FAMILY COUNSELING THEORIES

Like everything else in this field, there is a tremendous diversity in the ways in which family counselors operate. Similar to the approaches we explored in the chapters on counseling theory, various counseling systems can be organized according to their basic perspectives (Gehart & Tuttle, 2003; Goldenberg & Goldenberg, 2012; Nichols & Schwartz, 2010). Thus, some approaches examine underlying family structures or patterns of communication, while others focus more on dysfunctional thinking or behavior, and still others concentrate on the individual issues with which family members struggle.

As you would expect, some family counselors (Nathan Ackerman, James Framo, David Scharff) employ a psychoanalytic model. They deal with unresolved conflicts of the past, looking especially at family-of-origin issues. Also expected are some approaches (Virginia Satir, Carl Whitaker) that are humanistic in their orientation. They remain in the present as much as possible and examine issues of freedom and choices. Likewise, cognitive approaches to family counseling (Robert Liberman, Richard Stuart) emphasize the same kinds of maladaptive behaviors that are present in individual counseling.

In addition to these familiar models that have been adapted to family settings, several unique theories were designed only for family work. Family systems theory (Murray Bowen) introduced the concepts of differentiation of self from the family. Structural family theory (Salvador Minuchin) looks at the ways that families become enmeshed and disengaged. Strategic approaches (Jay Haley, Cloe Madanes) look at alignments of power and communication in families. Milan theory (Mara Selvini-Palazzoli, Luigi Boscolo) introduced the paradoxes and games that families get caught in. Narrative approaches (Michael White, David Epston) look at the ways that family stories determine perceived reality. Solution-focused counseling (Steve de Shazer, Insoo Berg, Michele Weiner-Davis) focuses on locating a family's preexisting repertoire of solutions to their presenting problem. Finally, as you would expect, integrative models (Richard Schwartz, William Pinsoff) combine features of several other theories into a more encompassing framework.

VOICE[illegible] THE FIELD

Family counsel[illegible]se to me—I even call myself, "a fam[illegible]lleagues and clients. In lots of wa[illegible]y powerful things you can do [illegible] But on the other hand, I've h[illegible] too.

I remen[illegible]le family in my [illegible] one of the

were screaming at one another. And grandma, she was gettin' in the act too. I just sat there with my mouth open, not knowing what to do.

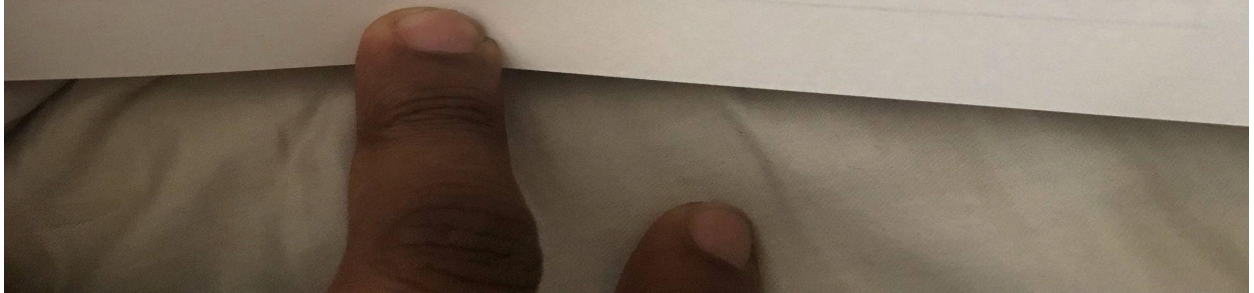
Finally, I was able to regain some control but not for long. I resolved, then and there, that if I was going to do this sort of [illegible] again, I was going to have to exert a lot mo[illegible]

an obscure specialty for radical family theorists and practitioners has become mainstream counseling for practitioners of all disciplines who seek to initiate changes through the involvement of those persons who wield a significant influence in the client's life. The American Association for Marital and Family Therapy (AAMFT) and the International Association of Marriage and Family Counselors (IAMFC) have become established, highly respected organizations, promoting research on family counseling, hosting conferences, contributing specialized training, credentialing graduate programs, and developing ethical codes for family practitioners. Family systems thinking has so permeated our field that it is expected that any counselor who works in schools or community agencies has a working knowledge of family systems thinking and can conceptualize individual problems from a family perspective.

