



**MODUMBAD**   
en kilde til liv

# Improving outcomes in couple and family therapy: Lifting the constraint of trauma

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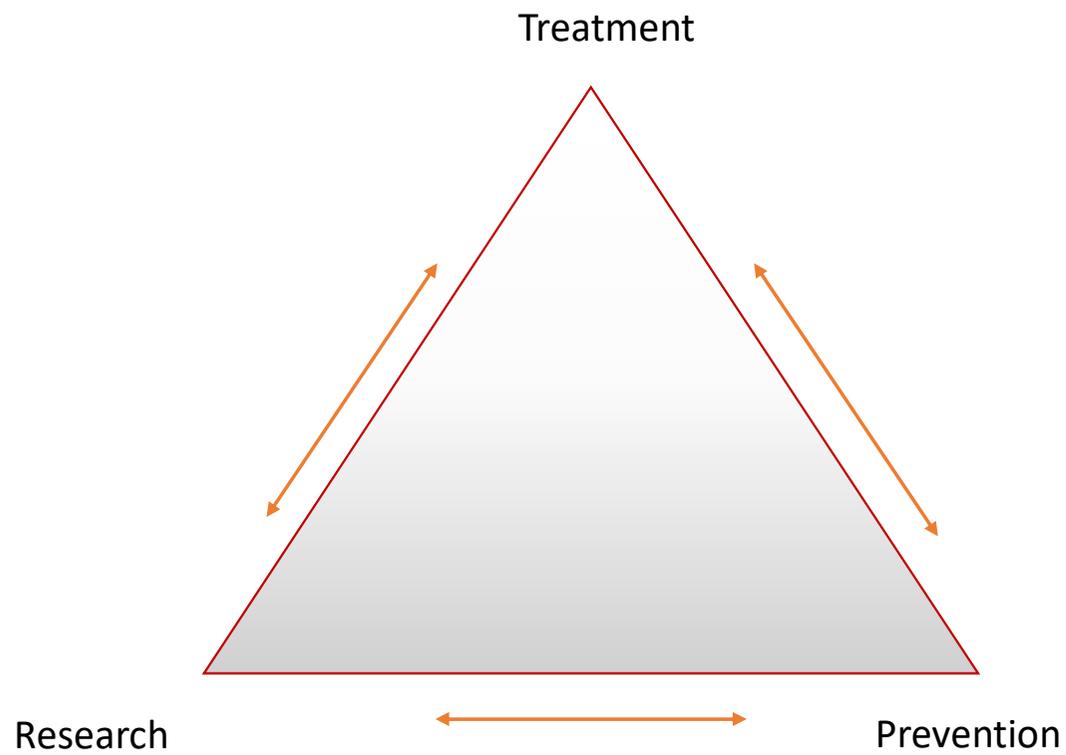
# Aim of this workshop

- Show of research and clinical practice may facilitate one another for the benefit of clients
- Present an abridged and delimited version of Integrative Systemic Therapy and how it may be used to identify constraints in therapy
- Exchange of ideas with fellow practitioners

# This workshop is informed by:

- Clinical practice
- Phd-project: “Do couples and families with histories of trauma need tailored therapy?”
- Relevant research and theoretical literature
- Integrative Systemic Therapy (IST; Pinsof et al., 2018)

# Practice-Oriented Research at Modum Bad

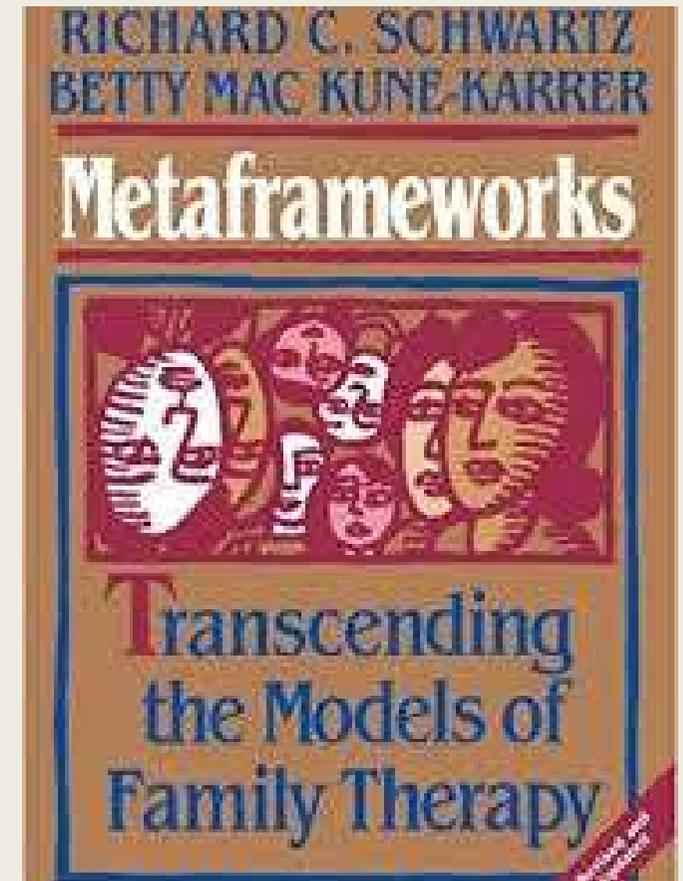
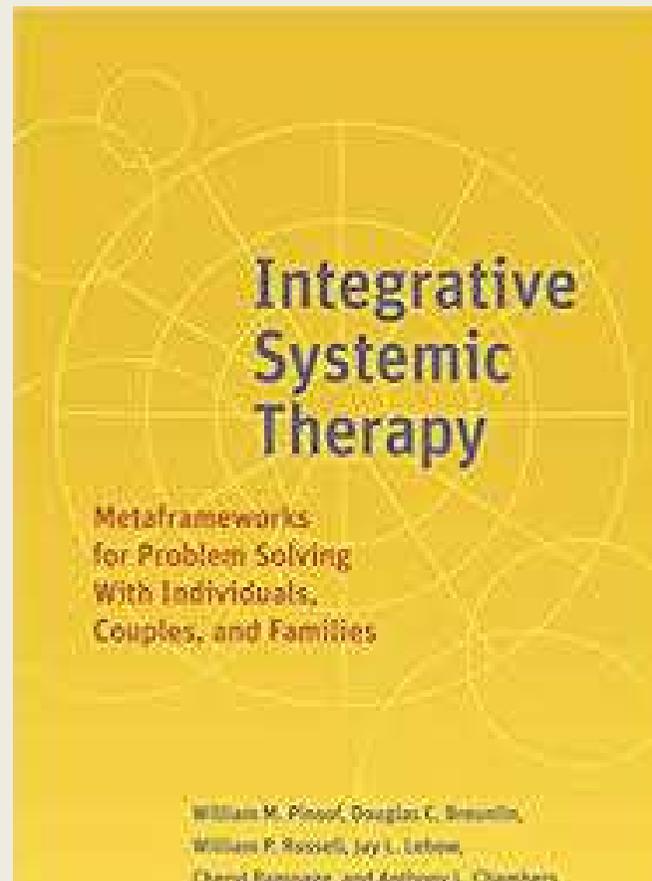
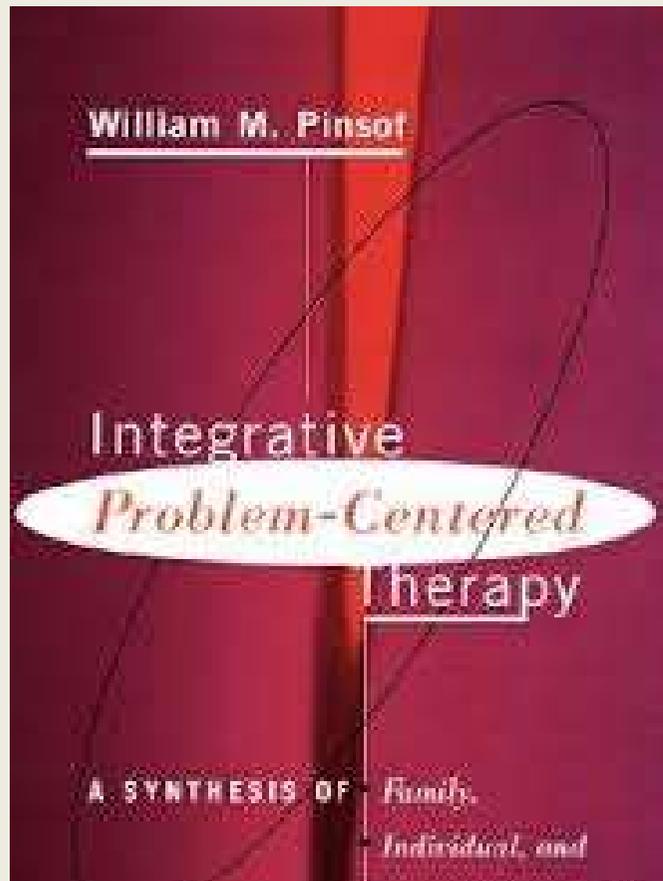


