



Behavioural Couple Therapy for Depression

A Post Qualification Training Curriculum for Relate Counsellors

What is BCT?

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

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





Who provides the BCT training?

The BCT Leadership Team is a unique blend of expertise and experience involving collaboration of BCT specialists in England (Drs. Michael Worrell and Sarah Corrie) and the United States (Drs. Don Baucom and Melanie Fischer) who have been working together to offer BCT training since 2011. In addition to their collaborative clinical training and research efforts, the Leadership Team is currently writing a book for Routledge Press on BCT for treating psychopathology and relationship distress.



Don Baucom

Don Baucom is a Distinguished Professor of Psychology at the University of North Carolina (UNC) at Chapel Hill, USA and is a world leader in the field

of BCT. He is one of the major developers of BCT both for depression and relationship distress. He has conducted more couple therapy research than any other investigator and has trained BCT therapists around the world for over 40 years. He has authored many chapters and books on couples, including co-authoring Epstein, N. & Baucom, D.H. (2002). *Enhanced Cognitive-behavioral Therapy for Couples: A Contextual Approach*. American Psychological Association and co-authoring a book on couples and psychopathology with Dr. Kurt Hahlweg. He has received numerous awards for his research on couples, teaching, clinical supervision, and mentoring of students.



Michael Worrell

Dr Michael Worrell is a Consultant Clinical Psychologist and BABCP accredited CBT practitioner, supervisor and trainer. He is currently Director of the Central

London CBT Training Centre at Central and North West London Foundation Trust and Royal Holloway University of London. Along with the other authors of this text, he has been involved with the expansion of CBCT training in the UK as part of the National IAPT programme. He has recently published the text *Cognitive Behavioural Couple Therapy: Distinctive Features* (2015) with Routledge.



Sarah Corrie

Professor Sarah Corrie is a Programme Director and Consultant Clinical Psychologist with the Central London CBT Training Centre at Central and North West

London Foundation Trust and Royal Holloway University of London. She is also Visiting Professor at Middlesex University London and has recently co-authored the text 'CBT Supervision' (2015) with her colleague Professor David Lane. Along with the other authors of this text, she has been involved with the expansion of CBCT training in the UK as part of the National IAPT programme. Sarah has authored and co-authored many papers and books in the field of CBT, clinical formulation, coaching and supervision.



Melanie Fischer

Dr. Melanie Fischer joined UNC Chapel Hill, USA as a Fulbright scholar where she has been conducting basic couple research and couple therapy

outcome research since 2009, with both a clinical and research focus on couples and psychopathology. Her research on couples and psychopathology has received an award from the American Psychological Association. She also co-directs the couple therapy clinic at UNC where she has trained and supervised many BCT therapists, and continues to practice BCT herself. She has published widely on BCT, including clinically oriented chapters in major texts on CBT and couples therapy, and empirical research papers on psychopathology in a couples context. She has led numerous BCT workshops in the USA and Europe.



What are the entry criteria?

This programme is appropriate for individuals who have a professional qualification and registration as couple therapists. Applicants will be able to evidence the following:

- Previous training in couple therapy to Certificate level or above;
- Commitment to adhering to a recognised professional registering body for psychotherapists or Relate Counsellors Standards of Conduct, Performance and Ethics;
- Are able and willing to take time to complete the requirements of the training in full;
- Have secured the support of their manager to complete the five day training and subsequent supervision components (the supporting signature of manager is required on the application form);
- The capacity to access couples (training cases) through their place of work.



What are the aims of the programme?

The Behavioural Couple Therapy (BCT) for Depression curriculum is designed to equip Relate Counsellors to provide a couple-based treatment for adult depression consistent with NICE guidelines. The yearlong training and supervision has been tailored to build upon Relate Counsellors' existing framework for understanding individual behaviour in an interpersonal context and their current expertise in working with couples. Consistent with this emphasis, the training begins with a five day workshop followed by yearlong fortnightly supervision provided by experts in behavioural couple therapy for depression.