FAMILY VERSUS INDIVIDUAL COUNSELING

Family counseling bears some similarity to group counseling in that the systemic dynamics are as important as individual behavior. The field, however, has carved out a unique niche in its theory, research, practice, and distinct way of approaching a helping relationship. When compared to individual counseling, family work is different in a number of significant ways (Nichols & Schwartz, 2010):

1. Family practitioners view problems as located not within the individual but within the larger context of interactions between people.
2. Clinicians must generally be more active, directive, and controlling than they would be in individual sessions.
3. Rarely can the counselor afford the luxury of operating from one theoretical approach. Family practitioners tend to be very pragmatic and flexible.
4. Focus is directed toward organizational structures and natural developmental processes that are part of all family systems. This includes attention to family rules, norms, and coalitions.
5. A model of circular, rather than linear, causality is favored. This means that when determining the causes of events or behaviors, it is important to look at the bigger picture of how each person's actions become causes and effects of everyone else's behavior.
6. Developmental models are employed that describe the family life cycle, including predictable and natural transitions, crises, and conflicts.



Family, Couples, and Sex Counseling

KEY CONCEPTS

Family system
Circular causality
Differentiation of self
Joining
Structural approach
Strategic approach
Symmetrical relationship
Complementary relationship
Boundaries
Hierarchy of power
Structural map
Identified client
Symptoms as solutions
Symptoms as metaphors
Genogram
Reframing
Externalizing
Forcing the spontaneous
The goal of neutrality

counselor can move to strategic intervention once he or she encounters resistance, defensiveness, or confusion. Then it may be effective to revert back to structural theory to pull together any loose ends. In this methodology, therefore, it is possible to think structurally and work strategically. By thinking structurally, the counselor is aware of various predictable patterns and styles that will commonly arise.

Of course, as with any form of counseling, whether in group, individual, or family contexts, success is often related to the quality of the alliance that has been developed with the participants. What has been emphasized previously applies equally well to family counseling: Any interventions and structural realignments take place only after a solid bond has been established where there is a sufficient degree of safety and trust.

POWER IN RELATIONSHIPS

Relationships among family members can be *symmetrical* or *complementary*. The former, according to Haley (1976), has much competition, whereas the latter emphasizes reciprocal exchange as people maneuver for position and power. Minuchin (1974) introduced the notion of *boundaries* to describe how the various coalitions in family relationships tend to intersect. Sometimes, for example, the boundaries between parents and children are clearly defined and at other times an alignment may develop between mother and son, with a disengaged boundary between them and the father. Matters become considerably more complicated as the counselor joins the family system, creates different boundaries by manipulating the various coalitions, and finally restructures the system so that more constructive lines of affiliation develop.

Power within the family must also be carefully understood and balanced. Each family has a regimented hierarchy, within which each person has a specified amount of control and responsibility. Counseling often takes the form of reestablishing a single hierarchical organization in which the boundaries are more clearly delineated so that the parents are in charge and the children have less power.

Family counselors tend to see psychological symptoms like depression, anxiety, and eating disorders in terms of the roles they play within a family's power dynamics. For example, Madanes (1983) describes the case of a depressed man whose symptoms were treated by resolving the hierarchical incongruity in his marriage. The husband had previously been dominant in the relationship, but as the wife developed outside interests and a career as a therapist, his own life and business began to fail. The husband's depression became a source of power in the marriage because the wife, as a professional helper, could do nothing to bring relief. The counselor's interventions focused on restoring a more balanced power hierarchy by reorganizing the way the couple dealt with each other. No longer useful as a form of one-upmanship, the depression vanished.

so guilty about her anger. And the husband—he—

The man anxiously demanded some explanation of the counselor's calm appearance. He was used to having people feel afraid of him. She told him compassionately how silly he really looked stamping around like a child; then, as an afterthought, she moved back a little and waited.

Yes, he agreed, he probably did look funny, but he does get what he wants by intimidating other people. He eventually admitted, though, that he hated himself for behaving so badly and appreciated the counselor seeing through the mask and allowing him to discuss his vulnerable feelings.