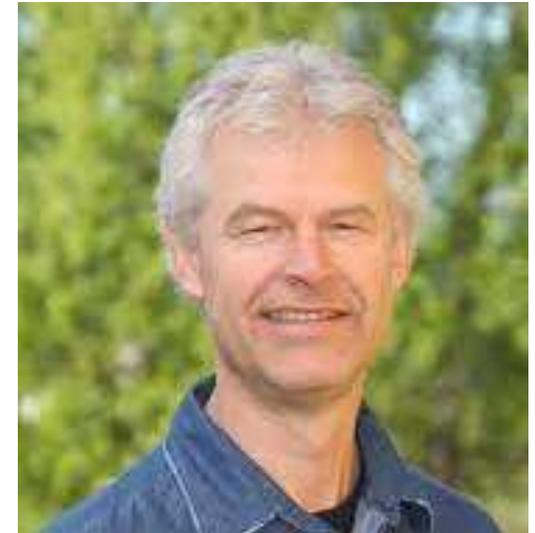


## The Family Unit, Modum Bad

- Inpatient couple and family treatment
- Treatment duration from 6 to 12 weeks
- Treatment components:
  - Couple sessions
  - Family sessions
  - Reflecting team
  - Psychoeducation
  - Physical exercise
  - Art therapy
  - Milieu therapy

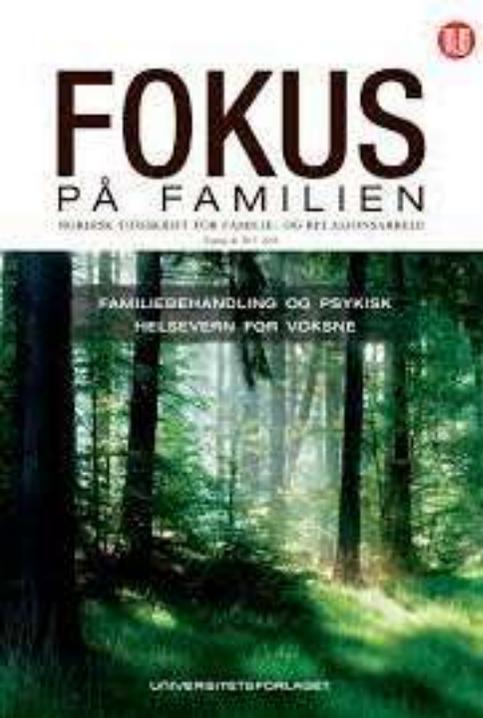
# Integrative Systemic Therapy





# IST in Norway

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# “Flere perpspektiver i ett” (2018) i Fokus på Familien

An illustration of how IST may guide the treatment of families with histories of childhood abuse

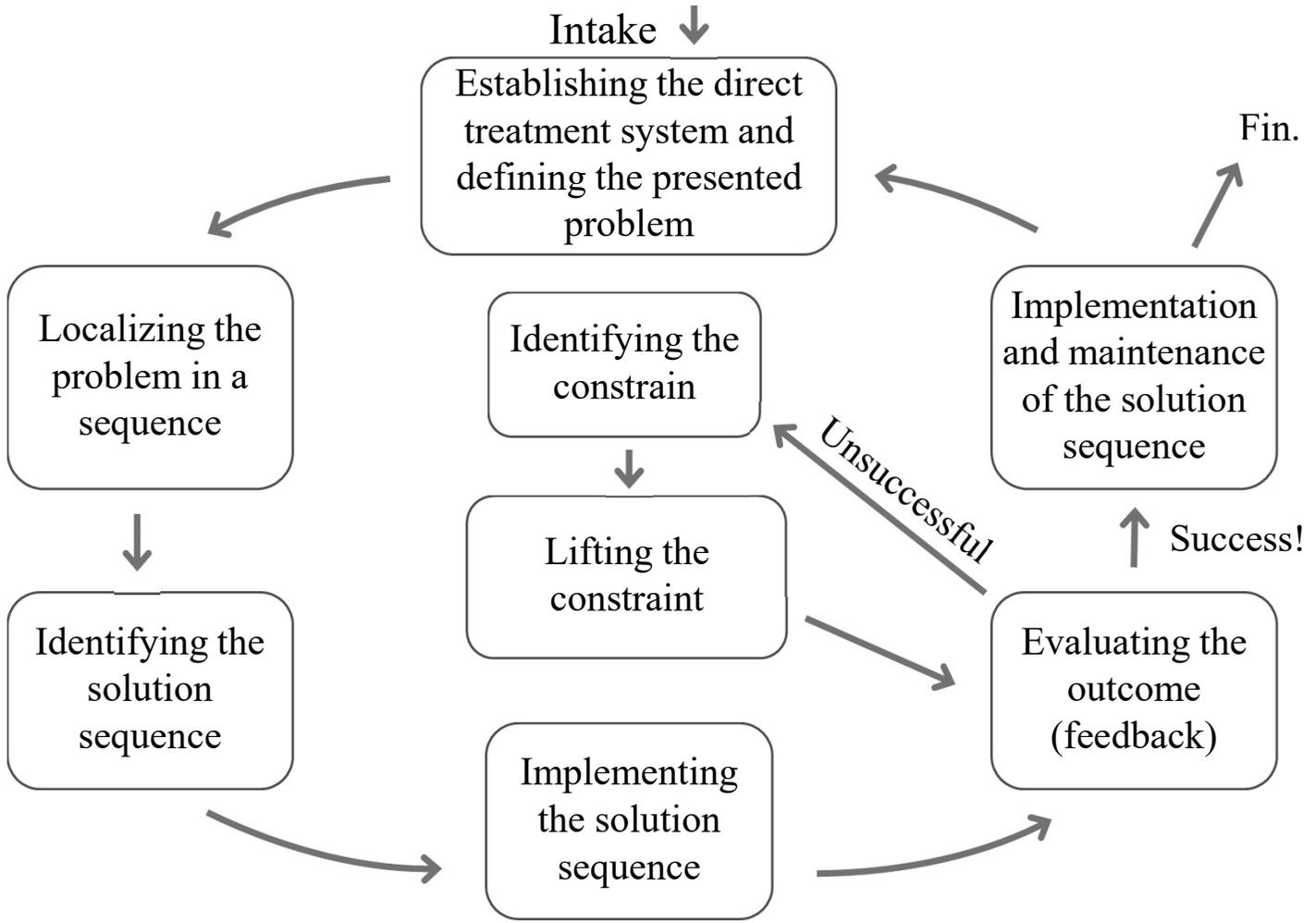
# A crash course in IST:

