

Behavioural Couple Therapy for Depression - A Post Qualification

Training Curriculum for High Intensity CBT Therapists

Version 1.1 (Revised December 2023)



for anxiety and depression

Revisions

December 2023

- 1- References to IAPT amended to NHS Talking Therapies
- 2- Updated branding to NHS Talking Therapies
- 3- Inclusion of entry/accreditation requirements to align with NHS Talking Therapies Manual

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Background

Behavioural couple therapy (BCT) is an efficacious intervention for treating depression for individuals in a committed, romantic relationship, and it is included among the NICE guidelines as a treatment for Major Depressive Disorder. The majority of adults who are depressed are in committed relationships, and often their partners are willing or even eager to assist in whatever ways they can to help their loved ones overcome depression. Frequently partners simply do not know how to be of assistance. By providing BCT for depression as an option for adults with depression, depressed individuals have a choice of how they want to approach their depression; likewise, their partners can learn how to help in constructive, adaptive ways.

Not only can BCT be effective in alleviating depression, many people who are depressed also have distressed relationships. Research makes clear that individual therapy for depression does little to improve relationships, yet BCT improves relationships at the same time as alleviating depression. This is important because people in distressed relationships do not respond as well to individual treatment, and they are more likely to relapse. So providing BCT helps to alleviate depression while also improving relationship functioning, a risk factor for relapse and poorer treatment response. Similarly, many partners of these identified patients are themselves clinically depressed or anxious according to NHS Talking Therapies measures. When receiving BCT, these “nontargeted” partners also recover at rates at least as high as patients receiving individual therapy within NHS Talking Therapies. Finally, in a number of treatment studies, BCT has been shown to alleviate relationship distress, a risk factor for relapse of depression. Hence this single intervention when competently administered is efficacious in achieving recovery for (a) “identified patients,” (b) their partners when they are also depressed or anxious, and (c) alleviating relationship distress. Providing this treatment option to adults with depression and their partners can be an important part of a comprehensive treatment program that emphasizes choice for patients.

Entry Criteria

The curriculum described here is appropriate for individuals who have a professional qualification and registration as High Intensity CBT Therapists. For these applicants the following criteria apply:

1. BABCP Registered CBT Therapist
2. Participants are able and willing to take time to complete the requirements of the training in full;
3. Participants have secured the support of their manager to complete the five day training and subsequent supervision components (the supporting signature of manager is required on the application form);
4. Participants have the capacity to access couples (training cases) through their place of work.

The programme should aim to assess each applicant individually against these criteria and include the use of selection interviews where appropriate.

The Aims of the Programme

The Behavioural Couple Therapy (BCT) for Depression curriculum is designed to equip Trainees to provide a couple-based treatment for adult depression consistent with NICE guidelines. The yearlong training and supervision has been tailored to build upon trainees' existing framework for understanding and treating depression in order to be able to do so from within an interpersonal context. Consistent with this emphasis, the training begins with a five day workshop followed by yearlong fortnightly supervision provided by experts in behavioural couple therapy for depression.

The five day workshop can be delivered as a five day 'block' or spaced in a manner appropriate to the service and HEI context.

The workshop emphasizes the following elements:

- a) understanding depression, its symptoms, causes, and current treatments;
- b) viewing depression within a couple's relationship, including typical interaction patterns between partners;
- c) employing a variety of couple therapy interventions to address the specific maladaptive couple interaction patterns that can maintain depression;
- d) addressing specific depression-related symptoms such as suicidal ideation, negative/distorted thinking, and sexual issues within a couple context;
- e) understanding and treating relationship distress as a complicating factor along with depression;
- f) responding to the needs of both partners, along with treatment strategies when both partners are depressed (or the non-targeted partner is anxious or has other complicating conditions);
- g) pulling it all together - assessment, case conceptualization, and treatment planning.

On successful completion of the Programme, Trainees will be able to:

- a) augment their existing experience and expertise in working with individual depression to work with the specific challenges and relationship dynamics that are typical for couples in which one or both partners are living with depression;
- b) use the relationship and partner as a resource as one member of the couple struggles with the complications of depression;
- c) select, sequence, and implement a wide range of strategies to assist the couple in making positive change in identified areas;
- d) adapt the focus and style of therapy as a function of the needs of both the couple and each partner, including couples with additional complicating factors.