Although this was a risky strategy, it nevertheless demonstrated the power of reframing behavior, casting it in a different light. Not only is the client able to view his behavior as more manageable, but the counselor is also able to see the behavior in compassionate rather than threatening terms.

DIRECTIVES

The idea of deliberately telling clients what they should do goes against the grain of almost all counseling systems. Counselors are, after all, supposed to be neutral, objective, detached, and not prone to giving advice. A rationale for the violation of this golden rule is that such interventions are often successful. Furthermore, family counselors, by the very nature of their work, are more active, structuring, and directive than they would ever consider being when working with individual clients. Put all members of a family together in a room—particularly those who so are conflicted they had to ask for help—and the situation often turns chaotic. Unless the counselor is prepared to jump in and take the initiative, the family counseling session could make matters considerably worse.

A number of directive options are available to the family counselor. They may be designed to be either obeyed or disobeyed, depending on which is more likely to work. They can be simply and straightforwardly presented or explained in such a complicated and confusing way that the client will rebelliously do the opposite.

SYMPTOMS AS SOLUTIONS

Family systems analysis provides a larger context within which to view the problems of the identified client. Rather than approaching treatment with the usual intention of promoting individual insight and then helping the client to make specific changes, the family counselor often looks at the behavior of the disruptive family member as helpful or constructive in some regard. The disruptive behavior continues because it is unconsciously supported and maintained by others within the family system.

Haley (1980) suggests that counselors, particularly when working with severely disturbed adolescents, view the child's disruptive behavior as stabilizing the family structure (such as in the case that began this chapter). The child's behavior protects the parents from each other, forcing them to find solace in sharing their frustrations over the inability to control the unruly behavior. All family members, therefore, must be seen together to clarify the power and hierarchy structures. The family counselor's role is to help the parents regain control over themselves and the adolescent.

Haley found it helpful when working with disruptive children to assume the following: (1) The client's symptoms are serving a protective function; (2) the client has the capacity to assume responsibility for disruptive behavior (and is not a victim of external forces); (3) the power hierarchy of the family is confused, with the "little" people controlling the "bigger" people; (4) the real problem is the family communication pattern, not the young person; and (5) once power is restored to the parents and the child is no longer permitted self-indulgence and failure—once the confusions, inconsistencies, and conflicts in family communications are cleared up—then the child can act more normally and responsibly without destabilizing the other family members.

When the child's destructive acting-out behavior is diagnosed as the solution to another more important problem within the family, then interventions can be directed toward helping the parents to resolve their conflicts. Once the child's "help" is no longer needed, the child can then revert to more appropriate behavior to deal with his or her own internal conflicts.

VOICE FROM THE FIELD

raining in family therapy really changes you on
any levels. Sure it's cool to learn all the techniques
ou can use with clients. But far more than that, it
ensitizes you to look more closely at all your rela-
onships, especially with those you live with. When
ou're first learning how to do a genogram [a dia-

dynamics: You apply it all to your own family. At least I do.

At first it's scary. I mean all this dysfunction
has always been going on
Then after a while, this
to be more understanding

Clients come into counseling sessions with preconceived notions of what is wrong with them and why:

- "My marriage is on the rocks because my wife wants to go back to school and start a career rather than taking care of the family."
- "My boy is having trouble in school because his teachers are too strict and don't appreciate his uniqueness."
- "I've never been able to hold a job because everyone in my family has always been lazy."

In the process of reframing, the counselor redefines the presenting complaint for the family, using both ingenuity and creativity to think on concrete and metaphorical levels. In the resulting working diagnosis, the counselor identifies issues that can, in fact, be responsive to change, so that the family will be more willing to work on them. There isn't much that can be done to help a client who is complaining about another person's behavior, unless, of course, the other person will come in for counseling and willingly change what the accuser dislikes. In initiating counseling for clients with the complaints quoted above, the most important task would be to reframe the client's perceived difficulties. The husband who wants compliance from his wife would be helped to view the problem more as a lack of communication: He hasn't conveyed his desires in such a way that his wife could understand (and accept) them. The problem of the boy having trouble in school would be reframed to say that, although he is clearly a talented comic, he is performing for the wrong audience. The person without a job would be helped to redefine his problem as a lack of skills and/or motivation rather than a lack of employable genes.