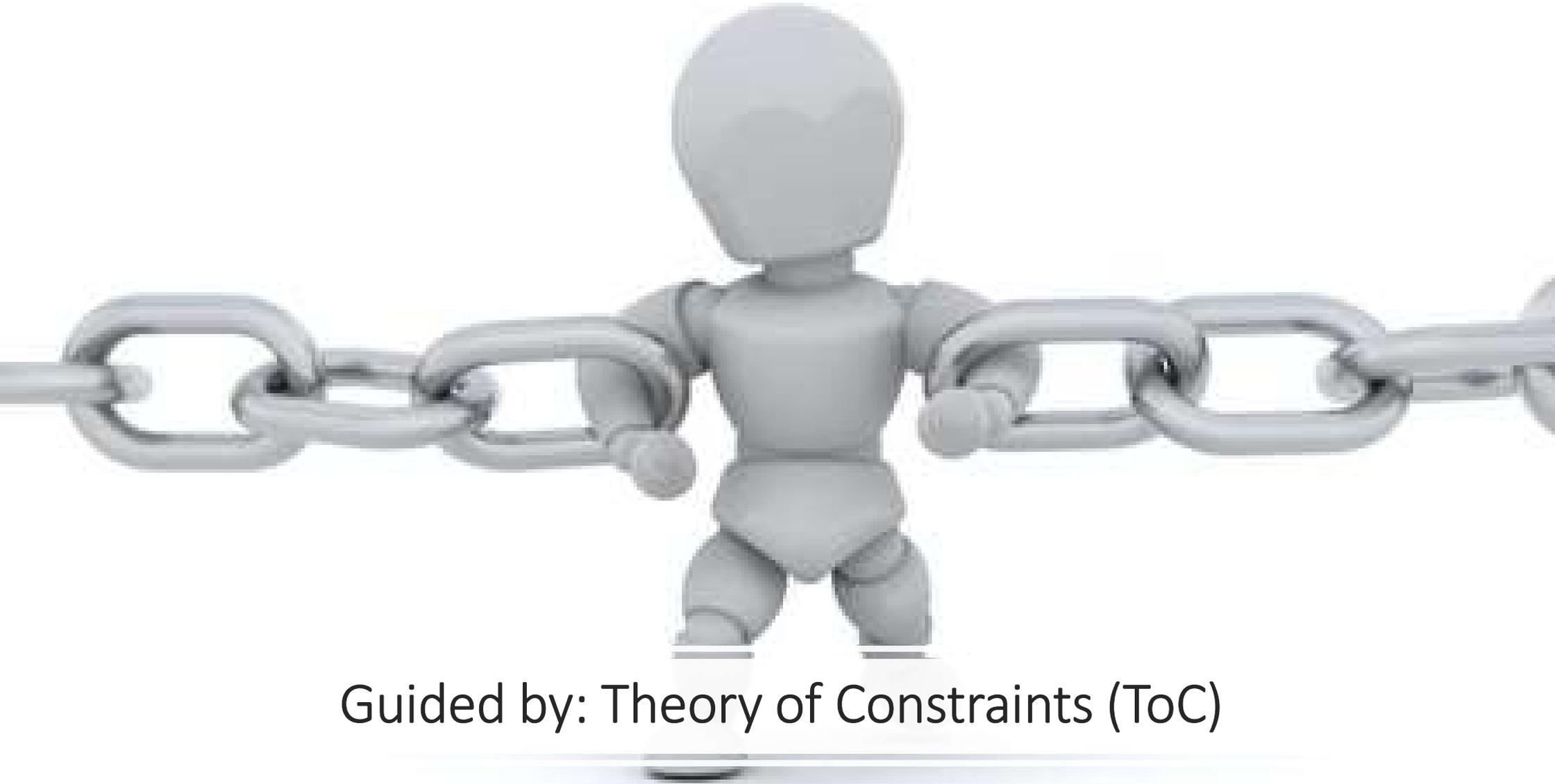
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- IST is: Comprehensive, integrative, and multi-systemic
- IST makes use and weights the importance of both specific factors (e.g., model specific interventions) and common factors (e.g., alliances, positive expectations) depending the presented problem
- IST is NOT a specific therapeutic model, but a metamodel which guides the implementation of intervention strategies/plans

# The Essence of IST





Guided by: Theory of Constraints (ToC)



## The Five Pillars of IST

- Epistemological – progressive knowing
- Ontological – multi-systemic
- Sequential – patterns and sequences
- Causal – web of differential influences
- Constraint – problem maintenance

# At the Family Unit

- Clinical impression
  - A great proportion of patients had been exposed to abuse during childhood, but they do not necessarily fit the criteria of PTSD
  - Uncertainty as to how well this potential subgroup responded to our treatment on offer – Did they get benefit from it or not?

“SUCCESS!” OR “UNSUCCESSFUL?”  
**CONSTRAINED**

What is your experience in working with trauma couples?

## From the literature:

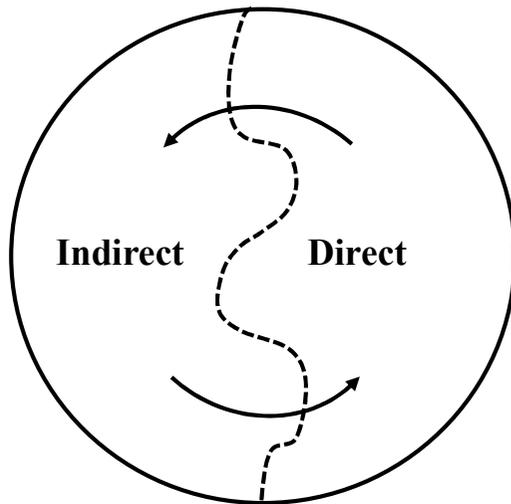
- 13 to 66% of those seeking mental health care have been exposed to abuse during childhood
- Exposure to traumatic events during childhood increases risk of mental and relational distress including perpetration of domestic violence
- Victims of childhood abuse do not forgo intimate relationships but have heightened risk of struggling with them

# Our starting point: Aiming to get better!

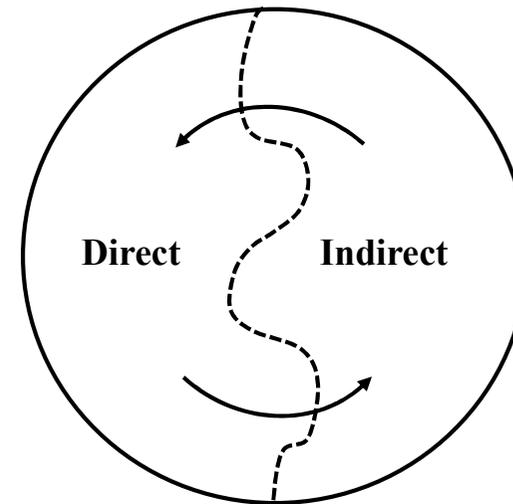
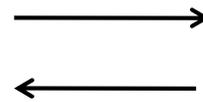
- Approximately 50% of all patients seeking couple and family therapy (CFT) experience relief
- But what about those patients who do not get better? What about the 10 to 15% who are estimated to even deteriorate during treatment?

Therapist system + patient system =  
Treatment system

**Patient system**



**Therapist system**





But how do we  
move forward?  
How do we improve  
treatment?

