal standards for neatness
- _____ Daily life schedules and routines
- _____ How decisions are made
- _____ Personal grooming
- _____ How negative thoughts and emotions are communicated
- _____ How caring for each other is demonstrated
- _____ Child involvement in the relationship
- _____ Impact of societal issues on the relationship (e.g., discrimination, racism)
- _____ Traumatic experiences in one or both partners' lives
- _____ Immigration-related issues
- _____ Other—Describe: _____

HANDOUT 3.2 Couple Communication Behavior Questionnaire

Each of the items below describes a type of communication that might occur between members of a couple when they are discussing a topic that is uncomfortable or for which they disagree. Please select the response from the following choices that best describes what occurs between you and your partner:

- 0 = never or almost never occurs between us
- 1 = occasionally occurs between us
- 2 = occurs pretty often between us
- 3 = occurs very often between us
- 4 = occurs always or almost always between us

- 1) I keep trying to get my partner to talk about it, but my partner keeps avoiding it.
0. 1. 2. 3. 4.
- 2) My partner keeps trying to get me to talk about it, but I keep avoiding it.
0. 1. 2. 3. 4.
- 3) We take some time together to focus on discussing the issue.
0. 1. 2. 3. 4.
- 4) We both avoid talking about the issue.
0. 1. 2. 3. 4.
- 5) We argue back and forth about it, getting nowhere.
0. 1. 2. 3. 4.
- 6) We start to talk about it, but one or both of us brings up other complaints from the past or present, and we lose our focus on the original issue.
0. 1. 2. 3. 4.
- 7) We take turns listening to the other person's thoughts and emotions about the issue.
0. 1. 2. 3. 4.
- 8) I try to express my views to my partner, but my partner misunderstands what I mean.
0. 1. 2. 3. 4.
- 9) My partner expresses their views to me, but my partner says I misunderstand what they mean.
0. 1. 2. 3. 4.

(continued)

HANDOUT 3.2 Couple Communication Behavior Questionnaire (p. 2 of 2)

- 10) We have a lot of trouble getting enough time and privacy from interruptions to be able to have a good discussion.
0. 1. 2. 3. 4.
- 11) My partner insults me or makes threatening statements to me.
0. 1. 2. 3. 4.
- 12) I insult my partner or make threatening statements to my partner.
0. 1. 2. 3. 4.
- 13) We talk, can see that we understand each other's point of view and preferences, but we seem stuck trying to come up with a solution that we both like.
0. 1. 2. 3. 4.
- 14) We talk, can see that we understand each other's point of view and preferences, and we make progress coming up with a solution that we both like.
0. 1. 2. 3. 4.
- 15) After we start disagreeing, my partner gives up and soon afterward talks to someone else about our relationship issue.
0. 1. 2. 3. 4.
- 16) After we start disagreeing, I give up and soon afterward I talk to someone else about our relationship issue.
0. 1. 2. 3. 4.

HANDOUT 3.3 Partner Aggression Scale

The following items describe a variety of negative behaviors that members of couples may use toward each other when upset or in conflict. Please use the following response scale to indicate how often each of these behaviors has occurred in your couple relationship **during the past year**:

- 0 = never
- 1 = it has happened, but rarely
- 2 = it has happened sometimes
- 3 = it has happened often
- 4 = it has happened a lot

- _____ 1a. I insulted or swore at my partner.
- _____ 1b. My partner did this to me.
- _____ 2a. I destroyed something belonging to my partner.
- _____ 2b. My partner did this to me.
- _____ 3a. I refused to talk to my partner.
- _____ 3b. My partner did this to me.
- _____ 4a. I hit or slapped my partner.
- _____ 4b. My partner did this to me.
- _____ 5a. I interfered with my partner talking or texting with other people on the phone.
- _____ 5b. My partner did this to me.
- _____ 6a. I ridiculed my partner.
- _____ 6b. My partner did this to me.
- _____ 7a. I grabbed my partner or physically restrained my partner.
- _____ 7b. My partner did this to me.
- _____ 8a. I shouted or screamed at my partner.
- _____ 8b. My partner did this to me.
- _____ 9a. I physically hurt my partner, causing pain or leaving a bruise.
- _____ 9b. My partner did this to me.
- _____ 10a. I belittled my partner with other people present.
- _____ 10b. My partner did this to me.
- _____ 11a. I threatened to harm my partner.
- _____ 11b. My partner did this to me.
- _____ 12a. I stopped my partner from seeing friends or family members.
- _____ 12b. My partner did this to me.

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HANDOUT 3.3 Partner Aggression Scale (p. 2 of 2)

- _____ 13a. I "grilled" my partner about where they have been or what they had been doing.
- _____ 13b. My partner did this to me.
- _____ 14a. I strongly pressured my partner to have sex.
- _____ 14b. My partner did this to me.
- _____ 15a. My partner needed medical assistance due to my getting physical.
- _____ 15b. My partner did this to me.
- _____ 16a. I hit my partner with an object that caused pain.
- _____ 16b. My partner did this to me.
- _____ 17a. I behaved in ways to scare my partner.
- _____ 17b. My partner did this to me.
- _____ 18a. I called my partner stupid or worthless.
- _____ 18b. My partner did this to me.
- _____ 19a. I beat up my partner.
- _____ 19b. My partner did this to me.
- _____ 20a. I refused to talk to my partner about something they wanted to discuss.
- _____ 20b. My partner did this to me.

HANDOUT 3.4 Short Form of the Inventory of General Relationship Standards

This questionnaire asks about your standards for your relationship with your partner, or what you think your relationship **should be** like. The way you think your relationship should be might be different from the way your relationship actually is.

For each item below, there are two questions about it.

First, please indicate how often you believe you and your partner should act toward each other in the way described.

Select one of the following choices to describe your personal belief about it:

Never = 1. Seldom = 2. Sometimes = 3. Usually = 4. Always = 5.

Second, please indicate whether or not you are satisfied overall with the way your standard is being met in your relationship.

Circle Y for "Yes" or N for "no."

- | | | | | | |
|---|----|----|----|----|----|
| 1. My partner and I should keep personal information about our relationship only between the two of us. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |
| 2. My partner and I should have the same values. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |
| 3. We should spend a lot of time doing things to benefit our relationship. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |
| 4. My partner and I should spend our free time together. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |
| 5. We should go out of our way to show each other that we care. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |
| 6. We should do things the way we prefer to do them, rather than changing because our partner wants us to change. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |
| 7. We should tell each other about our thoughts and feelings. | 1. | 2. | 3. | 4. | 5. |
| Are you satisfied with the way this standard is being met in your relationship? | Y. | N. | | | |

(continued)

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HANDOUT 3.4 Short Form of the Inventory of General Relationship Standards (p. 2 of 2)

8. My partner and I should feel responsible for each other's happiness. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
9. We should feel free to try to improve any faults we see in our partner. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
10. My partner and I should be willing to sacrifice our personal needs for the sake of our relationship. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
11. When our partner wants us to compromise our position on an issue, we should do it. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
12. We should each have as much time as we need to pursue our individual interests on our own. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
13. When we have a difference in preferences, the outcome should be a compromise. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
14. We should be willing to change in order to be the kind of mate that our partner wants us to be. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
15. We should share our thoughts and feelings with each other rather than keeping them private. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
16. We should spend a lot of time planning and doing things to show each other that we care. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
17. We should spend free time with just the two of us rather than with other people. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
18. What is said between the two of us should be kept between the two of us. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.