The value of reframing is exemplified in the case of a 35-year-old client who arrived for his session huffing and puffing, his face flushed, and his hand wrapped in a towel that was quickly turning red with blood. The flustered counselor, a tiny woman of 90 pounds, looked up at the 230-pound mechanic and responded, "Oh, I see you had some trouble. What happened?"

Still standing in the foyer, the man smiled with a glazed, stunned look and answered, "I locked my damn keys in the car and I got mad. And when I get mad I like to hit things. Anything. I can't help it. Boy, am I mad. Now, what's all this shit about you wanting to see me about my kid?"

The counselor went to her supervisor immediately following the session. She calmed down, at least enough to hear the more experienced clinician reframe the man's behavior: "What do you think about this guy? Blustering his way into a first session with his hand all bloody. This is funny. This is hysterical. This guy is no bully—this guy is a clown. Next time he comes in, treat him like a clown and see what happens. And, just in case you need me, I'll be close by."

During the next session the man responded with a burst of anger to the counselor's accurate confrontation about how he had been neglecting his son. He stamped the floor and rose with a menacing stare. The counselor, of course, was startled, but she regained her composure and looked at the humor in his behavior. She smiled, seemingly unaffected by his threatening behavior, thinking: "This guy really is funny."

The best directives are those that involve everyone in the family, are precisely described, provide sufficient motivation to encourage completion of the task, and are simple enough that they can be reasonably accomplished.

In using directives, the counselor seeks to initiate changes in the family structure by getting people to act differently. The goal is to realign the hierarchy of power along more desirable paths—for instance, with the parents in charge rather than the children or grandparents, or with both spouses on an equal footing. The process of initiating all directives usually involves (1) redefining the problem in a less threatening form and describing it in a way that allows resolution, (2) motivating and preparing the client to follow (or not follow) the directive, and (3) presenting the directive clearly, simply, and realistically, ensuring that all participants understand what they are to do or not do.

All directives (and for that matter all therapeutic interventions) are designed to help the counselor gain some control over the presenting symptoms and the family to attempt new solutions (Goldenberg & Goldenberg, 2012). The following tactical maneuvers are examples of those that require active counselor direction.

Forcing the Spontaneous

Many psychosomatic complaints, performance problems, and thought disturbances occur spontaneously, in spite of a client's attempts to control them. Trying too hard to fall asleep, reach orgasm, or stop a tic only makes things worse. Asking the client to cease behavior that is not within conscious control is not reasonable. Instead, the client can be directed to continue the behavior at will. A person who can't sleep may be told to stay up or to get up after 15 minutes and work on an important but nonstimulating task. The client is then able to make the first step toward resolution of the problem: If she or he can exhibit some control over the uncontrollable problem by exercising some choices around its occurrence, then the problem seems less ominous and not as wayward as the client originally believed. A paradoxical directive of this type allows the counselor to be successful, and the client perceives himself or herself as making progress. The client who complies with the suggestion is exhibiting control, and the client who doesn't abide by the directive to fail is then cured of the problem. This type of directive is safe for both the counselor and the client because it provides ample opportunity for positive outcome.

Opposition Through Compliance

In the physical world, when we attempt without success to solve a problem by a certain action, we will try something else—usually the opposite action. If we try to open a door by pushing it and it won't budge, we may try pulling it. If we attempt to loosen a screw by forcing it to the left and it doesn't move, we will try forcing it to the right. Yet when an attempted strategy doesn't work in emotional family struggles, with participants locked into no-win battles, a person will often try the same thing harder. If a wife fights for her independence in the marriage by repeatedly resisting her husband's orders and then discovers she is worse off, she will

Voice from the Field

The thing you gotta be careful of with directive counseling is that these brilliant ideas usually come from behind a one-way mirror. What I mean is that when you see demonstration videos at workshops or read about cases in books, the presenters inevitably include these amazingly creative solutions to problems. Of course, they often came up with these interventions as part of a team. Sitting behind the one-way mirror is one or even more colleagues watching the session, talking among each other about all the possibilities, then calling on the phone into the session when they'd like to make a suggestion. It's a fabulous idea, naturally, one that changes the whole course of treatment.

