Reflective Review on Working with Couples and Others:

Integrating Theory and Practice

Submitted to the Faculty of Social Work

In Partial Fulfillment of the Requirements

For the Degree of

Master of Social Work

University of Regina

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Saskatoon, Saskatchewan

July, 2014

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Abstract

This paper is an overview of a field practicum experience at Family Service Saskatoon, an organization located in Saskatoon, Saskatchewan. The paper provides an overview of the agency and the programs and services it offers, along with the goals and objectives for the practicum. The primary objective of the practicum placement focused on couple counselling. An overview of conducting couple counselling is presented along with a literature review exploring aspects of living in relationship that positively support a healthy couple relationship. The integration of social work practice and theory will be evident in the discussions. Attachment theory, emotionally focused therapy, cognitive behavioural therapy, and feminist theory are the primary theories addressed. The paper also incorporates an overview of the secondary activities conducted throughout the practicum including group work, presentations and a project. The types of clients served, the social conditions addressed and relevant research are discussed along with the new knowledge acquired and the challenges experienced. The paper concludes with my vision as to how I plan to contribute to the social work profession.

Introduction

Family Service Saskatoon is an agency I frequently heard about in my work at the Saskatoon Community Clinic. Many times I met people from Family Service Saskatoon who shared stories of their work and their roles at the agency. I was intrigued with what I heard and wanted to know more. So, when the time came to consider practicum options for the completion of a Master of Social Work, my first choice was Family Service Saskatoon. I knew the agency would be a good fit for accomplishing what I wanted to learn, and I believed my values, practice style, and ethics were congruent with theirs. I requested a practicum placement at Family Service Saskatoon, and by summer of 2013 the placement was secured. It was a pleasure to have had the opportunity to work with Family Service Saskatoon and they provided a very satisfying practicum experience.

Family Service Saskatoon: My Practicum Placement

My practicum experience began September 9, 2013 and was completed in early March, 2014. The first three days I attended an orientation, along with four other practicum students. The orientation included an overview of the agency, the services they offer, expectations of students, and some of what was ahead for me, and the other students. It also provided an opportunity to get to know staff members and learn of their roles in the agency. Questions were welcomed and discussions were valuable. I recall a sense of feeling supported, encouraged, and excited for the up-coming opportunities the practicum might offer.

My practicum strengthened my foundation as a counsellor, afforded me learning opportunities, enhanced my knowledge, and strengthened my abilities and range of skills. The agency served me well with respect to creating the opportunity to fulfill my learning objectives.

The connections I developed, and the skills and knowledge I acquired throughout my practicum, will continue to be assets to me personally and professionally for years to come.

In setting up and throughout my practicum, I worked closely with my Academic Supervisor at the University of Regina. She helped me develop my proposal and supported and guided me in my efforts to have my practicum experience at Family Service Saskatoon. She also collaborated with my Professional Associate, at Family Service Saskatoon, and my Academic Committee Member. The support and collaboration with others helped in achieving the goals set for the practicum.

Personal Goals and Objectives for Practicum

The goals and objectives I set for my practicum were to expand and deepen my knowledge of theories and techniques that best assist individuals and couples to build healthy relationships. My priorities were to strengthen my counselling skills and acquire new knowledge that would be of service to clients. To conduct research into counselling theories and skills and experience intended and unintended learning experiences that would enrich my knowledge base were also important. See Appendix A to view the complete goals and objectives document developed for this practicum.

Description of Family Service Saskatoon – The Agency

Family Service Saskatoon is located at 102 506-25th Street East, in Saskatoon, Saskatchewan. The agency is one of the many community resources that reside within the Saskatoon Community Service Village: a community resource centre that was designed by community, funded by community, and serves the community. All agencies housed in 'the Village,' receive some funding from the Saskatoon United Way, which is also housed in 'the Village.' The complex has ample parking for clients and is situated beside a large park.

Family Service Saskatoon was founded in 1931. The organization functions in a manner that is non-partisan and non-profit. It is community based, and governed by volunteer citizens. The agency is part of a collective community of organizations, all working to serve the general public in addressing some of our community's unmet needs. All professionals and support staff are experienced and qualified in their respective roles. All staff are encouraged and supported with ongoing education and professional development and there are many formal and informal opportunities for staff to gather together. In my opinion, having practicum students is an important part of how the agency contributes to and maintains a high standard of service to the community.

Family Service Saskatoon offers counselling, employee and family assistance programs, healthy relationship programs, educational opportunities and support to individuals, families, and groups. They also have specific programs for youth–at–risk and young parents.

Personal Views, Thoughts, and Reflections

I have gained a great deal from this practicum experience and will discuss that below. However, first I wish to describe who I am. I am not only a social worker, and an employee, I am also a wife, mother, sister, and friend to many. As a woman with 53 years of life experience, I have had many thoughts on the variables that relate to how people live out their lives and makes choices. I have a personal and professional interest in the variables of relationships. For this practicum, I chose to make relationship variables the focus. To date, I have dealt with numerous complex questions, concerns, and issues regarding relationships. I have my own priorities, positions, values, beliefs, and reasoning in place with regards to how I live my life and support others in living theirs. I have been molded to become the person I am today through my years of maturing, working, taking my BSW, parenting and most recently completing my practicum.

My personal and professional ideology is presented in the following sections. In sharing my ideology, I will include a discussion on how my ideology relates to Family Service Saskatoon. Reflections from my practicum, the theories that informed my practice and how those theories were used will be shared. Discussion on situations addressed in practicum will follow later in this report.

To begin, each person's view of the world and general attitude toward life, living, and relationship is the result of their birthright, their lived circumstances and the support and care they received. Personal perceptions also play a role. Each person's view encompasses the whole of their body, mind, family, finances, environment, present and past, and the influences and opportunities they experienced (Brooks-Harris, 2008).

Social workers quickly learn that people have pasts that have not served them positively or adequately. For many, their lives have included events or people that damaged them physically, mentally, emotionally, or spiritually. Many experienced traumas that impacted their lives. Some were deprived of opportunities to acquire confidence, learn life-skills, self-discipline and self-awareness. To stay aware and work to be conscientious of these circumstances and strive to be non-judgmental and empathetic is essential in social work. Also, to always be cognizant of the Canadian Association of Social Workers (CASW) Code of Ethics (2005) is essential. The Code of Ethics (2005) has core values and principles that need to be followed. These include issues of acting respectfully, treating others well and to upholding confidentiality. They also address issues of justice, service to humanity, integrity and confidence.

It is important to be cognizant of the effects of pain and damage that some people have experienced. Social workers need to continually be patient and listen and watch all that is occurring. Social workers need to maintain awareness of how they understand client histories

and the influence of client choices. As a social worker, I know I need to attend to my personal tolerance and the energy I put forth in my work. It is a priority for me to be an attentive, conscientious practitioner. To achieve this, I need to continually practice good self-care, maintain my personal balance and wellness, and act in accordance with social work principles, values and standards of practice.

While at Family Service Saskatoon, I was given the opportunity to work with couples, groups, and provided individual counselling. I also sat in on many counselling sessions with other professionals and at times co-counselled. I was able to observe and critically evaluate many different theories, styles, and a variety of tools offered to clients by other professionals. I witnessed and was frequently invited to get involved with the practices and processes occurring. All sessions I participated in were respectful and ethical. During group sessions, the participants would discuss the rules they wanted, agree upon them, and then print them on a flip chart to be posted at each meeting. Following some sessions, debriefing occurred. This allowed for discussion, future planning, and reflection.

Ethical practices are always priority at Family Service Saskatoon. The concern of ethical practice was obvious each day. For example, all clients were informed of the policies with respect to confidentiality from the outset. Everything that was shared was held in confidence, with the exception of the potential risk to the client, or someone else. All work conducted was in compliance with the Canadian Association of Social Workers (CASW) Code of Ethics (2005). Ethical decision making was followed, moral issues addressed, all staff was responsible, and appropriate information was gathered and documented. Whenever a case or situation was discussed in consultation, or for learning purposes, the situation was introduced as if the client

was in the room. Often a chair, with a fictitious client name on it, was put in place to remind us to be appropriate. Group programming also discussed confidentiality and respect.

During my time at Family Service Saskatoon, I had no concerns with respect to agency practices that I felt created obstacles between worker-client; worker-agency; worker-worker; worker- professional; worker-community; client-community; client-society; client-agency or worker-self. There were times I was aware of some internal agency issues being discussed, and/or over-heard some sharing about external agency information. In these situations, I chose to respectfully remove myself from the situation so that I would not get drawn in. There were also times when ethical dilemma discussions began in public areas. I was pleased that such discussions were quickly deferred into private spaces. I appreciated the need for privacy and that the agency handled such matters respectfully and seriously.

Family Service Saskatoon actively creates agency practices that build social work relationships. They do this through mentoring students, encouraging new initiatives, community involvement, and the sharing of the skills of counsellors. As a result, relationships and new knowledge flourish within the agency. In all efforts, professionalism is kept priority.

Overview of Practicum Activities

The following describes the initial activities experienced during practicum. First I will provide an overview of the practicum group orientation, practicum group supervision, and individual supervision. The paper will then focus on the primary aspect of my practicum, which was couples work. This will include a review of literature, theories used and discussion on couple counselling. My discussion on practice will be integrated with theory. Secondary activities of the practicum will follow. These include an overview of a ten-evening group I co-facilitated, highlights of sessions that were particularly valuable at the peer counselling meetings

and the development of an Addictions Questionnaire. Finally I will discuss a presentation I co-presented with a psychologist and a presentation I facilitated on Emotional Intelligence.