Learning Methods

The training uses a blended approach to learning, with the workshop employing a variety of strategies to optimize the clinicians' development. These include:

- a) brief presentations by the BCT Training Team with PowerPoint;
- b) videos and live demonstrations by the Training Team exemplifying a wide variety of therapeutic interventions focal to couples and depression;
- c) extensive experiential practice by trainees employing these techniques with individual feedback from Training supervisors;
- d) extensive clinical handouts and materials for use with couples when one partner is depressed.

Description of Content of 5 day workshop:

Day 1 and 2: Days 1 and 2 focus on key knowledge and competencies needed for working with couples. High Intensity Therapists are introduced to the key strategies for engaging with couples, particularly where one or both partners are depressed and where there is relationship distress present. Concepts and theories for understanding the nature of couple distress and how it manifests are presented. Through live demonstration, DVD presentation and role plays, participants are introduced to key strategies of:

1. Guided behavior Change
2. Interventions to facilitate problem solving discussions
3. Interventions to facilitate sharing thoughts and feelings conversations
4. Interventions to target and change emotions
5. Interventions to target and change cognitions of relevance to couple interaction
6. Interventions that focus on the couple's environment

In addition participants are introduced to key competencies needed to effectively structure and manage couple therapy sessions particularly where higher levels of couple distress and emotional dysregulation may make this challenging.

Day 3. Day 3 focusses upon strategies for assessment and formulation of couple distress as well as assessing and formulating the inter-relation between couple distress and depression.

Key learning outcomes include:

1. Use of assessment measures for couple distress and relationship functioning
2. How to take a relationship history
3. Use of video assisted assessment to address couple interaction patterns
4. Use of individual sessions
5. How to structure and conduct 'feedback sessions' and goal setting and treatment planning with couples.

Day 3 includes in depth discussion of different assessment methods and their relative advantages and disadvantages. Participants gain practical experience in practicing the formulation of a series of presented cases allowing them to further develop their understanding of how to apply the principles of the BCT model to clinical practice in an appropriately individualised manner.

Day 4. Day 4 focusses on intervening in the interaction between depression and couple distress and how to conduct disorder specific and partner assisted interventions for depression.

Approximately half of depressed individuals with a partner are in happy relationships, whereas the other 50% of depressed persons are in highly distressed relationships; thus, the interaction patterns and related interventions vary for these two groups of couples. Common maladaptive, yet well intended, interaction patterns within happy couples result from both partners' behaviours.

Depressed persons frequently withdraw, focus on negatives, and at times are irritable, thus contributing to relationship distress and impacting the partner. On the other hand, non-depressed partners often: (a) attempt to cheer up the depressed person by focusing on the positives and minimizing depressed persons' concerns (inadvertently leading to a sense of invalidation for the depressed person) and (b) encourage the patient to avoid unpleasant experiences and take over responsibilities for the patient ("symptom-system fit"), inadvertently helping to maintain the depressed person's avoidance and withdrawal. Addressing these issues is critical since research demonstrates that emotional over involvement of partners leads to poor treatment outcome. To address partners' tendencies to minimize depressed persons' concerns, participants will learn methods for teaching couples effective communication skills to listen and accept each other's perspectives, without partners necessarily agreeing with each other. To counter depressed persons' tendencies to

withdraw and partners' tendencies to take over responsibilities, participants will learn how to work with couples to help the depressed person engage in more enjoyable, task-oriented, or value driven behaviours. This involves teaching couples effective problem-solving skills so that they can decide themselves how to help the depressed person become more active.

Whereas partners in happy relationships try to help depressed individuals look on the bright side of life and shelter them from daily stressors and responsibilities (wellintended but unhelpful partner behaviours), partners of depressed individuals who also experience significant relationship dissatisfaction demonstrate a different set of interaction patterns. As partners experience depressed persons not meeting responsibilities and withdrawing, they may respond by blaming and criticizing the depressed person for depression-related behaviours (e.g., the depressed person is lazy or not trying hard enough; the depressed person's negative thoughts are ridiculous, crazy, or stupid), a significant predictor of poor outcome for depression. Participants will teach couples effective communication skills to address negative emotions in an honest, non-attacking manner, both inside and outside of the session. Because high levels of strong negative emotions between partners pose significant challenges to therapists in managing treatment sessions, significant time is devoted to session management strategies in the context of angry, hostile couple interactions.