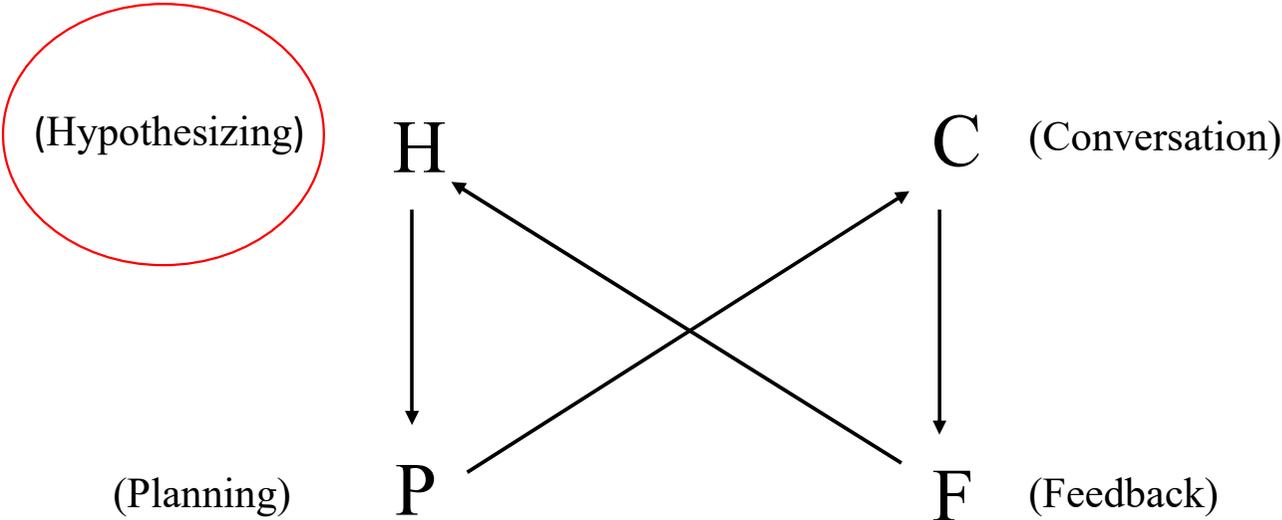
# One way to start – identification!

Is it possible to identify subgroups of patients who have less than optimal treatment outcomes?

“Do couples and families with histories of childhood trauma respond differently to treatment than those without such experiences?”

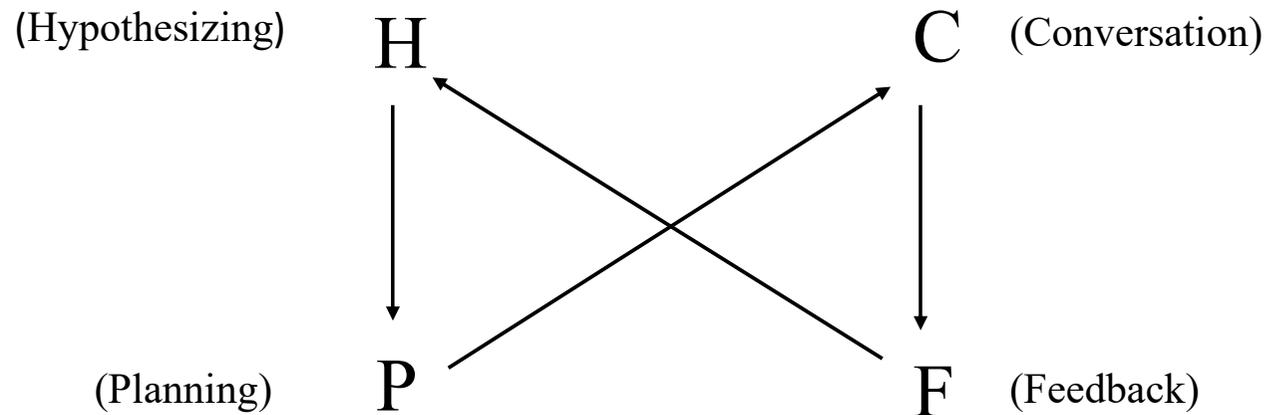


# The Blueprint for Therapy

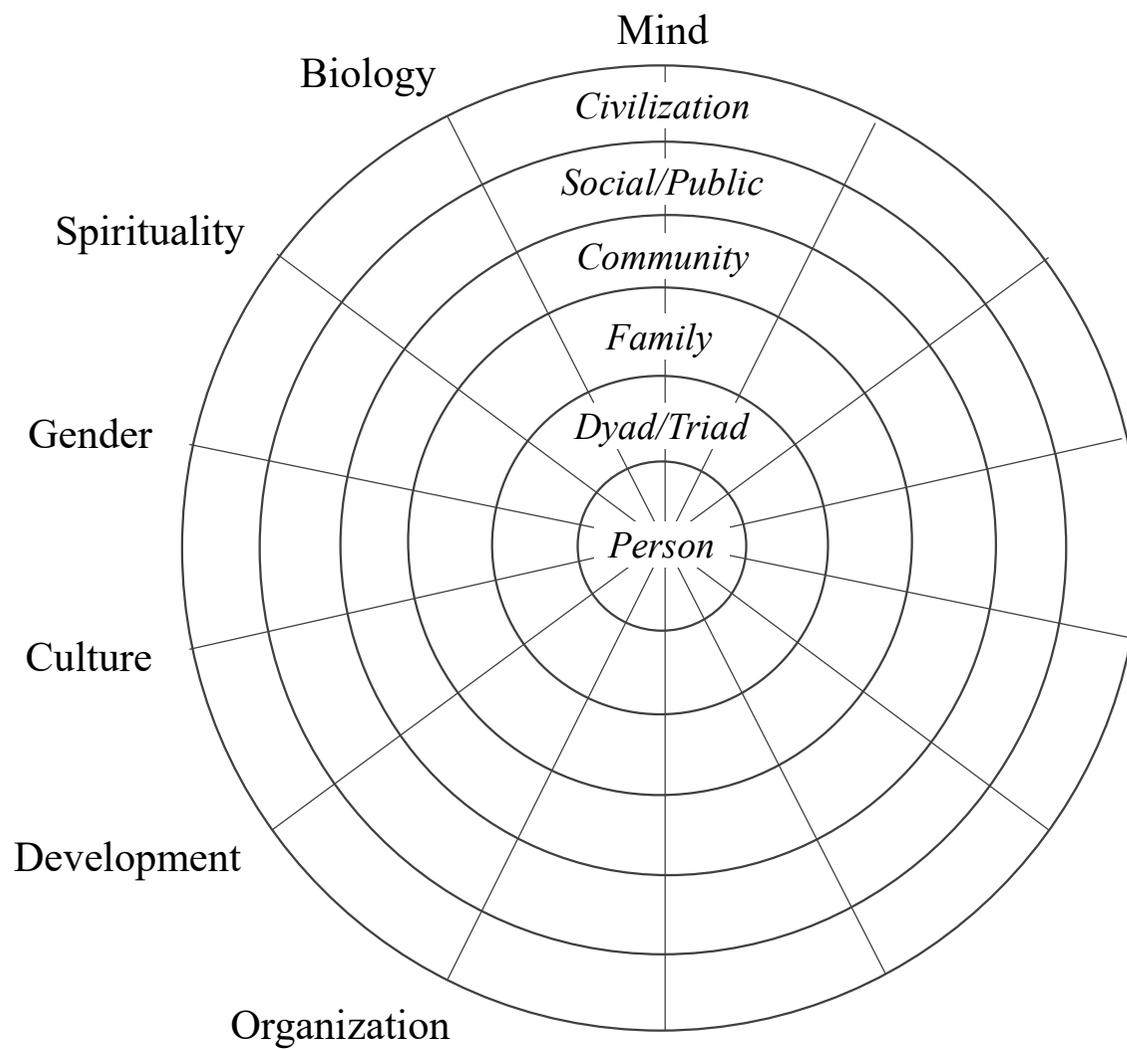


# Hypothesizing

- *What* are the constraints?
- *Where* are the constrains?