Practicum group orientation and supervision. While doing my practicum, six other students were also completing their practicum placement. We attended practicum meetings where we would discuss and explore many topics. Initially we were introduced to the staff, and learned of the work they were doing and the groups they lead. Subsequent meetings offered discussion on the Code of Ethics (2005) and specifically boundaries and professional client relationships. Other topics included suicide ideation, domestic violence, legal issues, and different types of therapies, including dream therapy. We discussed spirituality, the spirit world, and our own experiences and beliefs. We were invited to ask questions and share our thoughts and opinions throughout the orientation process.

Practicum individual supervision. My supervisor and I met for individual consultation once a month. It was an opportunity to discuss concerns regarding clients, potential clients, client situations, and new directions with cases that were challenging.

From the onset of my practicum, I was advised I would be assigned new referrals to the agency. After a brief discussion with my supervisor, the appropriate referrals were selected, and I was advised to contact and book my clients and organize my time according to what was needed. I was encouraged to connect with other staff and programming within the agency. This included arranging meetings and collaborating with the other practicum students for group activities. My supervisor and other agency staff provided mentorship, and responded to my questions and concerns with genuine attentiveness.

Supervision provided opportunities to share situations, critically evaluate counselling processes, and discuss integration of theory, practice, and skills. I valued the new ideas and

language that was offered for me to consider by my supervisor. For example, a discussion of the 'additional layers' of things that same-sex partners deal with, and the suggestion to use a chair that rolls, when working with couples. A rolling chair allows for easy physical change in the office when there is a need to create space for individuals, and serves to easily build connection by facilitating movement toward individuals as they share. Additionally, there were interesting discussions on the language, tools and processes that work best when working with children and families.

Each month my academic supervisor or committee member, from the University of Regina, joined the supervision meeting. This time allowed for discussion and an overall update on the practicum, including the mid-term and final evaluations.

Primary Practicum Activity: Couple Counselling

The Primary goal of my practicum was to focus on couples and couples therapy. The following provides an overview of the literature I reviewed in an effort to learn how best to work with couples. This included determining aspects of importance and value in couple relationships and the theories and strategies that support the processes in couple therapy. The therapies I used included cognitive behavioral therapy, transgenerational therapy, reality therapy and emotionally focused therapy. These therapies were researched during practicum and will be discussed in the paper. I begin the discussion by first providing an overview of the clients I saw and the initial stages of beginning therapy.

Overview of clients seen. During my practicum, I independently provided service to 18 clients. I also worked collaboratively with other counsellors in providing service to ten other clients. Some were seen weekly, some bi-weekly, and some only once or twice. As the primary goal of my practicum was to work with couples, the majority of this paper will focus on couple

therapy. During my practicum, three couple cases were assigned to me. All the couple work I experienced during practicum was done in a co-counselling format. One couple was seen every second week, another was seen three times, and a third couple only attended one session. The issues addressed included complex enmeshment problems, attachment issues, involved communication issues, and challenges balancing work demands with quality of life.

Other client issues that I worked with included self-esteem, depression and anxiety, recovery after rape, relationship, lifestyle, addictions, child protection, anger management, financial hardship, health, and grief. I also saw a woman trying to build a relationship by communicating with the desired partner only through text messages. Towards the end of my practicum, I saw a young woman desperately wanting to reconnect to her father, and a ten-year old with suicidal ideation. The last client I saw was a 16 year-old male who was suffering from the loss of two siblings.

When contacting clients, I identified myself and let the client(s) know I was an intern. I organized appointment times according to the availability of the clients on my practicum dates. Each time I organized my time making allowance for time for reflection, documentation of contact notes, debriefing with the co-counsellor or supervisor if needed, and research.

Attending to clients: Integrating research, theory, and practice. Social work involves acquiring knowledge, skills and developing the confidence to apply them when appropriate. In beginning my practicum, I chose to review recent research in relation to couples work. I wanted learn about different theories and their applications, and to be able to efficiently and effectively communicate and collaborate with couples and the clients I would be assigned.

The process of integrating theory and practice is a major focus of social work and social workers. During my practicum, I challenged myself to use new-to-me styles. This included

seeking situations and age groups of clients that were different from those I had worked with in the past. I was privileged to be working alongside an experienced psychologist.

Literature Review

The following includes a literature review on research relevant to couples counselling and an overview of the theories of counselling I used in my practicum. Included also is research on facilitating the process of couple counselling. It is important to note that the term therapist(s) and counsellor(s) will be used interchangeably.

Research on determining what couples seeking counselling might want to achieve.

Before I began doing couple counselling, it became imperative for me to determine what constitutes a 'good' couple relationship. This was important for me to know because I wanted to have information to share with clients that could provide direction and support. In my role as a counsellor, I was quite sure that the couples I would be working with would be working toward a goal of achieving a satisfying relationship, whether directly spoken or not. In beginning to work with couples, the theme of putting effort toward achieving contentment was clearly a goal with each couple. A question asked to clients by the counsellors I co-counselled with, was "How will you know things are better?" I thought this was a very insightful approach, and was inspired to learn more about the factors that contribute to a satisfying couple relationship. In considering this, I chose to look at the word 'contentment' as being what I believe constitutes a couple's satisfaction with their relationship.

The terms marriage and couples, discussed in the following review of literature, will be viewed in the context of both heterosexual and same-sex relationships. Research for this literature review has been accessed from studies around the globe and encompasses research that has been done with a range of different cultures, socio-economic statuses, and information from

both females and males. Marriages and relationships of couples who have been together for different lengths of time, and couples at different life stages have been included.

The Oxford English Dictionary defines contentment as “the state of being contented; satisfaction; ease of mind.” The same source defines satisfy as “to fulfill the desires, expectations, needs or demands of (a person, the mind, etc.).” The following review will consider all the noted definitions when researching or referring to contentment. As a counsellor, working with couples, I will need to be aware of and accept that individuals and couples will have their own understanding, interpretations, and definitions of what it means to them to have contentment in their relationship and assess their own level of contentment.

Common themes appeared in the research literature regarding contentment and satisfaction in relationships. Themes such as trust, forgiveness, experiencing and receiving kindness, love, and caring arose, along with the need for emotional self-regulation, empathetic effort, and commitment (Ahlborg et al., 2008; Cohen et al., 2012; Gottman et al., 1998; Neff & Broady, 2011). When working with couples, all of the above themes were mentioned at some point in our work together. Self-regulation of emotional responses was of particular interest to me, so I did research and a presentation on the topic. During couple counselling, emotions can get intense. I frequently experienced discomfort with the intensity and found that learning more about emotional regulation was beneficial and provided me with information that I could share with clients.

Issues that lead to discontentment and dissatisfaction in relationship that were found in the literature included gender role-related stress issues and socio-historical factors, especially in relation to employment patterns, family roles and family structural inequalities. Helms, Walls, Crouter and McHale (2010), studied marital quality, behavior, and role-related stress using

variations of variables including geography, socio-historical factors, (most specifically related to work outside of the home), roles of family members, and inequalities within the family structure. Helms et al., (2012) determined that wives experience more role-related stress. These authors also found that with dual-earning couples, the quality of the relationship is best if the work load at home is shared, and the benefits of the wife's financial contributions to the family are acknowledged. Cultural norms that reflect gender-specific behavior also play a role in couples feeling discontent, as do issues relevant to parenthood, parenting roles and parenting practices (Helms et al., 2012).

Other contentment disruptions in relationships found in the literature reviewed include income levels, stressful life events, educational levels, pre-marital satisfaction, age and age differences, communication styles, tiredness, level of energy, gender differences, and different ways of looking at things (Ahlborg et al., 2008; Cohen et al., 2012; Gottman et al., 1998; Neff & Broady, 2011).

Longitudinal studies, done by Neff and Broady (2001) indicate that during times in which couples are experiencing excessive stress, their capacity to be patient and forgiving is reduced (p. 1051). However, negative life events such as cancer, death of support people, or experiencing a natural disaster and other stressful events, sometimes predict marital improvements among some couples (Neff & Broady, 2011).

With respect to issues of forgiveness in relationships, Braithwaite, Finchman, and Selby (2011) used an online survey to study 523 couples. Data was collected through a variety of assessment tools including the Tendency to Forgive Scale, a Communications Patterns Questionnaire, a Revised Conflict Tactics Scale, and a Behavioural Self- Regulation for Effective Relationship Scale –Effort Scale. The authors found that "forgiveness has been linked

to overall relationship satisfaction" (p.551). They suggest further that "only one variable, that being trust, has been shown to be a partial mediator of the relationship between forgiveness and relationship satisfaction" (Braithwaite et al., 2011, p. 551). These authors suggest that a variable that needs further research with respect to forgiveness is self-regulation. They identified "two mechanisms linking the tendency to forgive to relationship satisfaction, one that involves the relative absence of negative behaviour (negative conflict tactics) and one that involves the presence of positive behaviour (behaviour regulation)" (Braithwaite et al., 2011, p. 551).

The capacity to be empathetic in relationship plays a huge role in relationship satisfaction according to a study by Cohen, Weis, Waldinger and Schulz (2012). These authors conducted research on 256 heterosexual couples in committed relationships. They found that "efforts to enhance intimacy in romantic relationships have often focused on empathy-building as a primary target in repairing troubled relationships and preventing future marital distress" (Cohen et al., 2012, p. 243). The authors noted that it is difficult to assess exactly what aspects of empathy are essential in efforts toward developing and establishing a satisfying relationship. However, these authors determined that "the perception of empathetic effort by one's partner was more strongly linked with both men's and women's relationship satisfaction than empathetic accuracy" (p. 236). Also, Cohen et al., (2012) suggested that "when working with couples in treatment, heightening partners' perceptions of each other's empathetic effort, and helping partners learn to demonstrate effort, may represent particularly powerful opportunities for improving satisfaction in relationships" (p. 236).