HANDOUT 4.1 Communication Skills Guidelines for Expression and Empathic Listening

EXPRESSING THOUGHTS AND EMOTIONS

- State your perceptions and beliefs as your personal **subjective perspective** (for example, “It seems to me that . . .,” not as the only way that a person might think about the topic).
- **Express your emotions** about the topic, **not just your ideas** (for example, “when it seems like you aren’t listening to me, I feel hurt and frustrated”).
- When expressing concerns, also **include any positive feelings you have about your partner or situation** (for example, “I know how much pressure you have been feeling at your job, but when you are at home you seem irritable with me”).
- **Make your statement as specific as possible**, rather than using general and vague terms (for example, instead of saying “You are inconsiderate to me,” you might say “When I start telling you about something I did today that I enjoyed, you tend to change the subject”).
- **Be brief.** Don’t overload the listener with a lot of information at once to try to remember. After the listener has an opportunity to reflect back to you what they heard you saying, you can tell them some more.
- **Express one basic idea at a time.** This also helps avoid overloading the listener with too much information.
- Express your feelings and thoughts with **tact** and **timing**. Remember that the listener has feelings too, and your goal is to be understood by the listener. Often it is more productive to express thoughts and feelings in “doses” rather than giving the listener a lot of issues to take in all at once.
- **Try to turn a criticism into a positive request for change from the listener** (for example, instead of “You don’t show interest in listening to me,” you might say, “I would enjoy it a lot if when I am telling you something you would show good eye contact and answer me in a way that shows you understood me.”)
- **Don’t assume that your partner is aware of your thoughts and emotions** without you telling your partner about them.
- After you finish expressing your thoughts and emotions to your partner and your partner reflects back what they heard you describing, **give your partner constructive feedback about their empathic listening.** Tell your partner what aspects were understood, and also say a little more about any aspect that your partner did not seem to understand. In that way, your partner can learn more and reflect it back to you again.

EMPATHIC LISTENING

- Through your facial expressions, eye contact, and posture, **show that you are paying close attention** to what your partner is telling you about their thoughts and emotions.
- **Do your best to take your partner’s perspective, getting a sense of how the person is thinking and feeling**, even if you think you would have different thoughts and feelings if you were in the partner’s place. Try to get a sense of both the thoughts and the emotions that your partner has described.

(continued)

HANDOUT 4.1 Communication Skills Guidelines for Expression and Empathic Listening (p. 2 of 2)

- Through your facial expression, other nonverbal behavior, and what you say, **show that you are accepting your partner's right to have their thoughts and feelings**, just as you would have the right to have similar or different thoughts and feelings. If you do have different views, you will have an opportunity to express them to your partner when you switch roles and you become the expresser.
- **Do not interrupt** while your partner is telling you about their thoughts and emotions. The only time it is OK to interrupt briefly (although not while your partner is in the middle of expressing a thought or emotion) is to ask your partner briefly to explain a little more because you want to make sure you understand.
- After your partner has finished expressing some thoughts and emotions about a topic, **summarize your partner's most important feelings, desires, conflicts, and thoughts—reflect what you hear back to your partner**, so your partner can hear the degree to which you have understood. It is fine to use your own words instead of repeating exactly what your partner said. Your partner then will let you know how well you understood and perhaps will explain a little more if needed.
- **Do not give advice, your own opinions, or rebuttals.** The purpose of this type of communication is to make sure members of a couple understand each other well. Even if they disagree in some areas, they will understand each other well, and it can feel good to be listened to and understood.

HANDOUT 4.2 Guidelines for Couple Problem Solving

The purpose of these guidelines is to maximize a couple's ability to work as a team to find effective and mutually acceptable solutions to a problem they face together. The problems can range from mild to severe and may be about an issue in the couple's relationship, or a problem from outside their relationship, such as financial stresses and aspects of relations with extended family members. The emphasis is on collaboration and mutual support in finding solutions to issues. The steps are as follows:

- **Describe the problem that you are facing together clearly and specifically, and discuss it to be sure you are viewing it as being a problem in the same way.**
 - Describe the problem in terms of specific behaviors and events that can be observed. Who is involved? What happens that is a problem? Under what conditions does it occur, and how serious a problem is it?
 - Identify specifically what changes would need to happen for you to consider the problem improved at least somewhat or solved.
 - Break a complex problem into several smaller problems whenever possible, and address one at a time.
- **Discuss possible solutions**
 - Brainstorm possible solutions considering both people's preferences. Try to be creative, and do not criticize each other's ideas—write all of them in a list, without evaluating them at this point.
- **List the advantages and disadvantages of each possible solution.**
- **Adopt a solution that has good advantages and as few disadvantages as possible, and that that both of you like and think is realistic/feasible.**
 - You can use a combination of two or more solutions rather than just one, if the combination seems more likely to be effective.
 - If you cannot find a solution that pleases both partners, suggest a compromise solution.
 - Describe your solution in clear, specific, behavioral terms. Who will do what?
- **Decide on a trial period to implement the solution.**
 - Set up times and places where you will try the solution. Make sure the plan is convenient for both of you.
 - Discuss any possible barriers that could interfere with carrying out the solution, such as competing responsibilities at home or work. Identify a plan to overcome those barriers, or move on to a more feasible solution.
- **Evaluate the outcome of the trial period.**
 - To prepare for evaluating the outcome, decide as a couple what specific observable changes you will use as evidence that the solution is working. Be sure you have set up opportunities for both of you to observe changes.
 - Identify any barriers that you had not expected, that interfered with carrying out the solution, such as competing responsibilities at home or work. Identify a plan to overcome those barriers when you try again, or move on to a more feasible solution.
 - If the solution is working, make plans to keep it going. If it has had limited success, revise the solution as needed, and try again. Finding an effective solution can be a learning process.

HANDOUT 4.3 Problem-Solving Steps and Worksheet

1. Define the problem and establish goals.

You and your partner should describe the problem in detail, in terms of events and behavior that are concrete and observable, so it is easier to evaluate how much they have been achieved. It is important that you and your partner agree on what the problem is. Write the description of the problem in the worksheet below.

You and your partner should also agree on what your goals are for reducing or removing the problem, and write the goals in the worksheet. Again, you may need to break a large goal into smaller goals to make it easier to make progress. You also should identify a timeline for when goals will be achieved.

2. Think of possible solutions.

With your partner, brainstorm possible solutions to the problem, and write each one in the worksheet. Focus on thinking of as many options as possible, without judging them yet. Both of you should be involved in generating ideas. Neither of you should only be listening or be the only one coming up with possible solutions.