# The Web of Human of Experience (a.k.a The Web of Constraints)



# Study 1: Examining levels of outcome

- 70% of every family attending therapy at the Family Unit had an adult member who had been exposed to violent and/or sexual abuse at least once during childhood
- But did they respond differently than patients without such adverse experiences?

# Change (or lack thereof) at different levels of the family system (Gurman & Kniskern, 1978)

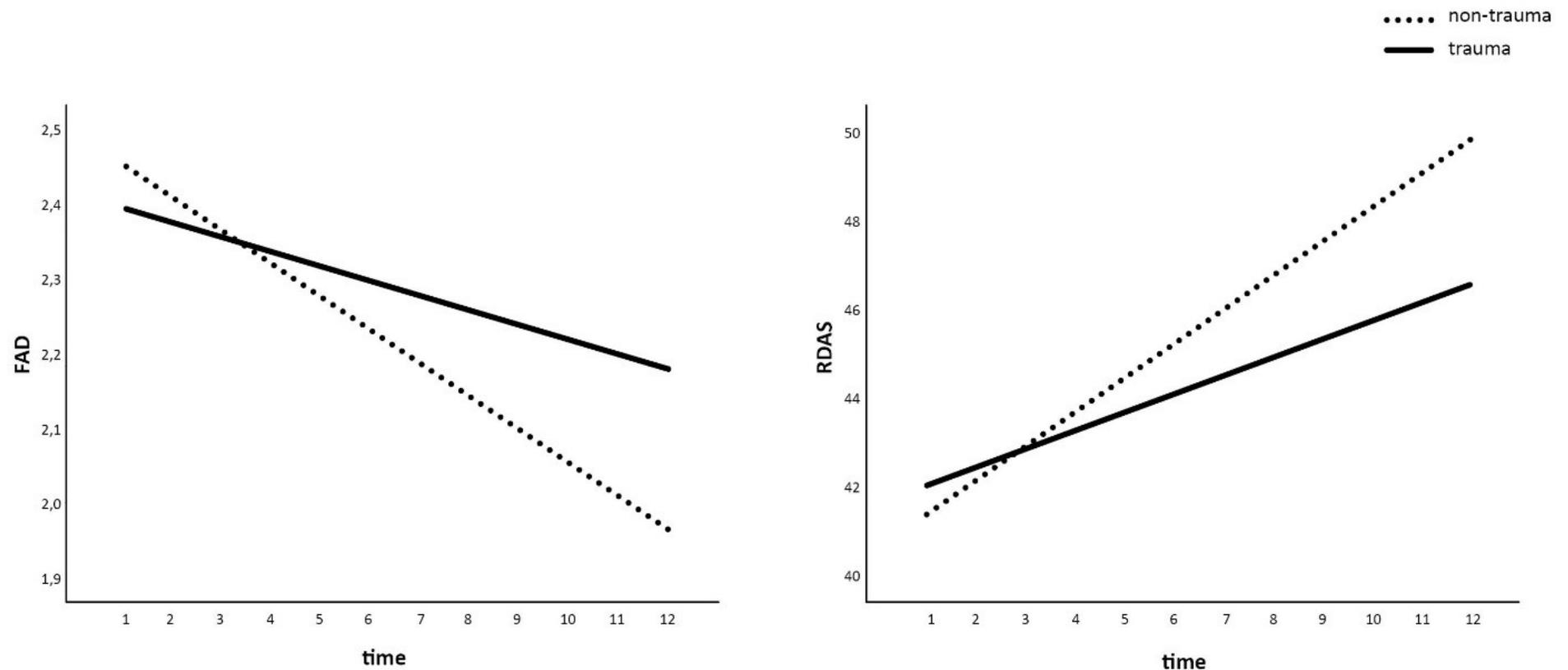
- Individual level
- Couple level
- Family level
- How does change within or between different subsystems influence the family system and vice versa?

# Improvement on individual level assessment of mental distress

- Those who have experienced childhood abuse improve just as much as those without such experiences on measures of depression, anxiety, and posttraumatic symptoms
- Evaluated pre- to posttreatment, and during treatment at the individual level of assessment

All good, but using past childhood abuse as indicator of change at a relational and family level of assessment and...

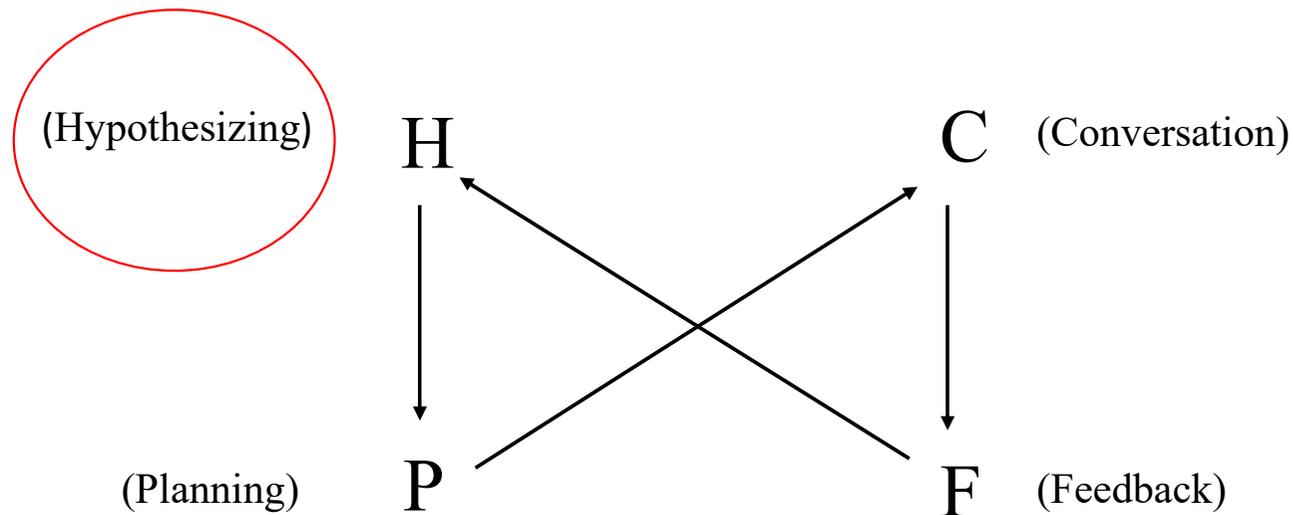
# Treatment response at the relational and family level of assessment