The workshop is delivered as a five day 'block' over a single working week

The workshop emphasizes the following elements:

- understanding depression, its symptoms, causes, and current treatments;
- viewing depression within a couple's relationship, including typical interaction patterns between partners;
- employing a variety of couple therapy interventions to address the specific maladaptive couple interaction patterns that can maintain depression;

- addressing specific depression-related symptoms such as suicidal ideation, negative/distorted thinking, and sexual issues within a couple context;
- understanding and treating relationship distress as a complicating factor along with depression;
- responding to the needs of both partners, along with treatment strategies when both partners are depressed (or the non-targeted partner is anxious or has other complicating conditions);
- pulling it all together - assessment, case conceptualization, and treatment planning.

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

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



What Learning Methods are used?

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

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

Day 1

What does the training cover?



Day 1 focuses on understanding depression, both as experienced by the depressed individual and the couple as a unit. This incorporates the symptoms of depression, including emotional, behavioural, cognitive, and vegetative symptoms; our current knowledge regarding the causes of depression; and the variety of effective treatments for depression in the UK. Whereas these are typically considered individual symptoms, depression exists in an interpersonal context. Therefore, the discussion progresses to a consideration of how depression plays out in a couple's relationship. The associations between depression and relationship functioning are discussed. In particular, partners respond to symptoms of depression in a variety of ways such as trying to cheer the depressed person and minimize concerns, taking over responsibilities for the depressed person, criticizing the depressed person, or withdrawing from the depressed person. These partner responses contribute to couples' interaction patterns that can inadvertently maintain or exacerbate the depression.

The role of the broader social and physical environment in depression, either as a source of support or stress, also is discussed. The environmental context includes how cultural factors play a role in the experience and expression of depression, such as through somatic symptoms. In addition, gender differences in the development and expression of depression are addressed.

Relate Counsellors are taught how to use an interactive, informal psychoeducational process with the couple to clarify the specific individual, relationship, and environmental factors that are relevant for that couple in understanding depression. During the day, the Training Team will demonstrate how to talk with the couple about the variety of factors that contribute to the development and maintenance of depression, with specific emphasis on how they as a couple can work together to address depression. Participants also will practice leading such conversations through guided experiential role plays.

By the end of Day 1, Relate Counsellors will be able to:

- understand and describe the symptoms, causes, and current treatments for depression;
- describe the typical ways in which depression manifests in a couple's relationship;
- demonstrate, in the context of role-play scenarios, how to help couples understand one partner's depression within a broad contextual framework.

What does the training cover?



Days 2&3

Days 2 and 3 build upon the overview of depression in a couple's relationship by focusing upon specific, maladaptive couple interaction patterns that are common when one person is depressed, and the factors that contribute to the development and maintenance of these interaction patterns. Specific intervention strategies to address each of these couple interaction patterns are described and modelled by the Training Team and then practiced by participants.

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

Depressed persons frequently withdraw, focus on negatives, and at times are irritable, thus contributing to relationship distress and impacting the partner. On the other hand, nondepressed partners often: (a) attempt to cheer up the depressed person by focusing on the positives and minimizing depressed persons' concerns (inadvertently leading to a sense of invalidation for the depressed person) and (b) encourage the patient to avoid unpleasant experiences and take over responsibilities for the patient ("symptom-system fit"), inadvertently helping to maintain the depressed person's avoidance and withdrawal. Addressing these issues is critical since research demonstrates that emotional overinvolvement of partners leads to poor treatment outcome. To address partners' tendencies to minimize depressed persons' concerns, participants will learn methods for teaching couples effective communication skills to listen and accept each other's perspectives, without partners necessarily agreeing with each other. To counter depressed persons' tendencies to withdraw and partners' tendencies to take over responsibilities, participants will learn how to work with couples to help the depressed person engage in more enjoyable, task-oriented, or value driven behaviours. This involves teaching couples effective problem-solving skills so that they can decide themselves how to help the depressed person become more active.

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

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

All of the interaction patterns discussed during Days 2 and 3 will be demonstrated with videos or live role plays of therapists intervening as described above, followed by extensive practice with participants applying these interventions in role plays, along with detailed personalized feedback from the Training Team.