A second interaction pattern among distressed couples with a depressed partner involves both partners becoming avoidant of interacting with each other, typically because of anticipation of negative interactions and assuming that little positive will occur between the two of them. Participants are taught how to help couples reengage in small caring, positive behaviours toward each other to foster emotional engagement and counteract the couple's experience that there is little reason to seek interaction with each other.

All of the interaction patterns discussed during Days 1 and 2 will be demonstrated with videos or live role plays of therapists intervening as described above, followed by extensive practice with participants applying these interventions in role plays, along with detailed personalized feedback from the Training Team.

By the end of day 4, Trainees will be able to:

- a) describe the various interaction patterns that evolve among partners in which one person is depressed and how these patterns help to maintain or exacerbate depression;
- b) demonstrate the use of specific interventions to modify maladaptive interaction patterns;
- c) describe methods for teaching couples effective communication and problemsolving skills;

- d) demonstrate, in the context of role-play scenarios, how to teach couples effective communication and problem-solving skills.

Day 5: In addition to the specific couple interaction patterns related to depression, there are also specific symptoms of depression that couples need to understand and know how to address together, including suicidal ideation, negative-distorted thinking, and sexual concerns and difficulties. Day 5 addresses these issues and how to help the couple confront them. First, depressed individuals have more thoughts about suicide than the general population and attempt and complete more suicides. Understandably, partners do not know whether to ask about suicidal thoughts or how to respond if depressed individuals express such thoughts and feelings. The trainee will learn how to assess and address suicidal risk in a couple therapy session, how to help the couple discuss suicidal thoughts and feelings when they occur outside of the session, and how to make wise, informed decisions for when to seek immediate professional assistance versus dealing with low levels of ongoing suicidal thoughts in their daily lives. The roles and responsibilities of the therapist, the partner, and the depressed person are addressed in detail. Videos and role plays with significant group discussion are included to help participants feel equipped to address this domain which is difficult for many therapists and couples.

Second, negative-distorted thinking is central to depression. When partners hear depressed persons express seemingly unwarranted negative feelings and thoughts, partners do not know whether to disagree and try to talk the depressed person out of their negative mind set, go along with them, or just do nothing. Participants will learn how to appropriately address and help the couple challenge negative cognitions in sessions without blaming the depressed person for such thoughts, while also teaching the couple how to have open communication about negative thoughts, respect each other's perspective, and move forward when such discussions arise outside of session.

Third, a major symptom of depression involves decreased sex drive and a broader lack of interest in physical interaction. The participants will learn how to help the couple discuss both partners' preferences for physical interaction in three domains: comfort, affection, and sexual interaction. Sex therapy for sexual dysfunctions is not a part of the core five day training; however, the therapist helps the couple decide on small steps they might take to address all three realms of physical interaction in a way that is respectful to each partner's needs and preferences.

The primary focus of BCT for depression is to alleviate depression in the identified individual. If the relationship is distressed, improving the couple's relationship also is important, both for the relationship itself and because an improved relationship helps to alleviate depression. In

addition, continued relationship distress is a risk factor for future depression. Furthermore, it also is important to address the needs of the other partner who is not the focus of treatment. Therefore, Day 5 addresses how to be responsive to the needs of both persons in the relationship. Within this context, the importance of maintaining a relationship in which each partner supports the other is emphasized, both for the partner and to encourage the depressed person to have a perspective that she or he has important contributions to make to the relationship, minimizing the sick role. Therefore, the trainee helps both partners clarify what they need to thrive as individuals and addresses extreme beliefs from partners that they must sacrifice their own well-being for the well-being of the depressed person. The counsellor helps the couple make clear, specific decisions about how both people's needs will be addressed through employing couple problem-solving skills.