Supporting the above is research conducted by Goddard, Marshall, Olson, and Dennis (2012). These authors conducted telephone surveys on a sample of 829 couples and concluded that "a satisfying marital relationship creates greater empathy and commitment…. and the effects

are circular" (p. 10). According to Goddard et al., (2012), "empathy and commitment provide a healthy environment for marriage to flourish, and a healthy marriage encourages continuing growth of empathy and commitment" (p. 12). Issues in relation to empathy and commitment came up with a couple that struggled with efforts in achieving a balance in their work and family life. The family owned a business that was very lucrative and demanding. The male partner worked six days a week. His days were physically strenuous and all work had to be done in a timely manner to meet the demands of those he was supplying goods to. He had not been successful in hiring dependable staff and his expertise and availability in serving as an on-site mechanic was an essential attribute to the business. The female partner appreciated his efforts, but wanted him available to her more, as a partner. Both parties were empathetic toward one another and very committed to the relationship. The relationship of the couple appeared very strong, however, they were spending little time together and had identified that change was necessary. They sought out counselling for the purpose of exploring avenues toward change and thoroughly communicating their circumstances and stresses to one another.

Cohen et al., (2012) found that "marital distress and the failure to develop and maintain a satisfying intimate relationship with one's partner is one of the more common reasons why people seek mental health services" (p. 243). In my practicum experience, the psychologist and I agreed that the female partner we were counselling might be experiencing mental health issues. The female partner seemed to be unable to understand what we (her partner, the psychologist, and I) were sharing. This occurred several times. The male partner was very distressed and indicated situations like this were why they were seeking counselling. The psychologist and I chose to speak with the couple about our concerns, with the intent of suggesting the female partner consult her physician. We did this and informed them about the services available

through Mental Health Services. The couple appeared to feel hopeful they might get some resolution through the referral.

Sensuality is an important aspect in relationships. A quantitative study conducted by Ahlborg, Rudeblad, Linner and Linton, (2008) found that sensuality, which is understood to be "an exchange of tenderness among lovers like hugs, kisses, cuddling and caressing" (p. 296), greatly adds to sustaining and strengthening contentment in marriage. This is especially beneficial when couples choose to relate to one another using respectful communication and provide forms of mutual confirmation to one another. Sexuality was also significantly related to sensual contentment and played a central role in the well-being of partners (Ahlborg et al., 2008).

Research conducted through observation and studying couples problem-solving styles, indicated that couples who experience some stress at the beginning of their life together often developed effective coping styles which were beneficial throughout their marriage, (Neff & Broady, 2011). However, these same authors noted that "results indicate that entering marriage with better relationship resources may not be sufficient to shield marital satisfaction from the detrimental effects of stress" (Neff & Broady, 2011, p. 1050). They did include however that having the support of family and friends is advantageous (Neff & Broady, 2011).

When working in the area of relationship, counsellors need to consider the possibility of separation or divorce. When I was working with couples during practicum, there were many different ways in which exchange of communication between couples occurred. Some was positive, but some was quite negative. Individuals made statements of their expectations and at times this communication was uncomfortable and tense. Counsellors need to carefully watch all exchanges of communication. According to Johnson & Denton (2002), couple responses regarded as 'poisonous for relationships', are when couples act in a way that is rigid. These same

authors suggest that relationships are at risk of breakdown when interactions occur in a way in which there is a series of ongoing pursuer-distancing patterns. At times during these patterns individuals feel hopeful about the relationship, are accommodating, and state their needs and expect change. Then one or both withdraw their attention and affection, and the energy going into the relationship declines and tensions mount again.

Religious beliefs, gender roles beliefs, and the couple's ideas as to what may or may not constitute a happy relationship, also play a role (Johnson & Denton, 2002). These authors also suggested that counsellors need to accept personal limitations in relation to what is successful counselling in couple therapy. Being cognizant of mental health issues, hidden agendas, possible addictions, and having an understanding of the couple's view and potential consequences regarding separation or divorce are also important (Johnson & Denton, 2002).

Facilitating of a couple counselling session. Prior to beginning to work with couples, I conducted research to learn how best to work with couples, what processes to follow, and what not to do. I found that research by Keim and Lappin (2002) and Weeks and Treat (2001) provided a good overview. The following is a summary of the research and the process I chose to follow in conducting couple-counselling.

The beginning stage in the development of the therapeutic relationship with couples is integral to the success of the therapy (Keim & Lappin, 2002*).* Duncan (2010) supports this in qualifying that when conducting marital therapy, it is important that the counsellor build a positive alliance and maintain a balance with both partners. Initial impressions establish the social content and atmosphere for therapy (Keim & Lappin, 2002). According to Keim and Lappin (2002) "failure of the therapeutic relationship is one of the most common reasons for the failure in therapy. And the clients' perceptions of the helpfulness of therapy are sometimes more

dependent upon the quality of the therapeutic relationship than on whether or not the presenting problem is solved" (p. 99). Clients need to develop confidence in the therapist's ability to serve them well and trust the process of the therapy. Clients must also feel that there is open, honest, safe, accurate, and meaningful communication during the session(s). The key to the success is that the therapist needs to be supportive, accepting, understanding, and challenging in a way that is respectful and understood by all. The challenge for the therapist is to stay neutral, but yet not be blindly influenced. The therapist needs to be thorough, gentle, and yet impactful. He or she needs to work in a way that is strong, yet comfortable enough to be accepted and not rejected, and be forward enough to be effective (Keim & Lappin, 2002).

Following the initial connection and during the first stages in couples' therapy, it is advised that all coming together activities need to occur in an overlapping fashion (Keim & Lappin, 2002). Sessions need to include a re-joining discussion to reacquaint participants with where things were at in closing the previous session, and a check-in to discuss new developments. A discussion of problematic issues and a diagnostic overview of previously discussed issues needs to occur (Keim & Lappin, 2002). All sessions need to conclude with a contracting stage and the development of a suggested homework plan (Keim & Lappin, 2002, p. 99).

In a typical couple counselling session, as required by Family Service Saskatoon, I would introduce myself and share a bit about the agency. I would also state that the session is confidential and alert clients of our obligations to report disclosures of child abuse or child neglect to Child Protection Services. I also let clients know that everything is confidential, and include confidentiality will be broken if they disclose that they, or someone else, is at risk.

I would praise the couple for choosing to seek counselling, and request that each partner share their version of the presenting problem(s). Following this, I encouraged a discussion exploring how they will know when things are better. I asked open ended questions, was curious, and worked towards compiling a history.

An important discussion to have when beginning to work with couples, according to Weeks and Treat (2001), is to have a thorough exploration of what each individual wants to share. During my practicum, I followed the suggestions by the above authors in conducting this exploration. The work would take time and at times became quite involved as it included concerns such as addressing cognitive distortions, irrational thinking, or exploring defense mechanisms that might include issues of denial, projection, predictions, or interpretations. Observing the interactions and emotional responses was always revealing. Communication styles (verbal and non-verbal), patterns of communication, personal attributes (strengths/weaknesses) and intergenerational systems (reactions, boundaries) varied among cases. The process helped illuminate many indicators of potential issues to explore in upcoming counselling sessions.

Insights into couple counselling. Couple therapy is more involved than individual therapy (Weeks & Treat, 2001). The information gathering and early assessment phase in couple therapy usually requires two to four sessions. The therapist's role is to join with the couple. This includes collecting key information about them as individuals, as a couple, and then formulating an assessment (Weeks & Treat, 2001). Therapists work with the couple in a manner that supports the development of a healthy therapeutic relationship with both parties (Keim & Lappin, 2002).

Once the couple has established rapport with the therapist, the couple can relax, and begin to trust the process, and value the communication evoked through counselling (Keim & Lappin, 2002). If the couple, or one of the individuals, begins to feel uncomfortable, perceives

pressure, an alliance, or is struggling with the style of communication used by the counsellor, Weeks and Treat (2001) warn this may lead to premature termination of the counselling by one or both of the participants. Furthermore, the counsellor must be attentive and work with the couple, in a way that leaves the couple leaves feeling heard and hopeful in being able to accomplish what they set out to achieve (Weeks & Treat, 2001).

Research on Theories of Counselling

The counselling theories that I researched and used during my practicum experience included attachment theory, emotionally focused theory, cognitive behavioural therapy, feminist theory, transgenerational therapy and choice/reality therapy. Below I briefly introduce these theories and discuss how they were incorporated into my practicum experience.

Attachment theory. Attachment theory is considered the most promising theory of adult love theories (Johnson, Makinen, & Millikin, 2001). Attachment theory provides explanations as to how childhood experiences are internalized and then in later life, impact relationships (Brooks-Harris, 2008). This same author suggests there are three attachment styles; these include secure attachment, insecure attachment and avoidant attachment. According to Brooks-Harris (2008) those who handle interpersonal conflict with little anxiety have experienced secure attachment, and those who experience anxiety have had insecure attachment. Those who "responded to childhood by developing a pattern of avoidance are likely to continue to detach themselves from others, particularly in the face of interpersonal conflict" (Brooks -Harris, 2008, p. 302). This same author suggests that attachment styles that are acquired in childhood can serve in helping understand how adults continue to regulate emotions. Attachment theory includes issues of feeling abandoned, vulnerable, unsupported, devalued, being unable to forgive, having a fear of being isolated or being left alone **(**Johnson et al., 2001). According to Johnson et

al., (2001), “negative attachment related events, particularly abandonment and betrayals, often cause seemingly irreparable damage to close relationships” (p. 145).