3. Identify advantages and disadvantages of each possible solution.

Discuss with your partner each of the possible solutions and identify the advantages and disadvantages of each one. This includes evaluating the extent to which each solution will solve the problem, conditions that could interfere with carrying out the solution, and whether it will be practical to carry it out. You can start by marking each solution in the list with a positive (+) or negative (–) sign in the space next to it, in terms of whether the solution is likely to solve the problem, and is desirable and practical. The process should help you identify the best solution you can try.

Write a description of the solution that you have chosen in the worksheet.

4. Describe the plan that you agree on for carrying out the solution.

You and your partner will discuss how to carry out the solution that you have chosen. Consider who will do what, when you will start to carry out the solution, when it will end, what are potential obstacles to carrying it out, and how you will handle such challenges. If you anticipate that the obstacles are very likely to occur and may not allow you to implement the solution, you may go back to step 3 and consider choosing a different solution. You and your partner should also agree on when the solution should be evaluated.

5. Carry out the solution that you chose and planned.

You and your partner then implement the solution. You and your partner should remember that carrying out the solution may not go smoothly, and it is important to give it a reasonable chance.

6. Evaluate the outcome of the solution that you implemented and make any adjustments.

When evaluating the outcome of the solution you tried, you and your partner should ask yourselves: How much did the solution achieve what it was supposed to? If so, what aspects of what we tried contributed to its success? If not, why did it not work? Were there any unexpected problems? In order to overcome those problems and achieve greater success, what adjustments could we try, or should we try another possible solution from our list?

(continued)

Problem-Solving Worksheet

1. Define the problem in observable terms.

Define your goals as a couple in terms of specific changes in the problem.

2. Think of a variety of possible solutions.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

(continued)

HANDOUT 4.3 Problem-Solving Steps and Worksheet (p. 3 of 4)

3. Identify advantages and disadvantages of each solution.

Solution	Advantages	Disadvantages
1		
2		
3		
4		
5		
6		
7		
8		

Pick the solution or combination of solutions that you will try, and describe it.

4. Describe your plan for how you will carry out the solution.

Who will do what?

When will the trial period begin and end?

What obstacles might interfere, and what can you do to remove them?

(continued)

5. Carry out the solution, as planned.

6. Evaluate the outcome of the solution that you tried.

In what ways did the solution achieve what it was supposed to?

What aspects of the solution contributed to its success or prevented it from being successful?

Describe any unexpected problems:

Describe any changes you plan to make before you try the solution again:

If instead of modifying the solution and trying it again, the two of you decide to switch to another solution from your list. Describe it:

HANDOUT 4.4 Guidelines for Dyadic Coping Skills

COMMUNICATING ABOUT STRESS

When *you* are stressed, you can let your partner know by telling your partner about:

- The problem/stressor that you are concerned about
- Your emotions about the problem/stressor
- Why you are experiencing such emotions about the problem/stressor (e.g., what meaning the stressor has for you)
- What kind of support might help you (e.g., assistance in solving the problem, being listened to and understood, help in getting distracted from focusing on the problem)

You can identify signs that *your partner* may be stressed by observing changes in:

- The way they talk and express themselves (e.g., talking faster, impatiently, louder, talking more slowly, giving short answers, being silent)
- What they say (e.g., explicitly referring to concerns, frustration, and negative feelings such as anxiety and depression)
- How they behave (e.g., eating or sleeping more or less, acting agitated, withdrawing)
- How they look physically (tired, frowning, sad facial expression)

When communication with your partner indicates that the partner is stressed, you can ask them about their stress and remember to:

- Use empathic listening guidelines
- Ask open-ended questions (asking for details) rather than questions that lead to yes-or-no answers
- Seek to understand what stressor your partner is experiencing, emotions the stressor is producing in your partner, and why the stressor is eliciting such emotions
- Always check your understanding by reflecting your impressions to your partner and getting feedback
- Communicate to your partner that you can understand why they are feeling that way, rather than trying to convince them that their reaction is too negative, unrealistic, and so on.

PROVIDING SUPPORT WHEN YOUR PARTNER IS STRESSED

When your partner is stressed, you can provide support by:

- With their permission, taking over tasks to help them decrease the stress level
- Providing understanding and validation to help them feel supported
- With their permission, providing physical comfort (e.g., hugging, holding hands, massaging) to help the partner experience positive emotions and relaxation
- Helping to resolve the problem/stressor (e.g., get information, brainstorm or suggest solutions, take specific actions to reduce or remove problem situations)

(continued)

HANDOUT 4.4 Guidelines for Dyadic Coping Skills (p. 2 of 2)

When providing support, you should always ask your partner for feedback about the support you provided and be open to making adjustments to better support your partner in ways that are most helpful. Even if you find a particular type of support helpful if you are stressed, another person might find a different type of support more helpful. Remember it is about finding a good match between what your partner needs and what you provide, not about right or wrong types of support.

When providing support, you should never do any of the following:

- Provide insincere, superficial or ambivalent support (not really having your heart in doing it)
- Be incongruent between what you say and what you do/express (e.g., saying “*I understand you*” but not conveying understanding with your body language)
- Be hostile or critical (e.g., blaming your partner for having the problem)

COPING WITH STRESS TOGETHER

When *you and your partner* both are stressed from a problem you are experiencing, you can manage the stress together by using strategies that involve collaborating as a team. Coping with stress together with your partner may involve both of you doing the same thing (e.g., brainstorming solutions) or the two of you dividing up the work (e.g., both work on steps to resolve the problem, but you seek more information about resources to solve it while your partner tries to get support from family members such as someone providing child care).

You and your partner can cope with stress together by:

- Understanding each other’s feelings and validating them (communicating that the other person has a right to feel that way)
- Trying to reframe the problem, seeing it from a different perspective, such as a challenge but not a disaster
- Providing physical comfort to each other (e.g., hugging, holding hands, massaging) to help each other experience positive emotions, being respectful of any difference in which the two of you are comfortable with those types of physical touch
- Doing activities together that help you experience positive emotions and strengthen your bond and feelings of connection (e.g., dancing, listening to music together, having a night out, taking a walk, watching a humorous movie)
- Collaborating to find ways to resolve the problem/stressor (e.g., using joint problem-solving skills such as brainstorming possible solutions)

With all of these strategies, be sure that you discuss any concerns or discomfort that either of you has about any activities, so you can select approaches that you both like and both are motivated to use.