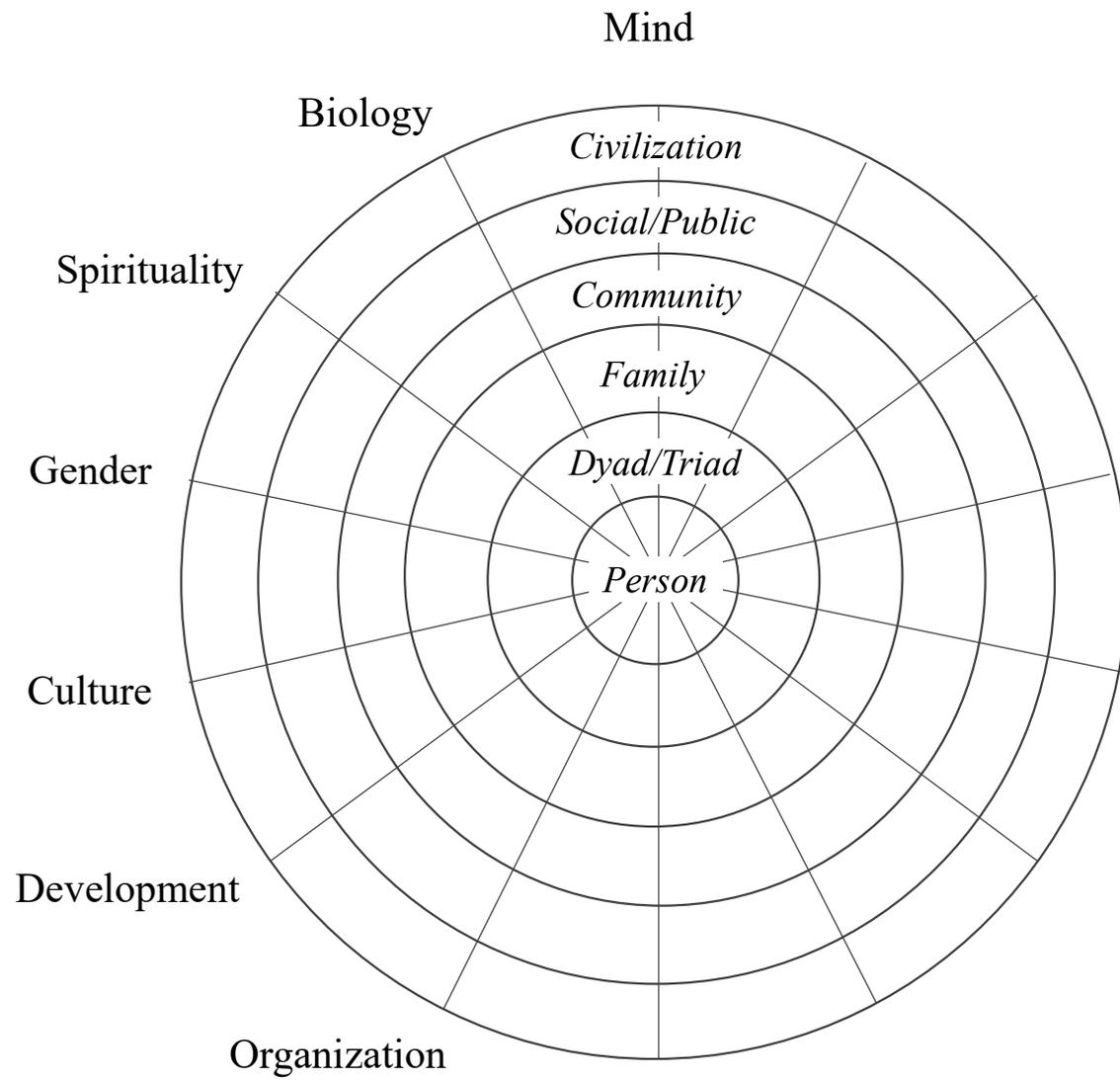


How could we understand such constraints to outcome?

# Hypothesizing

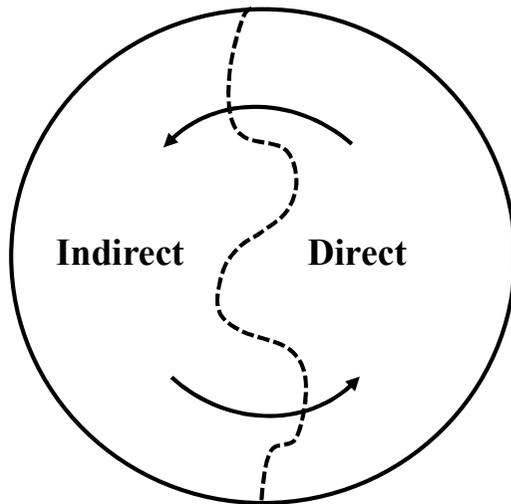
- *What* are the constraints?
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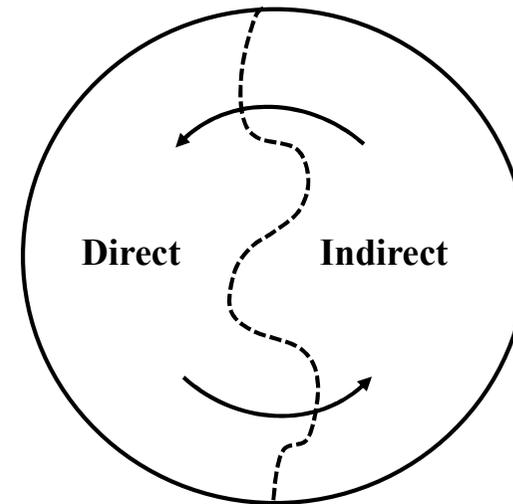
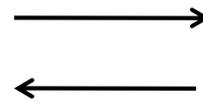


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## Study 2: Talking to them about their therapy experiences at the Family Unit

- How did they understand the results of study 1?
- How had they experienced the treatment?
- Had their trauma experiences impacted trauma?

# Outcome

- All couples expressed some ambivalence related to how they perceived the outcome of the treatment including the period after being discharged.
- All the participants expressed satisfaction regarding the therapy sessions and the therapist, sharing how they benefited from treatment despite family functioning scores being in the clinical range both at the end of treatment, and at the time of the interview.
- Additionally, they had thoughts about how they could have benefited more from therapy, for instance about problems that either were not given adequate attention during hospitalization or were otherwise not prioritized.

# Maria and Peter

- A married couple in their thirties who were the parents of two preschoolers, who also joined them for a 12-week hospitalization at the Family Unit
- Their marriage problems were characterized by an emotional and physical abusive relationship
- Referral reason: Maria had on numerous occasions perpetrated physical violence toward Peter. She was herself a victim of childhood abuse.

## Peter: “If She Had Only Given Us A Chance”

“After Modum Bad we should have deserved an honest try, but just two months later we were just going to separate? I thought that was ridiculous!”.

Despite being unhappy with the outcome of the therapy Peter talks about the therapy in positive terms: “The therapy was really good, but could the focus have been better? To that I would say – definitely, because in one way it failed. Even though the work done could have been better, the work that was done felt exceptionally good”.

## Maria: “Where was the Midwife?”

“I wouldn’t change anything about the therapy, so I guess it was a success”. Despite her apparent satisfaction with the treatment, she described difficulties related to returning home:

“We came back home with an open can of worms, and we didn’t know what to do with it”. She used the following metaphor to describe her need for follow-up: “It’s like when you have a baby and you come home by yourself, like you know, the midwife comes over and she’s explaining. I wish, I mean it’s stupid because we’re grown-ups and shouldn’t need it, but it’s really hard”.

# Relationships in Therapy

Differences in quality of therapeutic relationships was described by four of the participants. Peter described how his spouse had a better connection to their therapist than he himself had; a reflection which was confirmed by Maria.

## Peter: “They Connected”

“It was really nice to see how the therapist was able to get a really good connection with my ex. How she was able to get under her skin in a very good and honest way.” He continued to describe how the quality of his relationship with the therapist was not the same: “And then she didn’t connect as well with me, it didn’t sadden me. I truly felt like she didn’t take sides, but I felt that she really connected with what my ex was feeling”

## Peter: “Feeling Blamed”

“My ex has really visible issues, that are easy to address. My issues are perhaps more hidden. And there are things that I’m probably not aware of when it comes to my family and upbringing. So, it became quite a challenge when the therapist was trying to find my faults to weigh up against my ex’s”

## Peter: “Feeling Blamed”

“One would go to a psychologist or some other place if one needs fix one’s problems, but here it’s the family dynamics that are important, but she was focused on getting better herself. And of course, that is important, but I was criticized because I brought it up in therapy. I remember the therapist becoming annoyed with me because I mentioned it”

## Peter: “Feeling Blamed”

“It continued, it wasn’t handled. Instead, I was told that I was being selfish, maybe not in those words but I was given the impression that it was very wrong of me to bring it up”. Continuing to reflect upon this Peter said:

“But I remember thinking, it’s not selfish of me to mention it, of course I wish she would get better, but I don’t believe we shall get where we want to be as a family if we don’t have a shared focus”.