Attachment issues will often become evident both in the lives of individuals and couples in therapy. Issues of impasses in the therapy process can often be traced to having a foundation in attachment theory (Johnson et al., 2001). Exploring to determine if there are any ‘attachment injuries’, such as those mentioned above, that remain unaddressed, or unresolved, is a very important step in couple counselling (Johnson et al., 2001). As noted by Johnson et al., (2001), a great deal depends on how the injured individual has interpreted events from the past and the response they received from their partner, in relation to the problematic event. Johnson et al., (2001) noted “when a partner discounts, denies, or dismisses the injury, this prevents the processing of the event in the relationship and compounds the injury” (p. 149). Unresolved or unaddressed ‘attachment injuries’ can often be behind issues of constant bickering or they may be issues that lay dormant and resurface with a vengeance at times. According to Johnson and Denton, (2002), the concept of “attachment injuries” is viewed as traumatic. Such events might include being unsupported during a moment of need. In the case of a couple, an example could be when one partner fails to respond to the other when a miscarriage occurs or a medical diagnosis is given (Johnson & Denton, 2002, p. 224). The unsupported partner might never trust that the support of their partner is available or accessible.

When counselling couples during my practicum, I found attachment issues were evident when individuals became tearful prior to sharing, and/or when an issue appeared relevant but the individual, or couple, appeared to have difficulty sharing. According to (Johnson et al., 2001), situations such as the above are signs of attachment injury. For instance, a client I worked with had lost her mother 25 years ago and still could not talk of her mother without crying. I also had

a female client, now in a relationship with a female partner, who got weepy each time a discussion made any reference to her previous heterosexual relationship. She would also go silent or become tearful when there was mention of anything with respect to her five adult children or her thirteen grandchildren. Processing past these situations, in both cases, was challenging. I managed though these situations by inviting the clients to share their thoughts and feelings. While discussing attachment issues, there was a great deal of silence, body re-adjusting, sighs and tears. Other common issues that involved attachment issues were issues of entitlement, and expecting that a partner compensates for another partners past neglect and losses (Johnson et al., 2001).

Sometimes a seemingly small, unrelated issue can result in an 'attachment injury' resurfacing (Johnson et al., 2001). Brooks-Harris (2008) suggests that addressing issues of attachment can result in individuals developing more secure attachments in their relationships.

Attachment theory is widely accepted and works well with other therapies. Johnson and Denton (2002) noted Emotionally Focused Therapy (EFT) supports attachment theory and that the "process level of communication is all important" (p. 228). Thus as a therapeutic practice, EFT recognizes the influence of attachment as being an essential element in working with and understanding clients.

Emotionally focused couple therapy. Emotionally Focused Theory (EFT) looks at the science of personal relationships (Johnson & Denton, 2002). EFT is widely practiced and consistent with the work of Gottman, Coan, Carrere and Swanson (1998). The above authors and researchers determined that rather than deal with content issues when counselling couples, it is thought that helping couples learn how to develop soothing interactions and focus on the creation of emotional engagement is most important. This understanding supports EFT in that EFT

focuses on partner communication and the patterns which are repeated across various content issues.

The goal is EFT is to mobilize partners through a process of structured small steps. The steps serve to soothe, comfort, support, and reassure one another in a meaningful and loving way (Johnson & Denton, 2002). Using EFT to create change is a process that works towards emotional engagement (Johnson & Denton, 2002). The therapist attempts to have the couple understand the issues from a different perspective and perhaps evoke softer emotional responses from each other (Johnson & Denton, 2002).

EFT promotes a respect for diversity and parallels feminist approaches (Johnson & Denton, 2002). It examines gender-based concerns and works to increase personal agency, healthy relationships, reciprocity, satisfying intimacy, and healthy and balanced interdependency (Johnson & Denton, 2002). EFT integrates aspects of systems theory and narrative approaches with acceptance and compassion theory (Johnson & Denton, 2002). This is evident when the therapist externalizes the relationship patterns, (as identified in therapy), and presents situations, (that the couple shared), back to the couple in a way that the situations are framed as being the problem in the couple's relationship (Johnson & Denton, 2002). EFT addresses relationship distress using a theory of adult love that has been researched and well supported by empirical evidence (Johnson et al., 1999, p. 75). The therapists role is to observe and respond to what they observe and hear, primarily based on the emotions witnessed or sensed and work to deconstruct reactive negative emotions (Johnson, et al., 1999). Emotionally focused therapists support clients in deconstructing their problems and reconstructing more suitable responses. This is done by the therapist bringing aspects of what they see and hear into focus, probing for the not-yet-spoken communication that is being withheld, not revealed or misunderstood. The therapist integrates

the elements of the couple's reality in an attempt to reach understanding and appreciation (Johnson & Denton, 2002).

Emotionally focused therapists attempt to honour and validate the realities of each partner. The therapist helps the couple understand how their reality is shaped by language, culture, social interactions and helps them realize that their challenge is to make sense of it all through revisiting perspectives (Johnson & Denton, 2002).

In working with a same-sex couple in my practicum case load, EFT was used a great deal. Both women had many attachment injuries and took a great deal of time to work through them. The issues would often cause an impasse, which would stall the counselling process for a time. An example of one impasse was with respect to how the couple liked their home decorated for Christmas. One partner only liked white Christmas lights, and the other only liked coloured Christmas lights. In resolving this difference, the psychologist and I had to work with the couple to gain an understanding of why each partner felt so strongly about their choice, gain an appreciation for the others reason and find a workable compromise. This was a very time consuming process and resistance with both women was high. EFT was effective in that it illuminated attachment injuries and patterns. Once addressing the attachment injury, we (the psychologist and I), could get back on track and continue to explore other situations in depth with the couple, and clear up other unhelpful perceptions the couple struggled with.

Johnson et al., (1999), noted that seven studies conducted on EFT, "confirmed the relevance of encouraging couples to explore their emotional responses and engage in tasks in which they express their attachment needs to their partner in a manner that facilitates emotional engagement" (p. 73). It is important to note however, that "clinically, EFT has never been

recommended for couples where abuse is an ongoing part of the relationships" (Johnson, Hunsley, Greenberg, & Schindler, 1999, p. 74).

Cognitive behavioural therapy. Cognitive behavioural therapy (CBT) is a therapeutic technique used in social work, educational psychology, and by psychologists. Over the last decade it has come to be a therapy that has proven to be effective and applicable in most situations (Beck, 2011). According to Beck (2011), CBT is highly regarded as one of the best therapeutic models. CBT is proven to be effective in responding to problematic issues such as suicide, obsessive-compulsive disorder, eating disorders, post-traumatic syndrome disorder, agoraphobia, panic disorders, anxiety, and depression (Beck, 2011). According to Allain and Lemieux (2007), CBT is effective with all age groups. Beck (2011) has contributed to CBT by providing a structured and comprehensive format to guide the therapeutic process from initial evaluation through to termination. His work allows for CBT to be tailored to many situations and it includes relapse prevention strategies (Beck, 2011). CBT has proven to be effective in work with individuals, families, couples and groups.

According to Beck (2011), CBT is based on an evolving response to client's formulation of their issues. The conceptualization of each client's issue requires the therapist develop a sound therapeutic alliance and become goal orientated, problem focused, and invite constant collaborative and active participation (Beck, 2011). The process in CBT aims to teach the client to be his/her own therapist, and emphasizes using the skills to prevent relapse (Beck, 2011). CBT sessions are structured and time limited. The clients are taught to identify, evaluate, and respond to their own irrational thoughts and beliefs (Beck, 2011). The process in CBT requires the teaching of techniques that are designed to help change the client's thinking, mood, and behavior (Beck, 2011).

When using CBT, the first goal is to establish a therapeutic alliance, and then to consistently follow the structure of the CBT process. This involves “conceptualizing the case, building rapport, socializing and educating the patient, identifying problems, collecting data, testing hypothesis and summarizing” (Beck, 2011, p. 12). Throughout the process, the basic skills of listening, showing concern, and exercising positive regard are used. Practitioners must consistently exude genuine warmth and empathy towards the individual, family, couple or group(s) (Beck, 2011). The process is involved and sequential. Task completion and homework assignments further facilitate the process (Beck, 2011).

The assessment stage in CBT involves collaboratively deciding who attends the sessions, the setting of the agenda and the expectations, conducting an overview/assessment, setting goals, and eliciting feedback (Beck, 2011). Ongoing sessions further build on the initial assessment and integrate new information as the process evolves. The challenge for therapists in doing CBT is to be able to conceptualize the case in cognitive terms. The development of a good therapeutic alliance facilitates the process of discovery and explores the client irrational thinking and mistaken beliefs (Beck, 2011). The focus needs to be on determining how thoughts and beliefs impact the daily functioning of the client(s) and how their thinking affects relationships, especially in the case of couples. As cognitive distortions are identified, a common sense, collaboratively determined treatment plan can be the route to recovery or wellness for the client or couple (Beck, 2011).

