

Love matters

A counseling tool to assess couple relationships

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In the past, I have frequently suggested that family physicians should get involved in relationship counseling.¹ According to Lambert² and Blow and Sprenkle,³ there are 4 common factors that contribute to a positive outcome of therapy for individuals and couples: extratherapeutic variables—the patient and the external environment, such as sudden illness or job change—accounting for 40% of effectiveness; a therapeutic relationship between the counselor and the patient (30%) that creates an atmosphere of warmth, respect, genuineness, and empathy; expectancy or placebo effects (15%), when patients feel there is hope and a chance for improvement; and model-specific factors (15%), where results are due to the specific model or techniques used by the counselor. Davis and Piercy⁴ pointed out that 30% of the total outcome of therapy could be influenced by the counselor—15% for the counselor's half of the therapeutic relationship and 15% for the model-specific techniques used by the counselor.

I believe family physicians can effect an even better outcome, for 2 reasons: First, patients would be more willing to engage in therapy because they already have an ongoing relationship with the physician providing the counseling (therefore achieving the other 15% of the therapeutic relationship). Second, patients trust that their family physicians can help them overcome their difficulties; placebo or hope factor is therefore raised, which is another 15% of the therapy outcome. Adding these reasons to the already-proposed 30%, family physicians can influence up to 45% to 60% of the therapy outcome. Therefore I would strongly encourage family doctors to include counseling in their daily practices.

In this article, I will introduce a counseling tool to assess marital or couple relationships. Many family physicians have a desire to care for family relationships; however, they do not have a useful tool to achieve this function.

Tool development

The tool I am presenting was developed as part of my doctoral dissertation.⁵ At that time, my research was based on studies of healthy families and the available self-reporting instruments. Curran⁶ and Stinnett and Defrain⁷ discussed commonalities in happy and healthy families and I devised a questionnaire based on some of their key relationship factors. Then I modified the scale using the Locke-Wallace Marital Adjustment Test⁸ and the marital satisfaction items of the Enrich Program by Olson et al.⁹ The former is a 15-item instrument

designed to measure how partners have acclimated to each other. Reliability tests showed that the internal consistency was 0.90; validity was demonstrated between adjusted and maladjusted couples. The latter, the PREPARE-ENRICH Inventories developed by Olson et al, is another comprehensive package of materials designed to assess couple relationships. The reliability and validity of these inventories have been tested, and today they are widely used among professional counselors and marriage and family therapists.¹⁰

The resulting tool is very effective and simple to use, and it is applicable to any type of couple.

Execution

The counseling tool is a single-page questionnaire (Table 1⁵) consisting of 16 questions. Each individual is asked to answer the questions honestly. Each question has 5 possible answers: strongly happy, happy, neutral (undecided), unhappy, or strongly unhappy. Fifteen questions cover specific, important areas of the couple's relationship. Ten of these 15 questions deal with areas that affect both partners: roles, time spent together, financial situation, communication, affection and sex, beliefs and values, decision making, conflict resolution, dealing with anger, and social activities. Five questions deal strictly with the individual: the person's academic or occupational progress, sense of self-worth, relationship with parents and family, relationship with partner's family, and personal independence. The final question is an overall score of the relationship.

After the questionnaire has been filled out, there are 2 ways the doctor can proceed. The first way is to have couples share their answers in feedback sessions. Based on the responses, the counselor will discuss areas of happiness and unhappiness. If there are common areas of happiness and satisfaction, the counselor will encourage the couple to continue as always in those areas. If there are common areas of unhappiness, the counselor will engage the couple in a discussion of how each partner can make some personal improvements. Agreement on areas of happiness and unhappiness means both partners recognize the strengths and weaknesses of the relationship; the counselor can affirm this as a positive aspect of their relationship and build on this encouragement to help the couple jointly work out difficulties.

The second way to use this tool is to have each partner guess how the other will answer the questions. During

Table 1. Happiness scale for couples: Circle the response choice that best reflects how you feel now concerning each area of your relationship. Try not to allow one category to influence the results of the other category.

QUESTIONS	STRONGLY HAPPY	HAPPY	NEUTRAL (UNDECIDED)	UNHAPPY	STRONGLY UNHAPPY
How happy am I in the following areas of my relationship?					
• Roles, gender roles, division of household responsibilities	1	2	3	4	5
• Time spent together, including leisure time	1	2	3	4	5
• Money, financial position, financial decisions	1	2	3	4	5
• Communication	1	2	3	4	5
• Affection and sex	1	2	3	4	5
• Religious beliefs, values, and practice	1	2	3	4	5
• Decision making	1	2	3	4	5
• Conflict resolution	1	2	3	4	5
• The way we deal with anger	1	2	3	4	5
• Social activities and relationships with friends	1	2	3	4	5
How happy am I with the following areas in my own life?					
• Personal independence	1	2	3	4	5
• Academic (or occupational) progress	1	2	3	4	5
• Self-worth	1	2	3	4	5
• Relationship with my parents and family	1	2	3	4	5
• Relationship with my in-laws and their family	1	2	3	4	5
Overall, how happy am I within my relationship?	1	2	3	4	5

Adapted from Poon.⁵

the feedback session, the couple shares those responses. Couples often do not see eye to eye. Each person might have a different perception of the areas of happiness and unhappiness. During the feedback session, the counselor can facilitate a discussion on how and why the 2 people see things differently, helping them to understand themselves and each other's opinions and behaviours in specific aspects of the relationship. In the end, the counselor will proceed to motivate both sides by proposing changes to improve the relationship; the couple can work toward resolving the issue together.

Conflict

There have been times when one spouse is unwilling to participate in counseling. In that case, the willing spouse can fill out the questionnaire and speak with the family physician on his or her own, then bring a blank questionnaire home for the unwilling spouse to complete. If this is successful, the couple can enter into a discussion at home, based on the answers, or can have a conjoint feedback session with the counselor. Another solution is to have the willing spouse complete his or her own answers, then guess the unwilling spouse's answers. The willing spouse can try to raise the unwilling partner's curiosity by showing the partner the guessed responses, then inquire whether or not the guesses are correct. Quite often, this will stimulate the unwilling spouse to respond. They can then engage in a fruitful discussion and have open communication about the relationship. In my experience, this triggers the unwilling spouse's interest in joining the spouse for further counseling.

Conclusion

I have used this tool extensively to counsel couples. It can be used as an assessment tool and a therapeutic tool. I hope family physicians use it as part of routine assessment of couple relationships in their clinical practices. 

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Competing interests

None declared

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