## Maria: “Because of Me”

“I learned so much about myself and things that I didn’t even really know. But I do wish it was more focused on us as a couple. I mean, it was mostly focused on me, but not because of Modum Bad or the therapist, but because ... . I feel it’s just a dynamic. Because of us being there, because of me, so I think it was very focused on me”

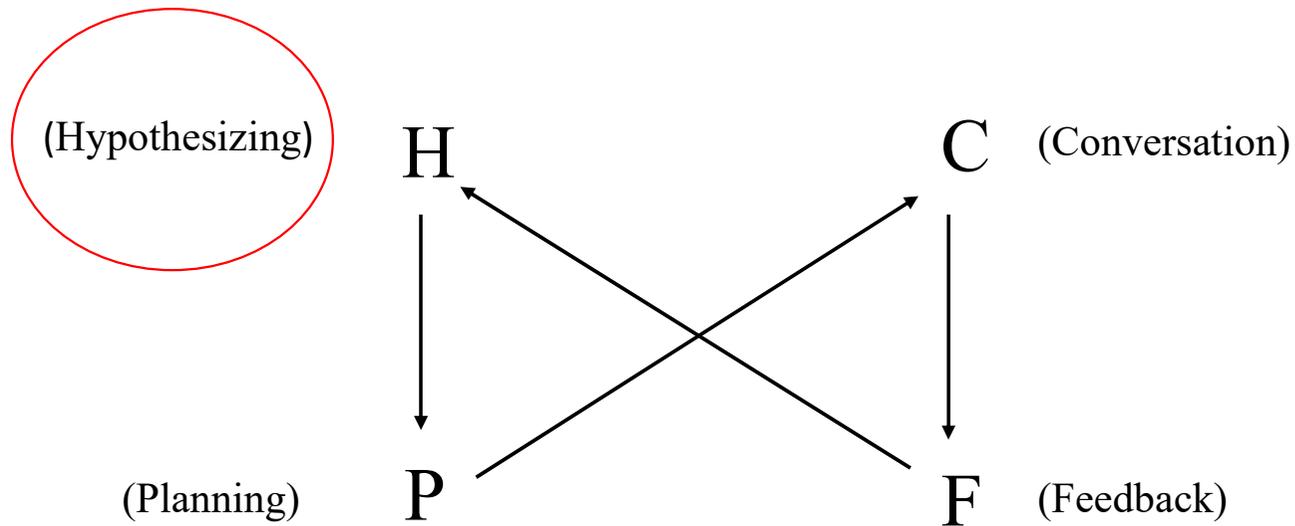
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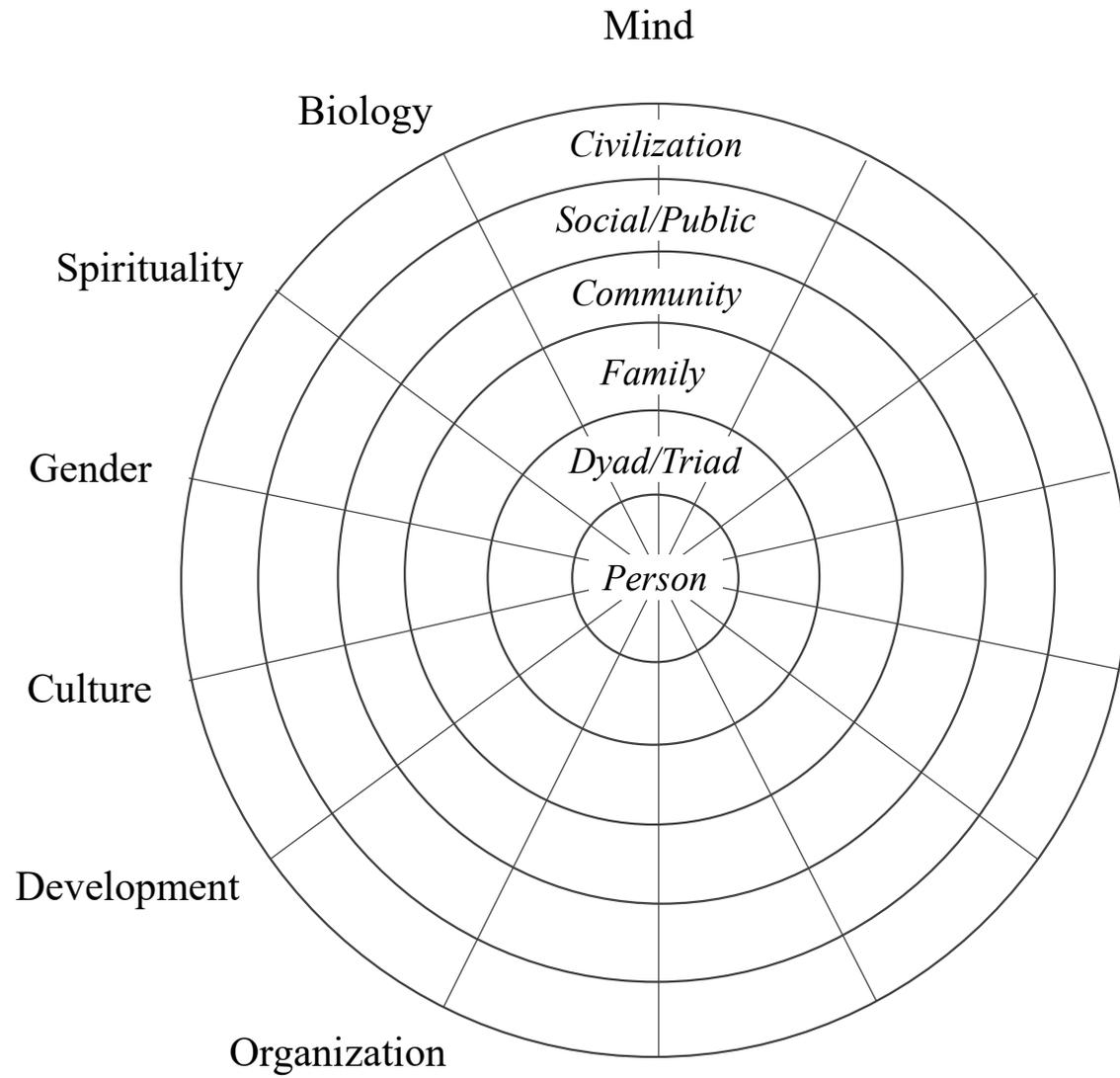
“I think so... . There was a time I realized that I was getting a lot of help because it was so focused on me, and then I just embraced it. And I was like, you know, if I’m going to be here and the problem is me, then I want all the help I can get. I even said to the therapist because she asked me a question and I said – I honestly don’t care if it’s about me, because I’m in my late thirties and I want to get better. I’m tired of living the way I’ve been living!”