Throughout the therapeutic process in CBT, there is ongoing interaction between the therapist and client. Homework is collaboratively designed and later reviewed and/or reflected upon in the next session to help the client(s) to build awareness. New behaviours need to be discussed, explored, and practiced in order to develop cognitive and behavioural changes that

lead to improved functioning (Beck, 2011). The process allows for implementing and practicing new ways of thinking and being. The challenge in doing CBT is the conceptualization of the situation, on an ongoing basis, based on the knowledge and skills of both therapist and client(s), and then to integrate all new knowledge gained through the process (Beck, 2011). Initial goals in CBT, according to Beck (2011), are to be kept small, well defined, and realistic. Small accomplishments promote self-confidence. As each small step is achieved, it should be recognized and celebrated. The primary role of the CBT therapist is to facilitate awareness of distorted thinking patterns and provide interventions that help to change distortions and serve to help clients through the process of discovery (Beck, 2011). It is important that CBT therapists work to always be supportive and affirming of each individual's emotional status (Daoud & Tafrate, 2011, p. 409).

The application and effectiveness of CBT can best be appreciated by understanding that "CBT is based on the premise that thoughts are connected to behaviors and feelings in a reciprocal way. By learning to change irrational thoughts, the patient can reduce negative feelings and behaviours, thereby improving overall functioning" (Mason, 2007, p. 256). What is most important in CBT is developing a strong alliance with the client or clients, following the process, being creative and working collaboratively with clients in finding the most appropriate resolve (Beck, 2011). The process of CBT encourages personal awareness, promotes empowerment, and assists clients in efforts toward building on their own capacities (Beck, 2011).

According to research regarding working with couples, CBT has also proven to be a useful and evolving beneficial method. Granvold (2007) noted "cognitive behavioral couple therapy is comprised of approaches that are compatible with evidence-based practice. The

methods continue to undergo empirical scrutiny, “the results of which can be expected to shape the next generation of the approach to helping couples change” (Granvold, 2007, p. 323).

Cognitive behavioral therapy was a useful model to utilize in the couple counselling during my practicum. It was used to encourage clients to identify times when they were being self-critical, and to make changes in their self-talk. CBT was also used when exploring thoughts and problem solving. Clients could generally identify the benefits of positive thoughts, but struggled to work towards better managing thoughts that were not serving them well. This is certainly not uncommon, and an exercise everyone needs to work on, whether in therapy or not. The identification of the power of thought is the first step. CBT also was used when setting goals and the steps it would take to achieve their goals.

The following is an example of applying CBT in therapy: The client, in this scenario, was female, married, and identified as depressed. She was on medication for depression, and saw her physician once a month. Her strongest support was her mother. She and her mother, from what I gathered, were a lot alike, and struggled with similar issues. The primary goals this client set were to get to know her estranged father, and develop better eating habits. Her father was willing to see her. However, the client ‘could not stand’ his wife and wanted to see him only. Her father was willing to see her anytime, any day, but only between late morning and early afternoon. His wife worked during the day, and he wanted to spend his time with his wife in the evenings. The obstacle for the client was that she stayed up late and slept most of the day. The time of day she functioned was between 11:00 p.m. and 5:00 a.m. Most days she slept from 7:00 a.m. to 5:00 p.m. She struggled to get out of bed and did not accomplish much before 9:00 p.m. She had few relationships, stayed home alone most of the time, and was not keen to attend to routine tasks of daily living. Her husband was supportive and did most of the cooking and cleaning. Being that

her husband worked nights, they had a similar sleeping schedule. She shared that most of her communication with her husband was via text and they only argued via text. In addressing the above issue and using CBT, we worked collaboratively in determining the steps toward goal attainment. Thought processes and planning issues were addressed using CBT. Steps toward addressing activities to get ready-for-the-day were taken using CBT. Modifying interfering beliefs, when taking action, were also addressed using CBT. CBT was also used in recognizing her successes. Homework assignments served in helping the client with thought recognition and self-discipline. Having this client attend appointments to see me, before 4:00 p.m., also required CBT. The fact this client continued to come for counselling indicated she was motivated for change.

Feminist theory in relation to relationship satisfaction. In exploring relationships, feminist theory certainly comes into play when providing couples counselling. Currently, society, families, and marriages have only experienced one to two generations where issues of patriarchy are being addressed (Corey, 2005). Gender-role division of labour and women in the workforce are still relatively new. This means that couples and families are still adjusting to the shift (Corey, 2005). We are all products of past generations, past practices, and have been influenced by parental figures, various role models, and others (Corey, 2005). Research as recent as 2010, identified that role overload was reported more by females than by males (Helms et al., 2010, p. 576).

Feminist therapy played a role in all interactions with the couples I saw. With each couple there was discussion that addressed some sexist and oppressive societal beliefs and practices and how these influence people (Corey, 2005). This was especially evident in respect to parenting issues and roles in the home. Also, the perception that the male should be the primary

breadwinner in the family was evident with two couples. With one of the couples, the wife had discontinued working outside of the home in order to keep up with the work in the home and their acreage. The husband worked excessively outside of the home and did very little of the work in the home or yard. Another couple was struggling to make a decision regarding relocation to another province. The female wanted to move so she could be closer to her family, and live further away from her husband's family. The male was resistant because he had what he regarded as a 'good job' in Saskatoon and was unwilling to relocate due to his present earning power. He recognized his wife had training and could work and earn money. He also shared, very respectfully, that she had worked in several places, but had never managed to keep a job long. He commented that her work was 'just' doing nails and that she could get work anywhere. He included that she had a pattern of getting into conflict with other females in her work place and would quit her jobs due to tensions at work. The discussions regarding the above issues demonstrated the gendered roles the couples lived within. In working with the couple, gender roles were discussed in depth. Both partners shared their family histories regarding role division and it was determined, that as a couple, they favored the male being the breadwinner and the female role was acceptable as being passive. The female partner was uncomfortable with the thought that if they relocated, her husband might make less money or perhaps end up working less. He believed he would be unable to find comparable employment and the business opportunity he was presently developing with partners. His wife wanted things to remain same. She wanted to be supported financially by her husband and liked that he was helpful in the home. Her priority was to address issues relevant to her husband's family and their demands and expectations on her husband. The male partner wanted his wife to be content and understood her feelings. However, as a brother, he wanted to be able to be a support and be a helping resource to

his family. He felt an obligation and duty to do so and knew his family would do the same for him. He was comfortable with setting limits and boundaries and communicating concerns to his family. His partner was uncomfortable with his addressing the issue with his family as she believed she would be blamed. The discussion on the above had been a common discussion with the couple, and the female was often emotional. The male partner agreed to take some specific action toward change. Both partners appeared satisfied with having had the discussion, addressing some of the concerns underlying the issues, and putting a plan in place.

Other modalities used. Each situation in therapy is different and requires counsellors to be knowledgeable and resourceful. Some of the other theories I drew on include Transgenerational Therapy (Roberto-Forman, 2002) and Glasser's Choice/Reality Theory (Corey, 2005). These models fit with couple therapy and are easy and comfortable to use. Transgenerational Therapy encompasses many theories including systems theory, symbolic-experiential theory, contextual theory, and object relations theory. Integrating models of therapy was useful during my practicum. Choice/Reality Theory looks at basic needs, which include survival, love and belonging, fun, freedom and power (Corey, 2005). Choice/Reality Theory works on the premise that people are constantly attempting to fulfil these needs. It considers that all behavior is our best attempt, at the time, to satisfy one or more of the five basic needs mentioned above (Corey, 2005).

The techniques used in Transgenerational Therapy, according to Roberto-Forman, (2002), "are highly used by marital and family therapists to explain problems and inform treatment of couples" (p. 118). Transgenerational Therapy, when used with couples, is helpful in getting a good reading on the situation(s) presented and to assess the level of distress the couple is experiencing in their relationship (Roberto-Forman, 2002). It involves creating a genogram

and asking questions related to family of origin issues, patterns, and family relationships (Roberto-Forman, 2002). Past family practices and ways of being, living, and communicating often surface in relationship counselling. According to Roberto-Forman (2002), many issues causing marital distress evolve from formative intergenerational patterns and the associated patterns of connection witnessed. People tend to do what is familiar to them, and thus, often fall back on structures, processes and styles that they previously lived with (Roberto-Forman, 2002). In most cases, these behaviors come naturally to individuals because they are/were so much part of the individual's life. These patterns will be evident in how the individuals in the couple relationship address and manage their values, their general resilience, their general coping and adjustment, and how they handle illness and/or loss (Roberto-Forman, 2002). During my practicum, when it fit, the idea of creating a genogram was introduced. Genograms are regarded as "a major tool for the identification of couples' problems" (Roberto-Forman, 2002, p. 131). The use of the genogram often creates revealing information and allows for the gathering of detail that might not otherwise surface. The genogram building process is useful in collecting information about family functioning. Relationship issues surface and information regarding strengths and problems is often volunteered (Roberto-Forman, 2002).

Additional Research and Experiences with Respect to Couple Counselling

From working with couples, I learned that couples do not see problems in the same way. Each partner appears to understand the problem their own way and has their own theory about the problem. I found that asking clients what their theory about the problem(s) might be provided insight. Weeks and Treat (2001) also suggest that it is important to normalize differences, by allowing the couple permission to express their differences. While doing this, it is important that counsellors remain neutral, and reserve judgment (Weeks & Treat, 2001).