When you read about this, or see it on a video, you think to yourself, "Wow, I gotta try that!" Then you get back to your own practice where you don't have the luxury of having the most brilliant minds in the city watching and contributing to your sessions, and the stuff you come up with on your own isn't nearly as sterling as what the master therapists invented.

Don't get me wrong. I think using directives and all are powerful strategies. It's just that it's damn hard to come up with them at the time. That's why you always need to be connected to a great supervisor to consult with.

nevertheless struggle harder. If parents have attempted on numerous occasions to get their rebellious adolescent to comply with house rules and they have found that the youngster is only getting worse, the parents will demand even more compliant behavior.

This second category of directives takes the form of suggesting to those without power that the only way they will get any control is to back down. By deliberately taking a "weak position" and "giving in," they finally break the vicious, repetitive cycle. Thus, benevolent sabotage begins to defuse the conflict: "I'm sorry I burned your toast. I don't know what's getting into me." The powerless client is able to feel more dignity and control because she or he backs down by choice. The key to using compliant tactics effectively is to avoid sarcasm or overt game playing. The client must attempt a "one-down" instead of the "one-up" position that didn't work. Once the opposition ceases, the cycle is often broken, and the other family members no longer derive satisfaction from their positions. It's no fun to dominate if the other person won't fight back. And it's no fun to rebel if the others won't force compliance.

Slowing Down

Whenever anyone tries too hard to do something, the task becomes more difficult. The directive to slow down is often most effective during initial interviews, when clients are apprehensive about being asked to do something they won't be able to do. If the presenting problem is resolved too quickly, before the clients have had the opportunity to make new adjustments or discover other ways of relating to one another, it is possible that the family structure will break down.

During the first session with a woman complaining of a marriage that is falling apart, the counselor specifically directs her to stop trying to fix things: "Leave things just the way they are for now. This way your husband, too, will have the chance to get involved in solving the problem. I know he's saying that he won't

come in for counseling. That is certainly the case as long as you keep nagging him, but let's see how things change once you slow down. The marriage isn't comfortable anyway, so by backing off you can hardly make things worse."

The therapeutic circumstances are now programmed for success no matter what the outcome. The client immediately feels released from her sole responsibility for fixing the marriage. She can loosen up and take a deep breath. She also focuses on herself rather than trying to change her husband. And, if things don't improve immediately, the client will be more patient and willing to keep working.

It is not possible to review these various family therapy interventions without reflecting on the power they give the counselor. There are two issues involved here. First, the counselor is deliberately shaking up a family system, using the rationale that "stirring the pot" will at the very least engender some kind of shift in stuck family patterns. Although some family counseling theorists and researchers suggest that directives, pretending, and similar strategies do not adversely affect the client–counselor relationship (Betts & Remer, 1993; Gardner, Burr, & Wiedower, 2006), counselors need to be mindful that the impact of powerful interventions can be unpredictable.

Family counseling, as we have noted before, presumes that movement by one member inevitably starts a chain reaction that creates behavioral changes among the entire family. Family counselors need to be well trained and highly experienced in their ability to contain potentially adverse outcomes from their interventions. Virginia Satir has observed that systemic change inevitably initiates a period of chaos within the family, as it struggles to redefine boundaries, roles, and power hierarchies (Satir & Baldwin, 1984). The role of the counselor is to help the family manage the chaos stage successfully on their path to integrating changes into their daily functioning.

Second, counselors need to remain vigilant about not getting seduced by their own power. There can be a level of deceit and manipulation inherent in these interventions. For novice counselors, in particular, their use can be a heady experience. Good family counselors bring a spirit of humility to their work; boldness in counseling is a virtue only when tempered by counselors' self-monitoring of their personal issues regarding power and control.