When you and your partner are coping with stress as a team, you should never do any of the following:

- Criticize and/or blame each other
- Engage in pessimistic conversations about the problem
- Reinforce each other’s negative feelings such as anxiety
- Participate in joint coping strategies insincerely or reluctantly

HANDOUT 4.5 Strategies for Managing Emotional Experiences in a Couple Relationship

Interventions to increase one's awareness of emotions and clarity regarding different emotions

- Avoiding one's usual methods of distracting oneself from experiencing emotion, such as focusing on social media and internet entertainment
- Reducing one's avoidance of feeling emotions, through gradual exposure and desensitization to thoughts and events that elicit increasing levels of emotion
- Practicing mindfulness exercises focusing on bodily feelings from emotions
- Identifying one's automatic thoughts and relating them to emotions (using thought records)
- Participating in a therapist's use of "downward-arrow" questions, reflections, and interpretations to uncover one's underlying vulnerable emotions
- Describing one's emotions through metaphors and images (e.g., "It is like the anxious feeling you get in your stomach when you see and hear a big thunderstorm approaching.")

Interventions to increase one's acceptance of emotional experiences

- Thinking about and discussing with a therapist or other person how positive and negative emotional experiences are common and normal
- Challenging one's belief that one cannot have harmony in a relationship if one expresses any negative emotions
- Both members of a couple making an explicit commitment to accept the other's emotional experiences, and demonstrating that acceptance as they talk with each other about emotional topics
- Increasing one's tolerance of one's own unpleasant feelings and those of one's partner (reducing one's belief that negative feelings are dangerous to oneself and the survival of the relationship)

Interventions to downregulate (reduce) partners' intense experience/expression of negative emotions:

- Scheduling times and locations to discuss emotions and related thoughts with one's partner when the conditions are favorable to being relatively relaxed and able to focus (e.g., avoiding times when either person is getting ready for sleep, in the middle of working on a project)
- Challenging one's belief that it is desirable or healthy to vent high-intensity emotions
- Using expressive and listening skills to communicate feelings and elicit support, instead of venting feelings
- Learning and using self-soothing methods (e.g., muscle relaxation, breathing exercises, mindful focus on pleasant sensory experiences)
- Practicing positive "self-talk" to prepare for emotional responses and regulate them

(continued)

HANDOUT 4.5 Strategies for Managing Emotional Experiences in a Couple Relationship (p. 2 of 2)

Interventions to upregulate (enhance) partners' experience/expression of positive emotions

- Each member of the couple recalling and describing memories of pleasant experiences that the individual had when the partners met, were attracted to each other, and enjoyed spending time together; noticing positive emotions associated with the memories and hearing the other person describe past pleasant times
- Planning with one's partner and carrying out mindful joint activities (e.g., taking a walk together in a pleasant setting, listening together to music you both enjoy, having a favorite type of meal together), and noticing positive emotions
- For couples whose level of conflict and distress is low enough that they can be comfortable with some degree of closeness/intimacy, planning a hierarchy of gradually increasing levels of sensual contact (e.g., giving each other a hand massage, a back rub) and noticing positive emotions

HANDOUT 5.1 Components of Cognitive–Behavioral Couple Therapy for Partner Aggression

Cognitive-behavioral couple therapy (CBCT) is a widely used form of therapy for a variety of issues for which couples seek professional assistance. This handout lists the components of CBCT for partner aggression that will be used in our work together. All of the components have been designed to increase your knowledge about types of behavior that interfere with partners' ability to solve problems in their relationship and about alternative ways of interacting with each other that can help resolve issues, as well as many opportunities to practice new skills with the guidance of a therapist. This approach emphasizes teamwork among the members of the couple and their therapist. Before we begin working toward the goals of more teamwork and satisfaction in your relationship, we will discuss each of the CBCT components, as follows:

- Educational information regarding forms of behavior, including aggressive acts, that interfere with members of a couple resolving issues and conflicts in their relationship
- Each partner's self-exploration of earlier life exposure to models of aggressive behavior and commitment to freeing oneself from influences of the past
- Educational information about ways of communicating and discussing problems that lead to partners feeling understood by each other and being able to find solutions to problems
- Partners' practice of communication skills for clear and constructive couple communication—for expressing thoughts and emotions to each other and for empathic listening to each other
- Practice of skills for working as a team to devise effective solutions to areas of disagreement/conflict
- Practice of skills for coping as a couple with various life stressors that affect one or both partners (e.g., work stress, child-rearing challenges, caring for an ill relative, financial problems)
- Practice of skills for managing anger within a close relationship
- Development and use of skills for noticing and modifying one's thoughts that contribute to negative behavioral interactions between partners
- Increase of mutually enjoyable shared activities as a couple

Because partner aggression typically occurs along with other presenting problems that a couple is experiencing (e.g., financial stresses, parenting stresses), we will use these methods for eliminating aggressive responses throughout therapy so that you will develop a positive process for resolving other issues in your relationship.

HANDOUT 5.2 Negative Ways of Dealing with Dissatisfaction and Conflict in a Couple Relationship

When members of a couple are dissatisfied with aspects of their relationship and experience conflict, it is very important that they have constructive ways of communicating with each other to resolve their issues. However, many individuals express their dissatisfaction in ways that are unpleasant and potentially harmful to members of the couple and the quality of their relationship. These negative approaches involve forms of aggressive behavior that punish, scare, coerce, and attack the other person's self-esteem. Forms of partner aggression tend to backfire, creating greater unhappiness and distance between partners. The negative effects of partner aggression on partners and their relationship are listed in Handout 5.3.

Two major types of partner aggression are physical and psychological. The following are descriptions of physical and psychological partner aggression. The more aware you are of these behaviors and their negative effects, the more likely you can focus on removing them from your interactions as a couple.

FORMS OF PHYSICAL PARTNER AGGRESSION

Physical aggression can vary in severity from fairly mild to highly injurious and even fatal, as well as in how often they occur. Aggressive acts need not take place often in order to have negative effects. For example, if an individual is slapped and pushed occasionally, they may live in fear of when their partner will do it next. The relationship has become an unpredictable, unsafe place for them.

- Pushing
- Grabbing
- Shoving
- Slapping
- Restraining, pinning down
- Punching
- Kicking
- Hitting with a hard object
- Beating
- Cutting with a knife
- Choking
- Knocking unconscious

(continued)

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HANDOUT 5.2 Negative Ways of Dealing with Dissatisfaction and Conflict in a Couple Relationship (p. 2 of 2)

FORMS OF PSYCHOLOGICAL PARTNER AGGRESSION

Psychological aggression involves words and actions that have negative effects on the person receiving them, but without any contact with the person's body. The pain is psychological and emotional. Research studies have identified four major types of psychological partner aggression, and these forms of aggression can be just as harmful as physical aggression.