Interventions should not occur until the problems are clearly understood and the different views and reasons are clear. It is the role of the therapist to maintain a systemic perspective and reserve premature interpretations. Questions posed by counsellors need to be designed in a manner that serves to unravel arguments, access meaning or feelings, and provide insight. Questions posed by the parties need to be viewed with care. Exploring questions, by first checking out what the client thinks, can be a good strategy. Legitimate questions about the counselling should be answered openly and honestly. When counselling, questions beginning with who, what, where, how, and when are beneficial in clarifying abstract information. It is important that counsellors listen and discover what is not being said, using what is often thought of as 'a third ear' (Weeks & Treat, 2001). Sometimes when couples share their story, the real problem does not surface in the early sessions. Issues of sensitivity, embarrassment, or shame keep it camouflaged. All issues mentioned must be taken seriously. According to Weeks and Treat (2001), "problems that are often understated include alcohol and drug abuse, spouse abuse, and sexual difficulties" (p. 6). Reframing and redefining the problem(s) often needs to occur. Issues of the past should be minimized. It is reasonable to talk about the past in the context of how the past effects the present; however, it is not advisable to allow for lengthy regressions to the past (Weeks & Treat, 2001).

When counselling couples, it is important that the needs and wants of both parties are explored, evaluated, and addressed in a meaningful and timely manner (Weeks &Treat, 2001). Weeks and Treat (2001) identify that following processes are important and need to be practiced with competence, especially in the rapport-building stages of couple counselling. They stress that counsellors need to begin first by listening to understand. Weeks and Treat (2001) identify that collecting an overview of the problems, and identifying 'trigger issues' is essential. According to

Weeks and Treat (2001), intervening too quickly may destabilize the sharing and the client may begin to feel threatened. They also note the importance of acknowledging and addressing any sensitive issues which arise in that process. Communicating to the couple that 'trigger' issues will be addressed later is essential (Weeks & Treat, 2001). Couples needs to know they will have an opportunity to discuss specific concerns in-depth. They need to be able to share their definitions of the problems and their individual goals. 'Trigger issues' must be agreed upon as issues that require attention or perhaps a goal set to facilitate the required changes (Weeks & Treat, 2001). Theses authors also suggest that counsellors should refrain from allowing excessive storytelling. According to Weeks and Treat (2001), stories exemplify the problems and are often too detailed, too time consuming, and are generally not productive. The focus should be on getting to the point. It is best if the counsellor stays in charge and asks focused questions that explore issues or details that serve to benefit the process (Weeks & Treat, 2001).

Expressions of emotion are important, but emotions should not monopolize the session (Weeks & Treat, 2001). If there are tears, or indication that tears are near the surface, the significance of the tears, should be explored. During practicum, on many occasions, I witnessed the co-counsellor I worked with ask the question, "If your tears could talk, what would they say?" This would create a pause, followed by a long silence. The information that was shared following these occurrences was usually very insightful and beneficial. At times, I also witnessed the counsellor I worked with ask concise questions. These occasions would also result in a time of silence and often profound answers would be shared. During my practicum, a male became quite shocked at how little he contributed to the family physically, emotionally, and socially. Another interesting process I participated in, on a few occasions, was having the client(s) clearly state what they believe needs to be done and advise their partner as to what specifically would be

helpful. In these cases, I would ensure clients clarified what each other wanted and needed from their partner. In counselling, it is important for the counsellor to be cognizant in realizing what is occurring and what needs to be shared. It is important to acknowledge that some sharing might be difficult in front of the other partner. When doing emotionally focused therapy, a technique suggested is to ask the following questions: “When your partner does this, how do you perceive or interpret it? When you see this, what do you experience, feel, and think? What do you do when you feel or think this? (Greenberg & Johnson, 1986, p. 272). This technique proved beneficial as the couple become more engaged and focused on listening to one another while carefully observing each other’s emotional expression. The encounter was revealing and provided new direction to the counselling session. As a counsellor, I found the process easy and effective to use and would use this technique in future sessions.

When helping clients work towards improving satisfaction with their relationships, they need to consider their own behaviours, attitudes, and contributions (Weeks & Treat, 2001). Another consideration that needs to be identified is the strength of the couple’s attachment and the variables in relation to the couple’s awareness in identifying that commitment is also choice-based (Johnson, Makinen, & Millikin, 2001).

Couple ‘closeness’ is a key ingredient. For couples to have ‘closeness,’ they have to have “awareness inside oneself of emotions, responses and ideas that are stirred when with one’s partner. Paradoxically, closeness requires each person have the strength to ‘bear up’ and maintain a sense of personal direction during times of life change” (Roberto-Forman, 2002, p. 125). Spouses need to have a willingness to examine their own capacity for intimate relatedness. This includes looking at their personal beliefs about love, fulfillment, caring, and mutuality. This serves in looking at their values and expectations in relation to closeness, reciprocity, sexual

intimacy, and nurturance, so they can explore and communicate what one another needs and wants. This approach worked well with one couple seen during practicum. They were seeking advice on family enmeshment issues and making a major decision on possible relocation. However, I would not use this approach with all couples during the initial stages of therapy, especially those who might appear to be disconnected and/or slow to warm to the therapeutic process.

In conducting couple counselling during my practicum, I understood that by the time couples came to therapy, they likely had discussed or argued about most of the issues being shared many times. I worked hard in my role to serve to resolve issues and not allow the sharing of the differences to escalate. Weeks and Treat (2001) advise that if one or both of the partners seem to not be engaged in treatment, it is important to bring attention to the concern. It might be valuable to inquire about whose idea it was to come to counselling, or ask a clear question, such as, “Do you want to be here?” Within the context, there may be a hidden agenda. One or both of the partners may have a secret goal of becoming separated. In counselling, it is important to identify the possibility of a “fault divorce,” which might include infidelity or violence (Weeks & Treat, 2001).

According to Keim and Lappin, (2002), there are four words that can quickly be used by the therapist to ensure the above practices are being followed. These words are familiarity, admiration, competence, and empathy. They can easily be remembered as together they form the acronym FACE (Keim & Lappin, 2002). Familiarity refers to ensuring that the counselling practice and exchange is comfortable and familiar with the clients’ sense of reality (Keim & Lappin, 2002). The client(s) needs to trust that the therapist is developing appropriate familiarity with the problem and has an accurate view of the social context of each situation shared.

Admiration indicates the therapist has an awareness of and admires each client's strengths, courage, and experiences (Keim & Lappin, 2002). Thirdly, competence means that the clients believe that the therapist is capable and has the skill set, and experience needed to serve the couple well (Keim & Lappin, 2002). Clients are wise, they do not want smooth talking clinicians - they prefer therapists who know the limits of their influence and knowledge and allow the clients to educate them. Being real is essential, thus, empathy (the final word in the sequence), needs to be a genuine attribute of the counsellor (Keim & Lappin, 2002). The client(s) need to have a "sense that the therapist will take the time and energy to truly appreciate the emotional challenges and difficulties they are facing" (Keim & Lappin, 2002, p. 99).

During my practicum, I witnessed that there are numerous ways in which a couple alludes to issues that need to be considered. Issues that indicate dysfunction include boundary problems, unresolved internalized family stress and loss that presents as guilt, bitterness, despair, and/or regret. Issues involving torn loyalties or viewing partners incorrectly was common. Addressing attitudes or reactions to unappreciated behaviours that one partner has but accuses the other of, was challenging. One couple struggled with such issues. Keim and Lappin (2002) shared a similar example to what a couple I worked with needed to address. The example was that of a male having a poor view of his wife's working hours. He worked excessively, but relied on his partner to get home to tend to the meal making and children (Keim & Lappin, 2002). Defining such issues and having clients discuss them and make sense of them for one another, was often intense and time consuming. Bringing clarity and understanding for the spouse's perspective was a satisfying experience for all involved. The process, although cumbersome, was beneficial to the couple as they left feeling hopeful that their relationship would be more balanced and they would experience improved contentment.

Other concerns I came across while counselling included fusion and distancing patterns, triangulation and pursuer-distancing patterns (Roberto-Forman, 2002). According to Roberto-Forman (2002), these issues are "related to deeply held beliefs regarding needs for security through being loved; the desire for validation and reassurance from the partner; fears of abandonment, which at times are tested out almost willfully; and bids for accommodation and special consideration" (p. 128).

The same-sex couple struggled with pursuer-distancing patterns. As soon as one got close, the other would pull away. This would be followed by the one pulling away, trying to get closer to the other again. Once this was identified, the couple made progress and shared the progress in a future session. It was determined in session that the couple had a number of attachment issues and they said they realized they wanted the other partner to replace what they had lost emotionally. This, according to the couple, presented through verbal demands, deep sharing at times, and one partner continually seeking, what the other regarded as excessive physical attention. In this case, attachment theory and emotionally focused therapy was used a great deal in developing steps toward a positive change.

The following is a brief overview of the same-sex couple the psychologist I work with: Upon getting to know the couple, both the psychologist and I regarded this case as exceptionally challenging. The emotions of the couple were high, the non-verbal behaviours were strong, (looks, body movements, sighs and clearing of the throat), and there were many uncomfortable silences. Nasty comments, by one of the couple, directed to the other, were also common. Behaviours, by both partners, needed to be addressed and discussed at length. Attachment injuries were determined to play a significant role with this couple. The couple also had very different styles with respect to interpretation of events and issues. Their perception differences

were so huge, that at times, the psychologist or I had to requalify specifically what was being discussed. The couple appeared to relate to each ineffectively, which interfered with their ability to make sense of situations that were problematic. One had an extensive and close extended family. The other had only a few relatives and very few of those relationships had any significance to the client at all. Understanding personal connections and helping the couple understand each other, in relation to family, and the associated obligations and practices, was challenging. This case required extensive clarifications then reflections in much of what was discussed in session. At times, conversation with this couple became volatile, confused and convoluted. Quite often it was totally unachievable to have the partners acquire a reasonably close understanding of what the other was trying to communicate.