# Impact of trauma

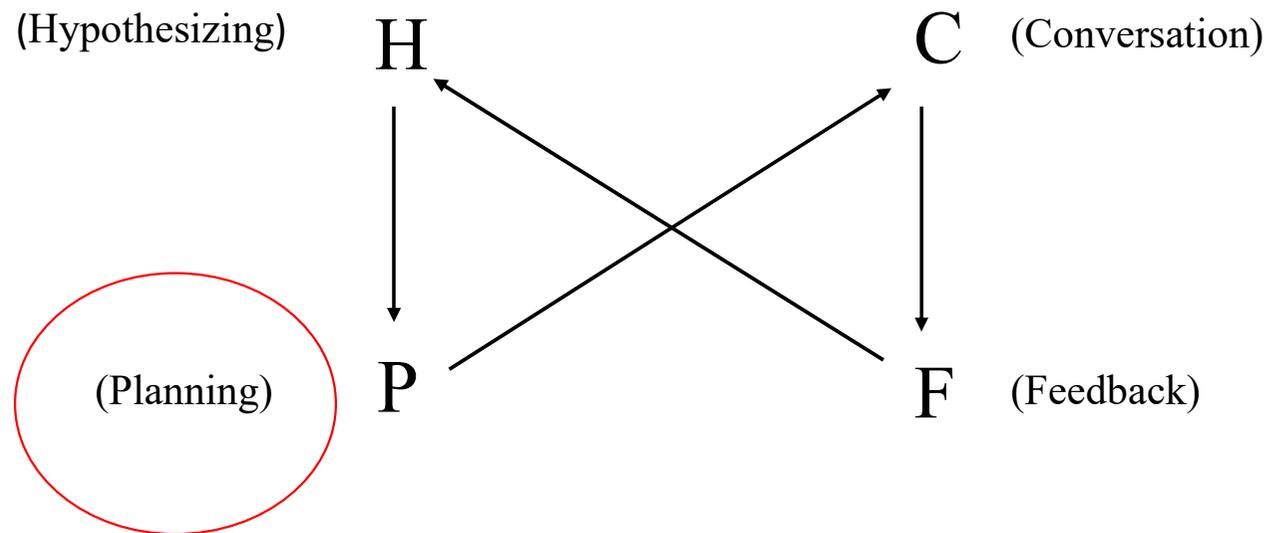
Five out of six participants could not clearly express if traumatic childhood experiences had affected the therapeutic process (e.g., trust, shared sense of purpose). Most of the findings regarding the impact of trauma referred to participants acquiring self-knowledge about how their trauma had influenced their emotional patterning and choices in life.

# How may we understand this therapy?





# Planning: What could have been done differently?



# One way of conceptualizing therapeutic relationships

<b>INTERPERSONAL DIMENSIONS</b>	<b>CONTENT DIMENSIONS</b>		
	<b>TASKS</b>	<b>GOALS</b>	<b>BONDS</b>
<b>SELF-THERAPIST</b>			
<b>OTHER-THERAPIST</b>			
<b>GROUP-THERAPIST</b>			
<b>WITHIN-SYSTEM</b>			

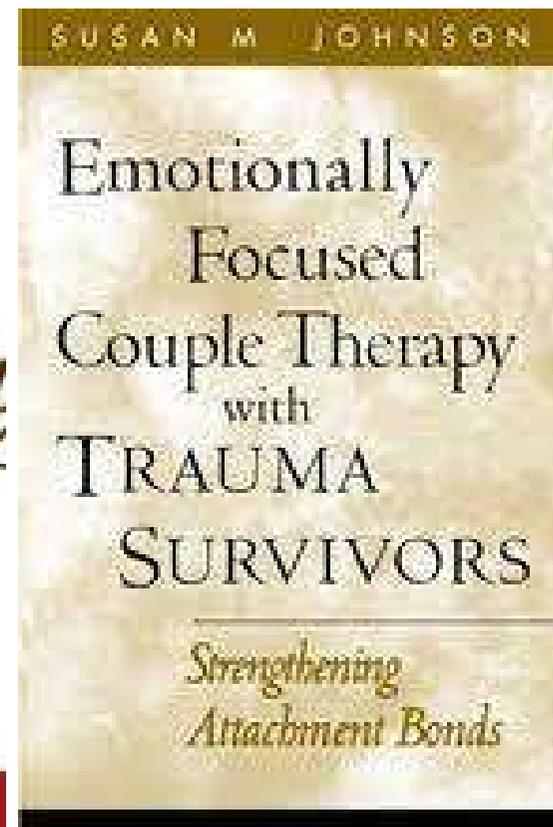
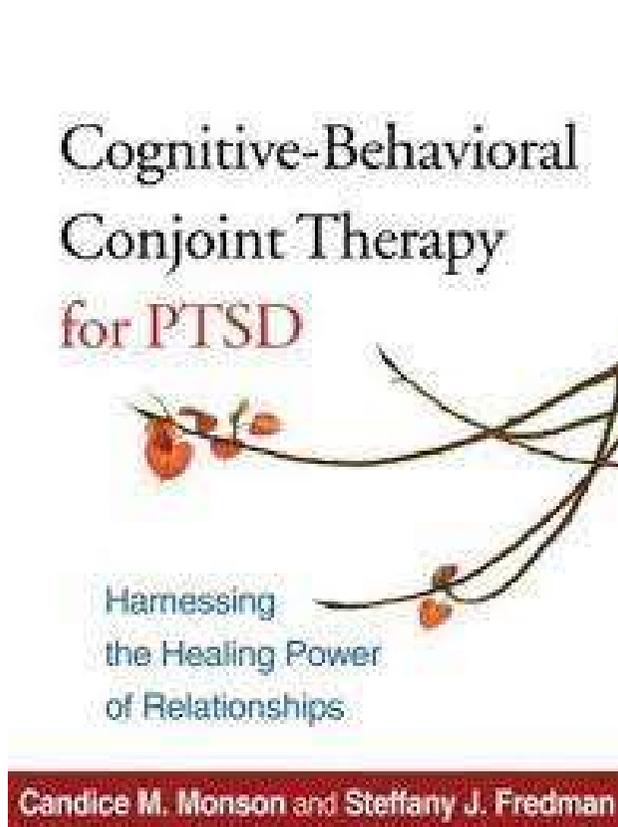
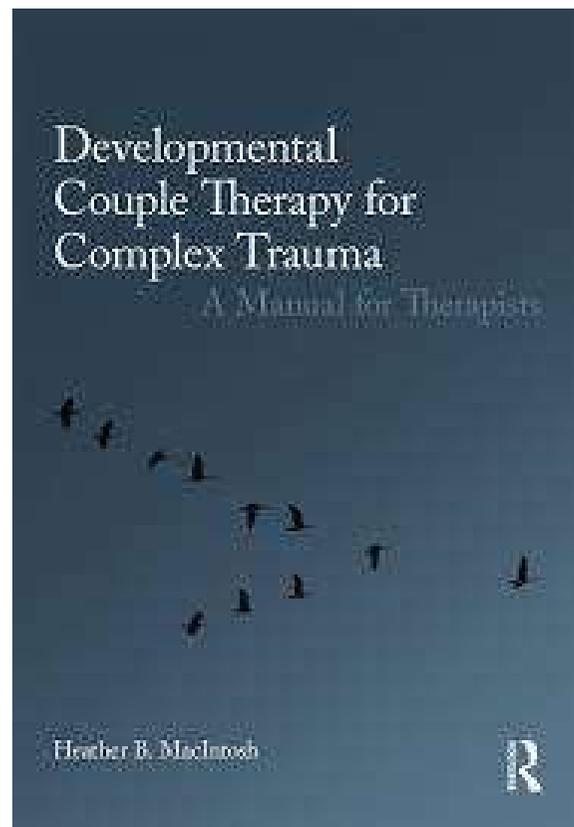
# Reflections 1:

- Do not let go of the relational perspective in couple and family therapy – the relational perspective has the potential to lessen the burden of shame and guilt
- Come to agreement on a therapeutic project which incorporates the understanding that it is aftereffects of trauma that impacts the couple's relational pattern
- Make sure all family members feel involved!
- Be aware of countertransference (are you picking sides?)
- Instill hope and positive expectations that there exists good help!

## Reflections 2:

- Systematically monitor process and outcomes (e.g., lack of improvement on family functioning)
- Be conscious of your own therapeutic style/approach and check with your clients if it matches them (maybe it even fits the one but not the other..)
- Is your client within or outside of their window of tolerance ( and are you...)?
- Negative explanations may be helpful (i.e., the Theory of Constraints)
- Make hypotheses explicit, but discard when they are no longer useful
- There are good couple therapy approaches targeting PTSD/trauma with coexistent relational problem (e.g., Sijercic et al., 2022)

# Further reading



# References and more readings...

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