- **Domination / Intimidation**

The individual creates fear and gets the other person to do what they want by engaging in actions that demonstrate power and scare the person. Examples are:

- Throwing or smashing an object against a wall or on the floor, or in the direction of the partner
- Destroying a possession of the partner
- Standing over the partner in a menacing way
- Screaming at the partner
- Driving fast and ignoring the partner's request to slow down

- **Denigration**

The individual attacks the partner's self-esteem through name-calling and demeaning comments. Examples are:

- Calling the partner a loser, failure, stupid, and the like
- Criticizing the partner's physical appearance
- Insulting the partner's ways of doing things

- **Restrictive Engulfment**

This form of aggression involves actions that limit the partner's freedom and access to resources, increasing the partner's dependence on the individual. Examples are:

- Interfering with the partner's contact with other people (family, friends, helping professionals) in person, on the phone, etc.
- Controlling the partner's access to money
- Stalking the partner
- Looking through the partner's phone and other communication records, as well as personal belongings
- "Grilling" the partner about their activities

- **Hostile Withdrawal**

This involves controlling and punishing the partner through avoiding and ignoring them. Examples are:

- Refusing to discuss a problem
- Leaving a room whenever the partner enters
- Expressing negative feelings nonverbally but refusing to tell the partner what is wrong
- Becoming very busy with activities and obviously ignoring the partner

HANDOUT 5.3 Negative Effects of Psychological and Physical Partner Aggression on Individual and Relationship Well-Being

Research studies have found that psychological and physical forms of partner aggression commonly have negative effects on victimized partners' physical and psychological well-being, but also on the quality of the couple's relationship. The following are examples of those negative effects.

EFFECTS ON VICTIMIZED INDIVIDUALS' PHYSICAL HEALTH

- Chronic pain
- Fatigue
- Insomnia
- Disturbed appetite
- Gastrointestinal problems
- Physical injury, ranging from mild to severe

EFFECTS ON VICTIMIZED INDIVIDUALS' PSYCHOLOGICAL HEALTH

- Increased depression and anxiety disorders
- Posttraumatic stress symptoms (e.g., flashbacks, hyper-alertness to potential danger, difficulty concentrating, emotional numbness)
- Low self-esteem
- Suicidal thoughts and risk for suicidal behavior
- Increased risk of alcohol and drug abuse
- Decreased ability to perform well in one's job

EFFECTS ON THE COUPLE'S RELATIONSHIP

- Reduced overall happiness with the relationship
- Reduced trust and sense of safety and security in the relationship
- Risk of separation and ending the relationship
- Increased distraction, irritability, inconsistency, and harshness in parenting

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HANDOUT 5.4 Components of Anger

When a person experiences an emotion such as anger, it is a complex process that includes a situation that set it off, the thoughts the person had about the situation, physiological responses in the person's body, a subjective feeling of emotion, and the ways that the person behaves. The more we notice these processes occurring, the more opportunities we have to change any emotional responses that are causing problems for us and our relationships with other people. Thus, if we are experiencing anger that is causing stress in our relationship with a partner, including negative interactions with the partner, understanding the components of our anger can help manage the anger better. The following are descriptions of the components of anger and examples of each.

- **Situational triggers** for each individual (e.g., being interrupted when engaged in an activity, being criticized)
- **Thoughts** (e.g., that someone is treating you unfairly, or is interfering with your reaching your goals)
- **Physiological arousal** (e.g., increased heart rate and breathing, trembling, muscle tension)
- **Angry emotion** experienced subjectively (identifying oneself as feeling angry)
- **Behavior** (e.g., yelling, physical violence, threats, interfering with another person's actions, damaging objects or property, positive creative or athletic behavior to channel the emotional arousal)

HANDOUT 6.1 Components of CBCT for Infidelity

Cognitive-behavioral couple therapy (CBCT) is a widely used form of therapy for a variety of issues for which couples seek professional assistance. This handout, which will be used in our work together, lists the components of CBCT for couples who have experienced infidelity. All of the components have been designed to increase your knowledge about risk factors for infidelity, the effects of infidelity on members of couples, ways to limit further damage to the members of the couple, other family members, and the like, ways of interacting with each other that can help resolve issues, as well as many opportunities to practice new skills for communication and problem solving with the guidance of a therapist, and assistance in making decisions about the future of your relationship (ending it or continuing it under particular conditions). This approach emphasizes teamwork among the members of the couple and their therapist. We will begin by discussing each of the CBCT components listed below:

- Educational information regarding the impact that one member's infidelity tends to have on the other member, including trauma symptoms and disruption of secure attachment, and impacts on the couple relationship, especially broken trust and disruption of partners' usual roles and routines of daily life
- Use of strategies to minimize further negative effects on the individuals, couple relationship, and others in the couple's life such as children (e.g., anger management skills, decisions regarding discussions of details about a member's infidelity, decisions about who to share information with regarding the infidelity, decisions about ways to minimize vindictive behavior between partners, methods for self-care during this period of major stress)
- Self-exploration of each member's earlier life exposure to infidelity (e.g., family-of-origin, prior couple relationships, sociocultural models) and exposure to positive and negative models of couple relationships; each individual's own assumptions and standards for characteristics of a satisfying couple relationship and the sociocultural influences that contributed to those beliefs; how the couple's actual relationship has compared with those beliefs; strategies that the couple can use if they want to create realistic changes in their relationship, versus achieving greater acceptance of their relationship as it is
- For an unfaithful partner, self-exploration of conditions that contributed to the person being vulnerable to engaging in an affair, including *personal characteristics* (e.g., low self-esteem and associated attraction to people whose interest and approval boost that level of esteem, a strong need for excitement and novelty in life), *couple characteristics* (e.g., a difference in general sexual interest and drive, overall low relationship satisfaction and intimacy, significant conflict), *situational characteristics* (e.g., recent loss of a job or promotion that affected the individual's self-esteem and sense of well-being; meeting an individual who exhibited a strong romantic interest in the person), and *sociocultural influences* (e.g., tolerance for infidelity depending on the partner's cultural background, gender identity, or sexual orientation)

(continued)

HANDOUT 6.1 Components of CBCT for Infidelity (p. 2 of 2)

- For a nonparticipating partner, self-exploration of conditions that may have contributed to the other partner becoming involved in infidelity (although the involved partner was responsible for the decision to be unfaithful), including *personal characteristics* (e.g., depression or other psychological or physical health condition that reduced the individual's availability as a partner, a decrease in sexual interest and drive due to developmental changes), *couple characteristics* (e.g., a difference in general sexual interest and drive, overall low relationship satisfaction and intimacy, significant conflict), *situational characteristics* (e.g., significant life stressors such as caretaking for an ill relative, major job stresses, loss of a parent, loss of a job, or discrimination experiences that resulted in significant distraction/absorption and/or grief), and *sociocultural influences* (e.g., cultural beliefs regarding the acceptability of a partner engaging in infidelity)
- Practice of communication skills for clear and constructive couple communication – for expressing thoughts and emotions to each other and for empathic listening to each other, including understanding factors in each other's life and the couple relationship that may have contributed to the infidelity; clarifying that understanding the factors affecting the other person does not mean that the listener is excusing the infidelity
- Partners' practice of skills for working as a team to devise effective solutions to issues/problems that have been raised by disclosure of infidelity
- Practice of skills for coping as a couple with various life stressors that affect one or both partners (e.g., work stress, child-rearing challenges, caring for an ill relative, financial problems, discrimination based on characteristics such as race)
- Development and use of skills for noticing and modifying one's thoughts that make it difficult for members of the couple to view each other as mixtures of many characteristics, including some negative ones (e.g., a betrayed individual seeing that the partner's very distressing infidelity does not cancel out the individual's prior view of the partner as a good person overall; a perpetrator seeing that a partner who rarely expressed romantic or sexual interest still could value you greatly and have strong attraction to you)
- Depending on the couple's goals for their relationship (try to improve it or work toward constructive dissolution), increasing mutually enjoyable shared activities and emotional intimacy as a couple

HANDOUT 7.1 Sensate Focus Couple Exercises

Sensate focus is a set of exercises designed to reduce performance anxiety and stress in couples regarding their sexual relationship, removing partners' focus on how well they are responding sexually and replacing it with mindful attention to pleasant sensory experiences of touching one's partner and being touched. The goal is to notice and enjoy the sensations of touch in a relaxed setting, with no expectations of any other outcome such as sexual arousal or orgasm. The sensate focus exercises also enhance partners' comfort and ability to communicate with each other about their sensual and sexual experiences together.