In preparing for each session with this couple, the psychologist and I would discuss different theories that could be used and plan somewhat of a strategy. Attachment theory, cognitive behavioral therapy, and choice theory were used extensively with this case. Emotionally focused theory was also used, as emotions played such a huge role. Transgenerational Therapy was useful when creating the genogram. Pre-planning and using specific theories resulted in the sessions being focused and manageable. Following a structure was a systematic, efficient and effective way to work with this couple, especially when doing co-therapy. This tailored approach was valuable to the couple and provided a framework for the sessions that kept boundaries and prevented deviations. Upon completion of the pre-planned sessions, the couple left feeling they had accomplished a step towards reaching their goal. On one occasion, in a follow-up session the couple shared that they had made some progress on two longstanding problematic issues (de-cluttering and back taxes).

Another couple we worked with struggled with boundary issues. A sister of the male partner was interfering, demanding of her brother, and she continually appeared uninvited at the couple's home. The male partner was very accommodating and wanted peace in the family. The female partner had numerous expectations of her husband with respect to his relationship with his family and his role as a husband. The male partner worked outside of the home and also did the majority of the home-making. The woman criticized most of what he did and was unable to do things herself as she was tired, stressed and needed quiet and alone time. This woman was referred to her physician as the other counsellor, her husband, and I, were concerned for her mental health. I will continue to be cognizant of possible mental health issues as a result of working with this client.

When assessing couples, the distribution of power, degree of autonomy, degree of intimacy and cohesiveness, and family of origin, are all important dlements to consider (Weeks & Treat, 2001). Genograms, as mentioned earlier, can serve as a major tool in working with couples. During my practicum, genograms were helpful in seeing repeated patterns such as alcoholism, abandonment and disconnected family. Concerns such as parental figures that were regarded as 'mean' and repeated relocation during childhood issues were evident with some clients. These issues were revealed through genograms. In working with clients and using a combination of attachment theory and creating a genogram, I certainly found the following quote to be true; "If clients understand the origin of insecurity or avoidance, they will be better prepared to make relational changes" (Brooks-Harris, 2008, p. 302).

During practicum, other counsellors and I would establish an overview of the presenting problems of couples, as we understood them. We always took the partner's perspectives into consideration when formulating what we thought. We would discuss possible

theories explaining the difference in the partners' ideals and emotions about their issues. In session with the couples, we shared our thoughts and observations with the couples, and revisited the goals the couple had set for therapy.

Throughout practicum, I experienced different styles of relating to others. Some people are talkers and want to talk things through, and some are thinkers and need to process things slowly and systematically. Some are emotional and others fight to avoid emotions. At times, although I had good intentions to follow a specific style, I would quickly change the theoretical practice being used in order to best serve the client; my educational needs/wants, at these times, became secondary. For example, on several occasions, the psychologist and I would make a plan as to how to address an issue that we had been working on in the previous session with a couple. When the clients came to session, they would arrive with a new emotionally charged issue. On one occasion, a couple arrived and brought the news that the brother of one of the partners had passed away. The couples handled death, loss, grief and connection with family and others very differently. The psychologist and I adjusted quickly to what was occurring and although it was very challenging to work with the couple, in having them accept and honour each other's way of coping, the session served in exploring effective ways for the couple to support one another. What they determined was that the new learning was transferable to many other situations.

Themes that repeatedly surfaced in working with couples included the desire for trust, forgiveness, kindness, love, caring, emotional regulation, empathy, commitment, and equality. The literature researched and presented earlier indicated that these themes are what couples are seeking in their desire for satisfaction and contentment in their relationships. I found the knowledge I gained through the literature very helpful in working with clients and when

planning with co-counsellors. The information was valuable with respect to providing information, direction, outlining the process and in communicating effectively and appropriately.

In summing up my work with couples during practicum, I felt my contributions to all counselling efforts were well received and positively supported the process. I received helpful and positive feedback from the counsellors I worked with and appreciated the many opportunities to plan, debrief and strategize. I recognize the majority of the time, while counselling couples, I was with another professional and had few opportunities to provide couple counselling on my own. However, I also recognize that when counselling couples, the sharing and the process can alter and negatively or positively affect the future of the couples. Given I was a student, and the couples I worked with had a lot on the line, to co-counsel when learning to conduct couple counselling, was a good decision by Family Service Saskatoon. It certainly helped me feel supported and encouraged as I gained knowledge and experience.

A unique study of relationships. Maatta and Uusiautti (2012) analyzed personal stories, written by 341 married couples. The study used a compilation of information provided through a writing competition where responses were categorized into themes. The categories included hardships, shared activities, dedication, behaviours, and personal interactions (Maatta & Uusiautti, 2012). Inductive content analysis and qualitative categorization was used to determine results. The researchers came up with what they believed to be the secrets to relationship success (Maatta & Uusiautti, 2012). The results suggested the following to be good attributes in couple relationships: the ability to turn downs into ups; enjoying activities together; having creativity and imagination; tolerating dissimilarities and change; having patience, flexibility, and humbleness; acknowledging, supporting, admiring, and being committed and dedicated; and respecting one's self and each other (Maatta & Uusiautti, 2012).

Throughout my practicum, I kept the above in mind and shared the information with co-counsellors I worked with. I would also share it with the client(s), when appropriate. The information was used when doing Choice/Reality therapy and CBT. The limitations noted by the authors, (Maatta & Uusiautti, 2012), on the above study, were also evident in the couples during practicum. These include issues of filtering due to memory, emotion and perception differences when sharing the same scenario, and choosing not to share some things and/or embellish or minimize others. Maatta and Uusiautti (2012) noted, "memories are simultaneously curtains and screens where the past is reflected, molded by the present" (p. 271).

The above information focused on the primary aspect of my practicum, couple counselling. However, there was more to my practicum. I lead a group, did presentations and co-created a questionnaire that Family Service Saskatoon circulated to staff. The following discusses the secondary activities of my practicum.

Secondary Practicum Activities

Co-facilitation of Rebuilding group. Prior to the start of my placement, I was asked if I would consider co-facilitating a ten-week evening group with an experienced marriage counselor. During the second week of the practicum, I met with the facilitator and together we planned the first group session. Each week after that, we met briefly to develop the process we would use for the next group. The program used the book, *Rebuilding When your Relationship Ends*, (Fisher & Alberti, 2012) together with a companion workbook. The program design focused on guiding individuals through experiencing the loss of a love relationship. The group worked together to process their losses and to take steps forward through acceptance, forgiveness, renewal, and hope. Eight Saskatoon women, of various ages and backgrounds attended the group.

The group and co-facilitation experience was the highlight of my practicum. I particularly liked watching the women connect with one another and become more comfortable with sharing their situations and their feelings. I witnessed the women as they processed their situations back and forth through the stages of denial, anger, bargaining, and depression, and into acceptance (Fisher & Alberti, 2012). The ages and stages of the women varied, but that played no role in their contributions or sharing of their personal experiences. They all visibly and verbally shared their appreciation in getting and receiving support from one another. Tears were common, as were displays of anger, disgust, or rage. There was also laughter, hugs, and expressions of validation and gratitude.

I especially enjoyed working with the women when discussing issues in relation to feminism, sexuality, taking risks, sharing of deep pain and regrets. Each week I could see change in the women. I witnessed a process that was 'as if a cloud was lifting for some women.' The participants began to meet and support one another, outside of the group, and planned to continue doing so, after completion of the group.

Development of Addictions Questionnaire. A practicum student from First Nations University, School of Indigenous Social Work, and I, were requested to develop and design a questionnaire to be used by the staff at Family Service Saskatoon. The purpose of the questionnaire was to assess the knowledge and experience of the staff on issues of addictions. The questionnaire was circulated to all staff at Family Service Saskatoon and the results will be used to determine whether there is a need for further education on the issues of addictions.

This project required research and a collaborative approach with each other and the staff. The project gave me an opportunity to work closely with a beginning social worker. I also had to

become re-acquainted with the many different designs a questionnaire can take and the type of questions to be included. We evaluated the effectiveness of the assessment tool we created.

Weekly peer counselling meetings: Learning and training opportunities. Every Thursday morning the counselling staff gathered for a 90 minute meeting. There was an agenda, announcements and a program or presentation. I regarded these meetings as a very rich part of my practicum. The meetings were an opportunity to get to know one another, share information and learn about educational events others had attended. We also learned of challenges or celebrations others were experiencing. A session I found particularly valuable included a video; *Making Sense of Play* by Gordon Neufeld (2011). The value of unstructured play time for children was the focus of the video. Neufeld (2011) shared that play cannot be taught or ordered. He discussed that in order for children to play, children must be free from pain, hunger, tiredness, and a schedule. Also important, is that someone to whom the child is 'attached', should be near. He included that children must not work at relationships, "emergent play results from the freedom from attachment in play" (Neufeld, 2011). One session included an overview and discussion of using outcome rating scales and session rating scales as a barometer for how the client is doing and how the counselling is going (Duncan, 2010). This session demonstrated a way to introduce and use the process at the beginning and end of each session to gather more information from the client. Another session included sharing of information from a prevention conference, which featured an adverse childhood experience study. At one session, a staff member read a children's book, *The Little Hummingbird* (2010) by Michael Nicoll Yahgulanaas. The focus of the book was "do what I can." On one occasion, a worker presented a complex case that involved a client disclosing her attraction to him. This brought about a very open and informative discussion on the issue. Other sessions featured guest speakers, one on collaborative

law and another on lateral violence. We also had a workshop on play therapy and discussions on note taking and file audits. One session focused on debriefing a recent in-office critical incident.