By the end of days 2 and 3, Relate Counsellors will be able to:

- describe the various interaction patterns that evolve among partners in which one person is depressed and how these patterns help to maintain or exacerbate depression;
- demonstrate the use of specific interventions to modify maladaptive interaction patterns;
- describe methods for teaching couples effective communication and problem-solving skills;
- demonstrate, in the context of role-play scenarios, how to teach couples effective communication and problem-solving skills.

Day 4



In addition to the specific couple interaction patterns related to depression, there are also specific symptoms of depression that couples need to understand and know how to address together, including suicidal ideation, negative-distorted thinking, and sexual concerns and difficulties. **Day 4** addresses these issues and how to help the couple confront them. First, depressed individuals have more thoughts about suicide than the general population and attempt and complete more suicides. Understandably, partners do not know whether to ask about suicidal thoughts or how to respond if depressed individuals express such thoughts and feelings. The Relate Counsellor will learn how to assess and address suicidal risk in a couple therapy session, how to help the couple discuss suicidal thoughts and feelings when they occur outside of the session, and how to make wise, informed decisions for when to seek immediate professional assistance versus dealing with low levels of ongoing suicidal thoughts in their daily lives. The roles and responsibilities of the therapist, the partner, and the depressed person are addressed in detail. Videos and role plays with significant group discussion are included to help participants feel equipped to address this domain which is difficult for many therapists and couples.



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

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

Videos and live role plays of the Training Team addressing various symptoms of depression in a relational context, along with opportunities for participants to practice, is a central part of Day 4.

By the end of Day 4, Relate Counsellors will be able to:

- describe how to assess and appropriately address suicidal risk in a couple therapy session;
- demonstrate, in the context of role-play scenarios, how to help couples appropriately address negative cognitions that relate both to the depression and the couple's distress;
- describe how to work with couples to address decreased interest in physical interaction in the context of depression.

What does the training cover?

Day 5

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

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

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

Developing such a plan includes guidelines for sequencing interventions which are discussed during Day 5. As with previous days, this new material is made concrete through the use of videos, live demonstrations, and experiential practice.

BCT for depression places a major emphasis on each partner and the couple as a unit assuming responsibility for therapeutic change. Therefore, an important aspect of alleviating depression and improving relationship satisfaction is dependent upon what happens in the couple's real world outside of the treatment session. Throughout treatment, the couple and therapist collaboratively agree upon actions the couple and each individual will take between sessions to address the depression and improve their relationship. The new understandings and skills developed during treatment sessions in combination with agreed upon changes outside of session hold great promise for assisting couples addressing the complexities of depression within a relationship context.

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

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



What does Clinical Supervision involve?

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

What are the course assessments and requirements?

Assessments on the programme have been designed in order to focus principally on the development of clinical skills and competencies. These include:

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

Trainees will receive support and guidance in completing these assessments and have access to the academic support services (including dyslexia support) from Royal Holloway and staff of CNWL.

What is the Qualification awarded?

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

What about Accreditation?

The Post Graduate Diploma in BCT is Academically Validated by Royal Holloway and Accredited by the Association for Family Therapy and The British Association for Behavioural & Cognitive Psychotherapies.

Information for Service Leads and Commissioners

For information on how to commission the BCT training programme for your service as well as information on fees please contact **Dr Michael Worrell**, Programme Director, on michael.worrell@nhs or 02072669588



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“Relate gave me a strong foundation in couple work and experience of a wide variety of relationship issues. My subsequent training in Behavioural Couple Therapy has helped to enrich and extend this by providing a bridge into working with couples facing the challenges of depression. BCT offers practical and accessible strategies and principles, encouraging an active style of therapy. It’s been a real privilege to learn from Professor Donald Baucom’s great expertise, commitment and humanity, and he has passed on his enthusiasm for this work to an excellent team at The London CBT Training Centre.”

Katy Wood

Senior Psychological Therapist

“As the Professional and Clinical Lead for our Talking Therapies service we are very impressed in term both the quality of the training and on-going supervision provision of the BCT course. The training received by our therapists has provided them both knowledge and skills in working with couples, increased choice of interventions and improved outcomes. It is a highly recommended course which would benefit any service intending to provide couples based therapies.”

Satwant Singh

Professional and Strategic Lead for Common Mental Health Disorders (IAPT),
Waltham Forest Talking Therapies