Sensate focus was developed by sex therapy pioneers Dr. William H. Masters and Virginia E. Johnson, and it has been a core component of treatments for a variety of sexual problems ever since. It consists of a sequence of touching exercises that the couple completes together, in order. The couple takes as long as needed to feel comfortable with each step before moving on to the next step. It requires that members of a couple are both interested in improving any sexual problems they have experienced and are able to work as a team in carrying out each step of the touching exercises. Partners who are upset with each other, tend to argue, and blame each other for sexual problems are likely to need support and assistance from a couple therapist so that they can benefit from sensate focus, which emphasizes intimacy, mutual warmth, and cooperation.

The following presents the six steps of sensate focus. Sex therapists have devised a number of variations in the procedures developed by Masters and Johnson, and we prefer this set of steps.

STEP 1: NONGENITAL AND BREAST TOUCHING

The couple needs to agree on a time and place for sensate focus that is convenient, private, and free from distractions such as phone calls, text messages, and other interruptions from other people. Both partners should be practicing good hygiene, such as showering, and should be well rested and as relaxed as possible. In fact, many couples find that taking a relaxing shower individually or together is a nice way to be ready for the exercises. For those who like to drink wine or other alcoholic beverages to relax, a modest amount of alcohol is fine, but more than that could interfere with focusing on sensations of giving and receiving touch. It is preferable to be unclothed during the exercises, but if one or both members of a couple are uncomfortable with nudity it is okay to begin with wearing underwear, as long as touching each other's skin is possible.

Sensate focus involves members of a couple taking turns being in each of two roles: the giver or the receiver. The couple should decide who will go first in each role, and they will switch roles in the middle of this sensate focus step. We suggest that each giver–receiver period should be about 15 or 20 minutes, before switching. The receiver's role is to lie down on a bed, first on their stomach, and relax their body. The giver then touches the receiver anywhere on the body except for breasts and genitals because the purpose of this step is to focus on the pleasant sensuality of being touched rather than getting sexually aroused. The giver can begin by touching the receiver's head and gradually moving down the receiver's body, or can move from one area to another. There are no rules about that, except it is important to focus on making the touch sensually pleasant for the receiver. The receiver is not supposed to talk to the giver except to give feedback if a type of touching is too light, too firm, and so on. It also is good to give

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HANDOUT 7.1 Sensate Focus Couple Exercises (p. 2 of 4)

the giver positive feedback about touch that feels good. It is important for the receiver to feel free to give feedback, so that the experience will be stress-free and comfortable, and the giver can learn more about touch that the receiver enjoys. The receiver should focus mostly on their own sensual pleasure, and not think about their partner except for noticing when it feels good to be having this intimate experience together. The giver needs to focus on not taking any feedback as criticism, but rather as helpful communication.

If either or both partners of the couple notice themselves getting sexually aroused during this exercise, they should shift their attention to this being a relaxed sensual experience, not a sexual one. It is very important to focus on the pleasant sensations of touching your partner or of receiving touch from your partner. If you shift into having a sexual interaction with each other, you easily can fall back into experiencing the pressures and expectations that were contributing to your sexual problems. The giver could remind themselves to focus on and enjoy the feel of their partner's skin, as well as how nice it is to be feeling emotionally close to each other. Remember that the goals of sensate focus are to increase relaxation and sensual pleasure, remove pressure people often feel to perform according to some standards sexually, and increase partners' knowledge of their own and each other's bodies.

It is best if you and your partner can schedule three sessions of Step 1 sensate focus per week, until you both feel very comfortable with it and ready to move on to Step 2. Because couples often have busy schedules, scheduling a few sessions during a week can be difficult, but do your best to make this a priority that will help you enjoy your physical relationship with each other and overcome past unpleasant experiences.

STEP 2: GENITAL AND BREAST TOUCHING

This step also involves partners taking turns being the giver or the receiver of touch. The basic difference is that in this step the giver also touches the receiver's genitals and breasts. Even though this involves touching areas of the body that people commonly use for sexual stimulation, it is important that both members of the couple focus on pleasurable sensual feelings, with no goal of getting each other aroused. As the giver explores the receiver's entire body, with no more time spent on genitals and breasts than the rest of the body, the essential goal is for both to learn what types of touch bring sensual pleasure for each person. Both should be able to enjoy touching the other person, again not to produce sexual arousal or orgasm. Avoiding all pressure for sexual response is key.

If a member of a couple is specifically uncomfortable or uninterested in having their breasts touched, that preference should be honored, as many other areas of a person's body can be sources of pleasure. Similarly, if a member of a couple is transsexual and has had medical treatments that at least temporarily have made the person uncomfortable with genital touch, the couple should discuss alternative areas of their body that can bring the person pleasure. As with Step 1, sometimes one or both members of a couple may become sexually aroused, but they should not shift into trying to increase their own or their partner's arousal.

Some communication between partners is allowed in this step, but it should be focused on providing feedback for the giver. In addition to telling the giver when a type of touch is too light, too firm, and so on, the receiver can place their hand on top of the giver's hand and gently guide it to change the type of touch, such as moving more slowly or touching with a little more pressure. Again, it is the giver's responsibility to think of this as helpful feedback in learning more about the receiver's touch preferences, and not take it as criticism.

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HANDOUT 7.1 Sensate Focus Couple Exercises (p. 3 of 4)

As with Step 1, the couple should aim to do this exercise three or more times each week, until both feel quite comfortable with it, have enjoyed it, and feel ready to move ahead to Step 3. Scheduling complications could limit how many times they can do the exercise in a particular week, but the more often the couple does it, the more progress they are likely to make toward mutual comfort and pleasure.

STEP 3: ADDING LOTION/LUBRICANT

Step 3 involves exactly the same procedures as Step 2, although the giver now uses lotion for touching the receiver's body, or a lubricant gel (such as K-Y) for touching genitals, always making sure that the lotion or lubricant is not cold. The purpose of lotion and lubricant is to increase the pleasant sensations experienced by both the giver and receiver. The same guidelines apply, regarding giving feedback, managing any sexual arousal that may occur, and trying to do the exercise often. When both members of the couple feel relaxed and comfortable with this step, they can move on to Step 4.