COUPLES COUNSELING

When family counseling came into prominence in the second half of the 20th century, it was quite an exciting revolution—a true paradigm shift in the counseling field, and one championed by theorists, clinicians, and researchers whose influence on the counseling profession cannot be overstated. However, one consequence of this new perspective on the nature of psychological distress was that the stature of couples counseling as a distinct profession of its own was diminished, and it gradually became subsumed as a form of family counseling (Bischoff, 2011). While the overlap between the two fields is intuitively clear (i.e., both involve more than one client in the room), there was never compelling research data indicating that what worked for families was equally applicable for treating couples. Yet, family counseling became a "star" in the field, and couples counseling came to be thought of as the same profession, just working with two people instead of several. The

evidence for this phenomenon is still abundant. Research on couples counseling tends to be published in the same journals alongside family counseling articles. Insurance companies typically reimburse for family counseling, but not for couples counseling. In many mental health practitioner masters and doctoral programs, there is little or no training in couples counseling, or perhaps a few weeks on couples housed within a course in family systems (Lebow, Chambers, Christensen, & Johnson, 2012).

However, starting in the 1990s, couples counseling began to emerge as a profession of its own, and now has annual conferences devoted to the latest approaches, superstar theorists and clinicians expounding their latest ideas, and a constant flow of research on couples dynamics making its way into the national media. Bischoff (2011) notes three trends that he believes account for the profession's increase in stature: a growing body of research is being conducted on what makes marriages successful; couples therapists like John Gottman, Sue Johnson, and Andrew Christensen are developing and articulating comprehensive approaches to treating couples; and, perhaps most importantly, these three and other scientist/practitioners are backing up their models with data-driven research supporting the efficacy of their treatment methods.

Couples work can be among the most satisfying endeavors in the counseling profession. Most of us have had some personal experience with being a partner in a couple and know firsthand the joys to be found in an intimate or romantic relationship, as well as the pain when relationships turn sour. The majority of couples come in for counseling when the relationship is on the edge of falling apart, when there is a yearning for regaining the intimacy experienced in the early phase of the relationship, but also because of the fear that the partnership has become unsalvageable. Despite their best attempts to save the relationship by themselves, it remains filled with fighting, emotional distance, unsatisfying sex, constant tension, and personal anguish. If there are children involved, the desperation of the couples can be even more intense, as the prospect of separating and its impact on their children looms increasingly as inevitable. Thus, when a couples counselor helps partners strengthen the bond between them, enhance the quality of intimacy in their relationship, and regain confidence that the partnership can last, the experience for the counselor can be immensely gratifying. Equally meaningful work is helping couples who have decided to dissolve the relationship to do so in a collaborative, respectful way, with each partner able to articulate the behaviors he or she contributed to the relationship's failure.

Goals of Couples Counseling

As with other forms of counseling, there is disagreement in this field in a number of areas, beginning with, "What is the goal of couples counseling?" Most state and national ethical codes require that counselors not violate client autonomy. Translated to the field of couples counseling, that means it is not your job to help the couple stay together; rather, your role is to help each partner take responsibility for his or her role in the relationship's difficulties, develop skills in communicating his or her emotional needs with honesty and directness, learn to fight fairly, and allow each person to become emotionally open and vulnerable with his or her

their next relationship. This way of conceptualizing the role of the couples counselor ensures ethical practice, helps you maintain professional objectivity, and reduces the very real risk of feeling like a failure if the couple splits up, which is their decision, not yours. One way to hold a neutral stance regarding the outcome of the treatment is to remind yourself that you do not know what is ultimately best for the two people: Perhaps their own growth toward becoming more fulfilled and healthier human beings lies in pursuing separate paths.

However, some couples counseling theorists argue that maintaining this neutral stance toward the outcome of treatment is not only unrealistic for the counselor but also detrimental to the therapy process itself (Doherty, 2009). One question they raise is this: Is it humanly possible for a couples counselor to help clients without being emotionally invested in the couple staying together? Our basic impulse, the motivating push that helps us do our best work, comes from our desire to see the relationship succeed. And if we don't care whether or not the couple stays together, is there not the risk we will somehow project our indifference onto the couple, undermining the couples' motivation to work on their relationship? A second argument comes from a religious perspective: Couples who were married in a religious ceremony have made a covenant with the God they worship. Regardless of the couples counselor's values regarding religion, some theorists believe the counselor has an obligation to help couples maintain a sacred agreement to remain together "for better or worse." Finally, there are some theorists who believe that all marriages can succeed (assuming there is no domestic violence)—if both partners do the work necessary to repair the relationship.