I was invited to do a presentation on the topic of Emotional Intelligence for a peer counselling meeting. The presentation was facilitated in a way that provided for interaction and sharing. I developed a factual handout on the skills that facilitate one in becoming emotionally intelligent, and circulated it to those in attendance. The skills include self-awareness, self-management, social awareness and relationship management (Bradberry & Greaves, 2009). The presentation and handout was well received by the staff.

I found the information from the peer counselling meetings very valuable in my practicum. Much of the information I learned in peer counselling sessions was utilized with the clients I was seeing.

Co-facilitation of a case presentation at peer counselling meeting. As part of my practicum experience, I was co-counselling with a psychologist. We did a presentation at the peer counselling meeting on a challenging case. We followed a framework that included topics of content, themes, processes, and interventions. This framework included our personal reaction to the individuals. It identified the couple's resiliencies and vulnerabilities, and challenged us to determine what we saw as the clients' view of the world. We included what they, as a couple, had determined as their goals in therapy. We then each took the opportunity to share our evaluation of our effectiveness and involvement in the case. Much of this case was discussed earlier in this paper and literature that I reviewed during my practicum on attachment issues was shared in the context of the presentation.

Case presentations are of value to the presenters and the peer counsellors. The process challenges those presenting to collect their thoughts on the case and articulate the case and

situations of concern. The discussions that follows the presentation provides for reflection and questions. Those listening often associate similar situations or feelings and provide insights or knowledge they may have. Ethics and values are reinforced in the presentation process.

Challenges Identified During My Practicum

Overall I would rate my practicum experience at Family Service Saskatoon to be very satisfying and rewarding. However, there were times that I felt challenged, and on a few occasions I felt ineffective. Building a good rapport with clients was always achievable, but on two occasions I felt I was not a good fit with the client. One client that I felt I was not at all effective with was a young woman. I shared my feelings with the client and learned she felt the same way. I offered to refer her to another student. Fortunately, for the client and student, the referral was a good choice. Another client was extremely negative and insisted I fix her. On her second and third visit she was frustrated with me because she had not lost weight, was not sleeping well and still had conflict with people in her life. I put a great deal of effort into building on her strengths, helping her with a process of determining suitable steps for her to take in heading toward the change she desired, but still she was not satisfied with my work with her. She did not come to her fourth appointment. I attempted to contact her several times, and left telephone messages, but she never returned my calls. Also, there were times, when working with some clients, that I felt things were going nowhere. These times were frustrating and I had to regroup and try a different style/theory. Using a different theory and taking on a more relaxed attitude, allowed for things to unfold in a comfortable manner. There were also times when I chose to consult others to explore their ideas as to what might be happening with clients I work working with.

The frequency of client no-shows was approximately once each week. Follow-up contact with no-shows revealed that at times appointments were forgotten, while other clients were non-responsive (did not return calls or respond to letters sent). On one occasion, I sent a letter to a couple who continued to no-show and yet continued to rebook when I contacted them. Following their fourth no-show, my practicum was done. I never did see this couple and they were to be the couple I was to have seen on my own.

Not having my own office space was difficult at times. I shared an office with another intern. Both she and I booked office visits with clients. Frequently our client visit times conflicted and one of us would have to find alternate office space.

Persevering through long periods of silence in sessions was, at times, a challenge for me. I found myself consciously choosing not to be the one in the room to talk first following a long silence. I was always struck at what was shared after a silent time. I learned that patience is a virtue, and continue to work on my patience and listening skills.

One of the biggest challenges for me, one that I will address once I have achieved my MSW, is that of learning more about the use of the computer and the applications. I understand and appreciate the benefits of technology and how it can enhance efficiency; however, I continue to feel overwhelmed when trying to learn new applications. Not knowing how to use some technology, at times, caused me distress during my practicum. Family Service Saskatoon has a relatively user-friendly computer program, which I did learn, but I did struggle with audio-visual equipment and navigating through some computer applications in the process of creating this paper.

How Goals and Objectives Were Achieved

My practicum proposal, (Appendix A), outlines a number of goals I wanted to achieve during practicum. While doing the work I did at Family Service Saskatoon and participating in the activities of my practicum, I was conscientious of my goals and intentionally worked to create opportunities that would help me attain them. Now, upon completion of my practicum, I am very satisfied. My goals and objectives were accomplished through the activities, processes, and clients served throughout my practicum. The support, opportunities to work with others, peer counselling meetings, and the personal guidance I received through supervision served to enhance my knowledge and skills.

Occurrences that made me most satisfied while doing my practicum were when the following occurred: when a client began a sentence with 'I've never told anyone this before'; when I witnessed an 'ah-ha' moment; when a client shared their 'wow' and when a client visibly began to be inspired to change or embrace hope. I was pleased many times as I identified, or was told, a shift was made. When I saw clients that seemed to embrace their strength in taking action to become their own change agent, I knew they were on their way, and that my work with them was near termination.

Conclusion

In conclusion, this paper is a comprehensive overview of my practicum experience at Family Service Saskatoon. A thorough explanation of the host agency was provided, along with a clear description of the goals and objectives for the practicum. Personal views and reflections of situations were discussed and information, research, and interesting situations were highlighted. The activities conducted throughout the practicum were described and the types of clients served were presented and discussed. As the primary objective of the practicum was a

focus on couple counselling, an overview of conducting couple counselling was included, as well as, a literature review on what constitutes a couple relationships where contentment and satisfaction are the primary experience for the couple. Counselling theories of attachment theory, emotionally focused therapy, cognitive behavioural therapy and feminist theory were presented. Further, a discussion about the processes used in doing couples work and information useful in facilitating couple counselling were discussed. Included were discussions as to how theory integrated with practice. Challenges encountered during the practicum experience were shared, stories and things learned were shared, and some concerning and satisfying experiences were alluded to. Confidentiality and appropriate ethical practices were adhered to throughout the practicum, and are evident in the report.

Ethically, I believe 'I walked the line well.' I always strive to practice ethically, challenge clients in supportive, but direct ways, and when necessary, solidly declare my boundaries. These include concerns regarding conflict of interest, disclosures, and personal boundaries being crossed. Ethical dilemmas are frequently discussions with colleagues and awareness of ethical issues is always top priority when serving clients and living in community.

During my practicum, the work I did was informed by research and theory, and the practices I used did not conflict with theory. I felt my work was effective as I was resourceful, stayed on task, stayed where the clients were at, and did not impose my own beliefs, values, priorities, or ideology unless invited to do so. The literature shared above and all I have learned in practicum will continue to serve me well. I believe the work I did was done well and as far as I am aware, the clients I worked with through to termination were satisfied with their counselling experience.

My intentions with respect to my future work as a social worker is to continue on-going learning. I will integrate my new learning into my present work. I soon intend to learn the practice of integrated body psychotherapy and spend time learning more about the various love languages people might use, (i.e., touch, gifts, words, helping, and time). I also hope to have an opportunity to learn about and work with children and families. Further, I plan to take the time to further my knowledge and skills in using technology.

With respect to my intentions to continue to serve the social work profession and work for social change, I already have a plan in action. I have committed to restart my involvement with the Mentorship Committee of the Saskatchewan Association of Social Workers (SASW) and plan to get involved with the Saskatoon Chapter of the SASW. I will also continue to work with a bi-weekly group I started called 'Seniors of Tomorrow.' This is a drop-in educational series that is proactive and participant directed. Working with the seniors' initiatives is a way I serve others, work toward social change and address many of the issues relevant to the social work profession. Efforts in working with and toward social change will continue in my personal and professional worlds, as I have a keen interest and a strong desire to do so. I plan to continue living out my personal motto which is to 'illuminate the path to positive change, and be a guiding beacon for humans to be more.'

Appendix A

Field Practicum Proposal: Master of Social Work Program

Student: Norine Shewchuk, MSW Candidate

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Professional Associate: Julie Hershey, MSW.

Family Service Saskatoon, Saskatoon, SK.

Practicum Setting: Family Service Saskatoon, 102-506 25th Street East, Saskatoon. S7K 4A7

Time Period: September 2013 - February 2014 (part-time)

Learning Goals:

- to expand my knowledge of theories and techniques that best assist individuals and couples (youth and adults) to build healthy and satisfying relationships;
- develop counselling skills that provide individuals with the tools they need to build healthy and satisfying relationships;
- to deepen personal knowledge of theories and techniques that best assist youth and adults in being able to experience healthy and satisfying relationships;

- to experience intended and unintended learning experiences at Family Service Saskatoon that will enrich my knowledge base.

Practicum Objectives:

- to research and apply a range of theories, techniques and skills applicable to relationship building by developing a literature review that will be used to inform my final paper.
- to develop counselling strategies and techniques that assist those seeking positive intimate relationships by providing individual and group counselling sessions;
- to acquire new knowledge and experience in supporting individuals and couples experiencing challenges by critically reflecting on this experience and debriefing in clinical supervision;
- to support individuals and couples to enhance relationship skills by providing specific resources and strategies in the counselling process;
- to demonstrate ethical and professional behaviours in all interactions with individuals and couples;
- to expand my knowledge of programming and resources available to individuals and couples seeking improved relationships by networking within both the agency and the community;
- to further my professional development by attending trainings and group meetings as offered by Family Service Saskatoon, or in the community;
- to complete a Field Practicum Report which will include up-to-date literature on theory and practice as it applies to counselling skills and present on my learning at the end.

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