STEP 4: BUILDING SEXUAL AROUSAL

In Step 4, the partners are encouraged to experiment with allowing the touch to produce pleasant sexual arousal. Kissing also is allowed but not required, as a pleasant way of expressing caring for each other. Oral sex is not allowed because it may return the couple to their earlier pattern of trying to maximize each other's arousal and produce orgasms. It is important that the goal is enjoyment of the arousal, without any expectation or goal of an aroused person experiencing an orgasm. If the giver notices that the receiver seems to be getting aroused, the giver should not try to "produce" an orgasm, but should just continue the pleasant stimulation until the 15 minutes are up. In turn, the receiver should not try to reach an orgasm, but should just relax and enjoy the pleasure of the moment and allow the arousal to subside when the touching ends. Sometimes an individual will think of arousal that does not end in an orgasm as wasted arousal, but in sensate focus all pleasure and arousal are valuable ends in themselves. If the receiver does experience an orgasm, both partners can acknowledge that it was a nice experience, but the next time they do the exercise there should be no new expectation that an orgasm will occur again. If one person felt close to having an orgasm but the other did not by the time the 15 minutes of touching were over, it is acceptable for the person who came close to having an orgasm to stimulate themselves to an orgasm. That way there is no pressure on either the giver or receiver.

STEP 5: MUTUAL TOUCH

In Step 5, the two partners touch each other at the same time instead of taking turns, using the same guidelines as presented in Step 4. It is important to realize that this procedure can be somewhat more complicated than turn-taking because each person's attention is split between being a good giver (and enjoying it) and relaxing and paying attention to pleasant sensations as a receiver. Again, the main goal is for both members of the couple to enjoy the sensations of touching the other person and being touched. If one person experiences an orgasm and the other does not, the couple should still stop the exercise after 15 minutes and talk about the nice aspects of touching each other, not being concerned

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HANDOUT 7.1 Sensate Focus Couple Exercises (p. 4 of 4)

about one person not experiencing an orgasm. As with Step 4, if a member of the couple felt close to having an orgasm and would like to experience one, it is acceptable for that person to stimulate themselves to an orgasm. Again, the couple should aim to do this exercise a few times each week and continue it until both partners feel relaxed and comfortable with it, ready to move on to the next step.

STEP 6: INTERCOURSE FOCUSED ON SENSUAL ENJOYMENT RATHER THAN ORGASM

This step allows a couple to try having intercourse if that is a shared sexual behavior that they both want to include in their relationship. Couples may vary in the behavior they consider intercourse depending on their gender identity and sexual orientation. The goal is to avoid repeating any negative experiences they had previously, such as one or both partners getting frustrated that intercourse did not lead to orgasms for both of them. Therefore, the intercourse is viewed as just another way of touching each other—experiencing sensual pleasure and feeling close to each other, whether or not anyone experiences an orgasm. There should be no rushing to begin intercourse, and they should check with each other about readiness to try. Both partners should focus mostly on pleasant sensations of their physical contact, just like the previous sensate focus steps. Again, if the intercourse does not lead to an orgasm for one or both partners, that is fine because the couple's continued engagement in sensate focus exercises is intended primarily to make their physical touch mutually enjoyable. The more this leads to pressure and self-consciousness dissolving, the more likely the couple will look forward to touching each other, whether or not it leads to orgasms.

HANDOUT 8.1 Topics for Couple Discussions about Finances and Money Management

Finances and ways of managing money are among the most common topics that couples talk about in their daily life and bring to couple therapy. As you practice using good communication skills together for expressing your thoughts and emotions regarding finances, and for listening to and understanding each other's experiences, the following topics are helpful for many couples to discuss. These are just suggestions, and you can add other topics that focus on particular experiences that the two of you have had regarding money during your lifetimes.

- What experiences in your life regarding money did you have prior to meeting each other that you believe influenced how you feel about money now and how you manage money?
- What are your financial goals for the future, for yourself and for your couple relationship and family? What ideas and plans do you have for trying to achieve those goals? How well do you think you and your partner are doing so far in making progress toward the goals?
- What sources of information and advice do you tend to use in making decisions about how you and your partner should manage your finances? How helpful are those resources?
- When you and your partner disagree about a financial issue, how do you discuss it, and how well do the two of you resolve the disagreement? If it does not seem to go well, what ideas do you have about how you could work more effectively as a team regarding finances?
- What do you consider to be your strengths both as individuals and as a couple regarding management of your finances? In what ways do you think you could improve your money management?

HANDOUT 9.1 Couple Goals Regarding Co-Parenting

The following are goals that couples can consider regarding their co-parenting roles. Many couples find these goals helpful in improving their effectiveness and satisfaction as a co-parenting team. Because you may have some additional goals that are not included in this list, this form has space for you to write them down. You and your couple therapist can discuss which goals you especially want to pursue and make plans to work on them.

- Develop a therapeutic relationship among the therapist and two parents that enhances the couple's self-esteem and confidence as parents and as life partners. This entails setting goals for fostering understanding each person's challenges in parenting and positive motives, as well as building strengths in the co-parenting relationship rather than blaming either member of the couple for problems.
- Develop a co-parenting style that contributes to a low-stress atmosphere in the home and a safe, secure environment for the children.
- Increase partners' understanding of each other's conception of a child's needs (e.g., development of self-esteem; improvement of their ability to manage emotions; development of self-esteem and life skills for a child with ADHD, a physical disability, an autism spectrum disorder; protection from discrimination based on characteristics such as race, ethnicity, sexual orientation, and gender identity) and the role that parents can play in meeting them, and collaborate as a co-parenting team in addressing those needs.
- Identify standards for child behavior and appropriate parenting methods that partners share, and any standards on which they disagree, and pursue a goal of achieving as much consensus between them as possible.
- Explore roles that each partner has carried out in their co-parenting relationship, whether both people are satisfied with them, and any changes that either person would like.
- Identify life stressors that have interfered with the couple's co-parenting and devise interventions to reduce the stressors.
- Improve the couple's communication and problem-solving skills for working as a co-parenting team.
- Increase the couple's skills for coping with stresses together, so that they can use strategies in which they support each other and pool their resources to solve parenting problems.
- Identify developmental changes in individuals (e.g., child cognitive development) and family relations (e.g., birth of another child that divides parents' attention among siblings) that have resulted in previously effective parenting strategies becoming less effective and develop modified approaches that fit current circumstances better.
- Identify any personal characteristic of either partner (e.g., chronic depression) that contributes to difficulty with parenting individually or as a couple, and devise an action plan to ameliorate it (e.g., individual therapy).