Many 'non-index partners' struggle with significant individual distress as well. In fact, in our NHS Talking Therapies couples studied thus far, almost 50% of the partners not identified as the individual referred for depression also met caseness for depression or anxiety disorders. Therefore, in many instances, participants will be working with couples in which both persons are depressed, or one is depressed and the other is anxious, along with experiencing relationship distress. Such complex cases are challenging to many therapists, so time is spent addressing how to adapt treatment to such complex cases involving two depressed/anxious individuals. Such cases often require greater structure and direction from the therapist because neither partner has adequate energy or motivation to follow through on needed changes without additional therapeutic support.

Once participants have developed skills in these various related areas of depression and couple functioning, bolstered by their experience in working with couples more generally, participants will be able to develop a thoughtful case conceptualization of depression for a specific individual in an interpersonal context that takes into account individual, relationship, and environment factors. Therefore, Day 5 concludes with strategies for assessing the different elements that have been discussed throughout the week and how to bring these elements together into an individualized case conceptualization and treatment plan.

Developing such a plan includes guidelines for sequencing interventions which are discussed during Day 5. As with previous days, this new material is made concrete through the use of videos, live demonstrations, and experiential practice. BCT for depression places a major emphasis on each partner and the couple as a unit assuming responsibility for therapeutic change. Therefore, an important aspect of alleviating depression and improving relationship satisfaction is dependent upon what happens in the couple's real world outside of the treatment session. Throughout treatment, the couple and therapist collaboratively

agree upon actions the couple and each individual will take between sessions to address the depression and improve their relationship. The new understandings and skills developed during treatment sessions in combination with agreed upon changes outside of session hold great promise for assisting couples addressing the complexities of depression within a relationship context.

By the end of Day 5, Trainees will be able to:

- a) understand and describe how to adapt treatment to cases in which both partners are depressed and/or anxious;
- b) understand and describe how to structure the assessment process and synthesise the assessment data into a conceptualisation and treatment plan;
- c) understand and describe how to sequence interventions.

Summary

This initial five day training workshop is specifically tailored to the needs of trainees, building upon their previous experience and expertise in working with individuals with depression, thus emphasizing the specific challenges and relationship dynamics that are typical as couples address one or both partners' depression. A major goal is to learn how to use the relationship and partner as a resource as one member of the couple struggles with the complications of depression. By the time the workshop is completed, participants will be equipped to begin their clinical work focusing on couples and depression. To consolidate their learning and address the nuances they will experience with specific couples, Trainees next undertake yearlong, group clinical supervision on a fortnightly basis with a BCT supervisor, as described below.

Clinical Supervision

A period of sustained clinical supervision is an essential element of the training programme as it supports the development of specific competencies that are essential for the effective practice of BCT. Participants will meet in small groups of three with an experienced BCT supervisor over a 12 month period. Supervision groups meet on a fortnightly basis for 1.5 hours for a minimum of 20 sessions. A key element of this experience is that participants will audio or video record their BCT sessions with couples for discussion in supervision. Each Trainee will send their supervisor six complete session recording over the course of the 12 months for detailed feedback and discussion. Clinical supervision may occur on a face-to-face basis or via video-conference depending upon location.

Course Assessments and Requirements

In order to complete the Programme and qualify as a BCT therapist, trainees need to complete the following during the 12 months:

1. A clinical log book showing evidence of treating a minimum of 3 couples using BCT. Each case should be seen for a minimum of 9 sessions including assessment sessions.
2. Three clinical case reports describing the assessment, treatment, and evaluation of three different couples. These case reports should be 2-3000 words with the first case report being submitted for 'formative' feedback.
3. Three audio recorded therapy sessions rated as 'pass' on a competence scale developed specifically for BCT- The Behavioral Couple Therapy Scale Depression (BCTS-D) or an alternative and appropriate scale. The first of these recordings should be submitted for formative feedback.

Qualification

The award for completion of the programme is a Post Graduate Certificate in Behavioural Couple Therapy.

Accreditation

Programmes delivering this curriculum should also have obtained appropriate course accreditation from professional bodies including the Association for Family

Therapy and/or the British Association for Behavioural and Cognitive

Psychotherapies who have structures and procedures in place for the accreditation of evidence based forms of couple therapy for depression.

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