Dealing with Anger

Another key issue in the field of couples counseling is the counselor's role regarding couples who openly express anger toward each other. The traditional approach, still held by many counselors, is that anger is inevitably destructive to a relationship, and while angry fights will always occur from time to time, the counselor's role is to help couples find alternate ways of resolving differences. To that end, numerous interventions have been developed to reduce the criticism, name-calling, and various other hurtful behaviors couples routinely practice. These include rules for fair fighting and lessons in reporting anger as an alternative to expressing it.

Imagine a wife who is frustrated with her husband's failure to take out the garbage. This leads to angry commands such as, "You lazy good-for-nothing. You never take out the garbage. What's your problem!" The husband experiences this as nagging behaviors, which only serve to make him more recalcitrant.

Once the repetitive pattern is identified, the counselor teaches the wife how to express her anger in different ways, following three basic principles.

Last, but by no means least, is the area of family violence and the special ethical problems it raises. The abuse of children, spouses, and the elderly creates problems not only for the victims and perpetrators but also for the helping professionals caught in the middle who are trying to stabilize explosive situations (Green & Hansen, 1989; Huber, 1994; Sommers-Flanagan & Sommers-Flanagan, 2007). Counselors have to sort through a number of conflicting loyalties: (1) to state laws that mandate the reporting of abuse, (2) to the family member(s) who are the perpetrators and are requesting help, and (3) to the victims (or potential victims) of the dangerous behaviors. While ethical counselors agree that the needs of the victim come first, the process of dealing with all three "stakeholders" can take an emotional toll on the clinician.

Both the American Association for Marriage and Family Therapy (AAMFT) and the International Association of Marriage and Family Counselors (IAMFC) have developed ethical codes for this specialty. In addition to the universal ethical issues that all counselors face (confidentiality, conflicted loyalties, social responsibility, competence), these codes will help guide you to sort out dilemmas as they emerge, often in consultation with your supervisor.

SEX COUNSELING

Sex counseling can be a subspecialty of couples counseling or a profession of its own, although the confluence of two forces may diminish the number of counselors who specialize only in sex therapy. On the one hand, the advent of drugs like Viagra® have medicalized sexual issues like erectile dysfunction, so that clients seeking help for sexual problems are increasingly likely to go to their physicians rather than counselors. At the same time, the field of couples counseling is recognizing that sexual issues are often inextricably linked to emotional intimacy difficulties, as well as to societal pressures on couples to experience unrealistic levels of sexual engagement and satisfaction. Thus, when clients come to a couples counselor with sexual concerns (and many come to couples counseling for this reason), the counselor is likely to initially conceptualize the problem in terms of emotional issues, rather than as a sexual dysfunction problem.

Having said this, it is still important that counselors are familiar with behavioral interventions designed to increase sexual satisfaction; these interventions, dating back to the pioneering work of William Masters and Virginia Johnson in the 1960s, can be highly effective when integrated into a couples counseling treatment plan that also addresses intimacy and communication issues.

Joanning and Keoughan (2005) suggest that couples counselors follow a specific decision-making process when conceptualizing the best way to approach sexual problems. First, determine the nature of the sexual problem. If it is primarily a relational issue, proceed with one of the couples counseling models described above, followed by sexually oriented behavioral interventions. If it appears to be isolated from intimacy issues, proceed right to behavioral interventions combined with sex education. If the sexual problem appears to be organically caused, refer to a physician, but with the proviso that the couple return to couples counseling if medical treatment does not completely resolve the couple's distress.

ETHICAL ISSUES IN COUPLES AND FAMILY COUNSELING

If you have gotten the impression that couples and family counseling are powerful treatment methods that can often promote "cures" in a matter of weeks, that is indeed true. It is because these modalities are so potent, however, that they bring with them a number of moral dilemmas for the practitioner. Another critical issue is the matter of secrets; what do you do when one member of a family or couple calls you on the phone and reveals something that he or she does not want other family members to know? Some counselors hold a "no secrets" policy, believing that all secrets are toxic to family relationships and must be brought out into the open, even if the counselor must be the one to do so. Others argue that a "no secrets" rule discourages a client with an important secret from disclosing it to the counselor; these advocates of an "I will hold your secret" policy take the position that hearing secrets from an individual member at least affords the counselor an opportunity to encourage the client to come forward to the family. Then, there is the "split the difference" view, in which counselors explain to family members that the counselor will only reveal secrets that are germane to the family's growth. Thus, if a spouse reveals in an individual session an affair conducted decades earlier, the counselor will hold the secret; but the counselor will disclose a more recent infidelity. Which policy would you hold? All are ethical, but none are ethically simple.