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HANDOUT 9.1 Couple Goals Regarding Co-Parenting (p. 2 of 2)

- By learning new things about parenting individually and as a couple through working toward the above goals, be open to identifying new goals that can increase each person's satisfaction with parenting further. For example, an individual who has a history of devoting much personal time and energy to pursuing particular role responsibilities (in this case being a good parent) may become aware that single-minded effort creates a risk for burnout. Consequently, the individual learns that building respite and personal time into one's life results in being a caretaker who is more emotionally present and happy.
- Additional goals:

HANDOUT 9.2 Information for Couples Who Are Co-Parenting Children

Parenting children is a big responsibility and a complicated one, as each parent does their best to parent effectively to raise healthy, happy individuals who are good members of the family and society. Working together as a co-parenting team with one's partner can be an advantage, based on sharing the responsibility and work, but it also requires good communication and cooperation. This handout describes some common experiences that parents have and suggestions for handling challenges that might occur.

- Members of a couple often draw different conclusions as to why children misbehave, such as why a 5-year-old does not comply with a parent's instruction to clean up his room. For example, one parent may attribute it to the tendency for young children to be distracted easily, whereas the other parent may think it is due to the child lacking respect for the parent. Because the two parents have different beliefs about the cause of the misbehavior, they may have different emotional reactions (one is somewhat frustrated but not angry, whereas the other is quite angry about behavior they see as disrespectful). They also may behave differently toward the child, with the first parent guiding the child more closely in completing the task, whereas the second parent may yell at the child. It is important for parents to describe their thoughts about their child's behavior to each other and the evidence on which they based their conclusions about the child. It is very helpful for them to read books on child development and on how children's minds work. We often cannot expect the same behavior from a young child as we do from an older child who understands more and has more developed executive function processes. The following are some books that many parents find informative:

Barkley, R. A., & Benton, C. M. (2013). *Your defiant child: 8 steps to better behavior* (2nd ed.). New York: Guilford Press.

Barkley, R. A., Robin, A. L., & Benton, C. M. (2014). *Your defiant teen: 10 steps to resolve conflict and rebuild your relationship* (2nd ed.). New York: Guilford Press.

Kazdin, A. E. (2009). *The Kazdin method for parenting the defiant child*. Boston: Houghton Mifflin Harcourt.

Kennedy, B. (2022). *Good inside: A guide to becoming the parent you want to be*. New York: HarperCollins.

Lev, A. I. (2004). *The complete lesbian and gay parenting guide*. New York: Berkley Books.

Shelton, M. (2013). *Family pride: What LGBT families should know about navigating home, school, and safety in their neighborhoods*. Boston: Beacon Press.

- Members of a couple often have somewhat different beliefs (standards) about the ways children *should* behave. It is important for them to discuss how they developed their standards and to be open-minded about thinking about their partner's standards. Again, it is valuable to obtain information on child development to get a clear understanding of what one can reasonably expect from a child of a particular age.

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HANDOUT 9.2 Information for Couples Who Are Co-Parenting Children (p. 2 of 2)

- When parents have a child whose gender identity differs from the male or female sex they were assigned at birth, or whose sexual orientation is not heterosexual (e.g., lesbian, gay male, bisexual, nonsexual), it is important for the parents to learn about these variations so that they will understand their child and be supportive of the child. Being supportive often involves helping the child develop a positive self-concept, manage discrimination experiences in settings such as school, and access professional services to foster their physical and mental health.
- A variety of a parent's personal characteristics can make it more difficult to parent children oneself. Examples are distracting and exhausting stressors in one's life such as demands from a job, responsibilities for caretaking of an extended family member, one's own chronic illness or disability, and financial problems. When those stressors interfere with the abilities of one or both partners to parent effectively, the couple is likely to have difficulty working as a co-parenting team. Increasing one's personal resources for coping with those stressors (including improving the couple's ability to work as a team to cope with the stressors) can help one's parenting ability.
- The characteristics of a couple's relationship may interfere with their ability to work as a team in co-parenting their children. An example is difficulty communicating with each other about parenting beliefs and preferences, perhaps with discussions quickly deteriorating into an argument or withdrawal from each other. The couple may be unable to find a mutually acceptable approach to parenting because the partners grew up in different cultures that had different models of good parenting, or had very different experiences with their own parents in their families of origin. Another common obstacle to co-parenting is unresolved conflicts between partners about other aspects of their relationship, such as fair division of family responsibilities, ways of demonstrating care for each other, and prior violations of trust such as secret spending, an affair, or partner aggression. It may be essential for the couple to work on resolving those issues so that they do not continue to disrupt their teamwork as parents. It does not mean that they have to delay working on co-parenting until the other relationship issues are resolved. Also, if both members of a couple are preoccupied and distressed by other sources of stress in their life together, such as finances or a family member's serious illness, it can be more difficult to co-parent. Collaborating on plans to reduce those other stressors (e.g., obtaining professional consultation regarding finances; see Chapter 8) can improve the conditions for good co-parenting.
- Good couple communication skills and joint problem-solving skills contribute to effective co-parenting. Partners will feel more like parenting teammates when they can express their ideas and emotions to each other clearly, listen well to and understand each other, see that they are taking each other's ideas and feelings seriously, and devise effective solutions to parenting problems. It is important to learn about those skills and how they contribute to good co-parenting as well as a mutually satisfying couple relationship.
- When a couple examines how they deal with stresses, carry out family roles, express caring, communicate with each other, and resolve conflicts, they should look at how they are role models for their children. Even very young children observe their parents closely and learn from them. An important goal is to teach your children positive ways of relating to other people, dealing with stresses, communicating, and solving problems by setting positive examples for them.

HANDOUT 10.1 Symptom Worksheet for Couples

Partner who experiences symptoms: _____

What symptoms does this person experience?

- *Physical symptoms* (fast heartrate, sweating, headaches, lightheadedness, restlessness/agitation, fatigue, low energy, tense muscles, decreased interest in sex, loss of appetite, nausea, etc.):

How often and how intense?

- *Emotions* (sadness/depression, anxiety, irritability/anger, shame, etc.):

How often and how intense?

- *Negative thoughts* (self-criticism, hopelessness, dissatisfaction with life, dissatisfaction with other people, confusion, trouble making decisions, suspiciousness, etc.):

How often and how intense?

- *Behavioral symptoms* (withdrawing from people and activities, seeking reassurance from others, aggressive behavior toward others, alcohol/substance use to reduce unpleasant feelings, etc.)

How often and how intense?

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HANDOUT 10.1 Symptom Worksheet for Couples (p. 2 of 2)

If you have noticed that the symptoms occur more in particular situations, what are those situations?

When the individual is experiencing symptoms, what does their partner think, say, and do?

What treatments, if any, has this individual had for the symptoms (psychotherapy, medication, nutrition program, spiritual/religious practices, etc.), and how helpful have they been?

How much do the two of you discuss the individual's symptoms, and how well do you communicate about them?

In what ways do the two of you work together to cope with the individual's symptoms?

What effects do the symptoms have on your couple relationship?

Describe any adjustments the other person has made to cope with this individual's symptoms (avoiding the person, taking over tasks for the person to reduce their stress, receiving own psychotherapy, etc.).

Describe aspects of your couple relationship that have remained positive/strong in spite of this individual's symptoms.