A later chapter will focus on ethical and legal issues as they relate to the practice of counseling, but we nevertheless wish to mention briefly some of the conflicts you will face in your work as a couples and family counselor. In addition to the secrets issue, Southern, Smith, and Oliver (2005) list two other particularly complex moral and ethical dilemmas:

1. Family counselors typically "join" with the family system, thereby increasing the chances of being invited to family rituals and celebrations. Is it ethical to attend?
2. Family counselors conceptualize the whole family as the client, and the psychological issues of one member are a symptom of the entire family's dysfunction. However, in order for the counselor or client to collect reimbursement from a health insurance organization, one member must be identified as a patient and given a DSM diagnosis. What is the ethical course of action?

There are other ethical issues as well for couples and family counselors; some may already have occurred to you:

- Is it ethical to be deceitful and manipulative (using paradoxical techniques, for example) if it is for the client's own good?
- If your primary function is to treat family problems, what about the individual goals of each member, which may conflict with those of the others?
- Because family conflicts frequently involve value issues related to fidelity, sexuality, promiscuity, divorce, child rearing, and life priorities, how can you possibly keep your own values in check regarding how you believe people should behave?
- Because family counselors are often highly directive and dramatic in their interventions geared toward breaking up dysfunctional patterns, aren't there greater risks for doing harm?

couples counselor is to facilitate couples practicing this postfight processing in their couples session.

Gottman has conducted extensive empirical research on predicting couples who end up in divorce by analyzing their communication patterns. Several conclusions resulted from these long-term studies (Gottman, 1999; Gottman & Gottman, 2008):

- Anger itself was not a predictor of divorce; in fact, couples who expressed anger showed increases in marital satisfaction over time. Because partners get charged up with adrenaline when fights begin (especially men), learning "fair fighting" skills in couples counseling is impractical: In the heat of the moment, couples will express anger regardless of what they learned in a counseling session.
- If anger was not necessarily a bad thing for relationships, there were four kinds of negative interactions that were found to be destructive: criticism, stonewalling (when one partner turns away from the other or leaves the room in the middle of a disagreement), defensiveness, and contempt. It was the last two, in particular, that most powerfully predicted an unhappy marriage.
- While negative emotions were a normal part of marriage, relationships succeeded when the number of positive emotions expressed in interactions was higher than the number of negative ones. Simply put, anger is fine so long as people are nice to each other more often than they are angry.
- Successful couples were good at making up after fights. They had developed means to repair any damage that had been inflicted. Couples who tended to begin conversations with a "harsh start-up" (that is, a request or demand by one partner that is expressed in an angry or commanding tone of voice) were likely to have unhappy relationships.

THEORIES OF COUPLES COUNSELING

Couples counseling theories can be divided into two different schools: those that promote behavior change, using skills training and pragmatic suggestions for the couple to practice at home; and those that promote stronger relational bonds, usually by helping partners experience a greater sense of empathy for each other. Despite their different philosophies, both change models and empathy models have received strong empirical support; in particular, behavioral couples therapy, which includes communication skills training; emotionally focused couple therapy; and integrative behavioral couple therapy have been singled out as effective, evidence-based approaches (Lebow, Chambers, Christensen, & Johnson, 2012; Snyder & Halford, 2012).

Behavior Change Models

Behavioral Couple Therapy (known as BCT; it is the norm for couples counseling theorists to use acronyms for their models) emphasizes teaching couples communication skills, including the ability to discuss "hot-button" issues in a healthy, productive manner. Indeed, if you utilize this intervention, you would teach couples how to paraphrase, reflect, clarify, and empathize—and most important, listen