

Pilot Evaluation of The “Partners as Friends” Couples Counseling Model

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Abstract:

Robison (2016) described a brief procedure (**Partners as Friends**) for counseling couples that could be easily understood and used by mental health, medical, and social service professionals who did not typically perform couples counseling in their work settings. The model was evaluated with a small sample of couples to determine if the outcomes of this type of counseling were sufficiently promising to warrant further, more comprehensive evaluation. Twenty-four couples participated in the study. Twelve couples participated in counseling using the **Partners as Friends** model and 12 couples participated in a “check-in” control. Results revealed that couples in the treatment condition reported lower scores on a relationship problem scale and higher scores on a partner evaluation scale and the Life Satisfaction index of the Mental Health Inventory-38. The major conclusion was the **Partners as Friends** counseling model merits further evaluation with a diverse sample of couples.

Keywords: counseling, psychotherapy, psychology, relationship counseling.

I. INTRODUCTION

Robison (2016) described a model for brief adult couples’ counseling intended for use by professional who typically did not provide mental health services to couples or in settings that typically did not provide extensive mental health services (e.g., medical offices, social welfare agencies, school counseling departments). Called, *Partners as Friends*, the model states that couples in conflict, particularly protracted conflict, construe one another as “enemies” who desire to block one another’s wishes or intentionally hurt one another. This negative mindset (called “enemy thinking”) prevents the partners from thinking successfully about ways to solve the conflict. The *Partners as Friends* model facilitates problem-solving by helping partners think about one another as “friends who need help understanding one another’s needs.” This alternate construction enables partners to think about ‘what friends would do’ to resolve the conflict and enable them to generate a much wider range of positive problem-solving strategies. The model consists of five steps, as follows: (1):SettingtheStageforCounseling, (2)Identifying“Enemy”ThinkingandBehaviors, (3): Reinterpreting Partners’ Motivation sand Behaviors, (4) Negotiating Appropriate Alternate Behaviors, and (5) Evaluating Behavior Outcomes A full description of the *Partners as Friends* model is found in Robison (2016).

Although there are other brief couples counseling approaches (Halford, 2003; Weeks & Fife, 2016), most require at least some formal graduate training in counseling and therapy. Also, most of those approaches have had little or no empirical study. This pilot evaluation was designed to test the hypothesis that couples’ counseling with the *PAF* model would improve couples’ problem-solving skills, evaluation of their partner and relationship, and evaluation of their overall psychological well-being. The presenting problem chosen for this evaluation was dissatisfaction of at least one partner with the amount time partners spent together. The research hypotheses were as follows: (1) compared to

partners in a neutral treatment control condition, partners in a six week counseling treatment with the *PAF* model would rate the presenting problem as less severe upon completing treatment, (2) partners in the *PAF* treatment condition would evaluate their relationship more favorably compared to couples in the control condition, and (3) couples in the *PAF* condition would evaluate their own psychological well-being more favorably than couple in the control condition at the conclusion of treatment.

The hypotheses investigated in this study were as follows: (1) Partners receiving the *Partners as Friends* couples counseling treatment would report greater improvement of their presenting problem compared to ratings of partners in a generic progressive relaxation control condition, (2) Partners receiving the *Partners as Friends* couples counseling treatment would provide higher ratings of the quality of their relationships with their partners compared to the ratings provided by partners in a generic progressive relaxation control condition, (3) Partners receiving the *Partners as Friends* couples counseling treatment would provide higher ratings of their psychological well-being compared to the ratings provided by partners in a generic progressive relaxation control condition, and (4) here would be no difference in the ratings of problem improvement, relationship quality, or psychological well-being between male and female partners between the treatment and control conditions.

II. METHOD

Participants

Twenty-four couples at a Midwestern United States private psychology clinic participated in the study. The couples were self-referred to the clinic in 2016. Characteristics of these couples were as follows: (1) Marital status (Married (14) unmarried (10)), (2) Sexual Orientation (heterosexual (20), same-sex female (2), same-sex male (2)), (3) Race (both partners White (16), both partners Black (3), Black female, White male (2), White female, Black male (2), White female,

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Hispanic male (1)). Participants ranged in age from 24 to 51 years, with an average age difference between partners of 4.1 years. Couples were selected from a prospective sample of 43 couples. Couples were included in the initial participant pool if they indicated on an intake questionnaire that their chief complaint was, "My partner does not spend enough time with me, either talking with me or engaging in activities with me." Couples were invited to participate in the study if both partners rated their chief complaint as "serious" or "very serious" on a four-point scale (e.g., slightly serious, somewhat serious, serious, very serious).

Dependent Measures

1. Problem Improvement scale. A seven-item rating scale was created to measure partners' evaluation of their chief complaint that one partner did not spend enough time with the other partner. The scale included the following items: (1) This has become a much less serious problem in our relationship, (2) My partner does not care how I feel about this problem, (3) I worry that my partner might be thinking about leaving me due to this problem, (5) I think my partner is willing to work out this problem, and (5) My partner tries to understand how I feel about this problem, (6) My partner works with me to end this problem, (7) This problem has improved a lot. Partners responded to each item on a five-point choice scale (5: Strongly Agree, 4: Agree, 3: Unsure, (2) Disagree, (1) Strongly Disagree). Higher scores indicated higher levels of partner's perceived severity of the problem. In a tryout study with 30 couples (24 male-female couples, six same sex couples), the scale exhibited a single factor structure with an internal consistency (coefficient alpha) of .91.

2. Relationship Quality Questionnaire. A five-item scale was created to measure partners' general evaluations of their relationships. Items on this scale were as follows: (1) I am sure my partner loves me, (2) I feel emotionally close to my partner, (3) I think will remain together happily together the rest of our lives, (4) I worry that we are close to separation, (5) I think my partner wants me to be happy, (6) I think my partner and I can talk through our problems successfully, (7) I think my partner cares about what I think and feel in our relationship, (8) I enjoy being with my partner, (9) My partner and I trust one another, and (10) I do not believe my partner wants to hurt me emotionally. Tryout with all couples (68) seen at the clinic in 2015 revealed that the scale yielded a single factor structure and an internal consistency (coefficient alpha) reliability of .89.

3. Psychological Well-Being Scale. The Psychological Well-being Scale is one of two global scale on the Mental Health Inventory-38 (Veit & Ware, 1983). This 14-item scale measures a respondents' evaluations of their overall psychological contentment, comfort, and freedom from emotional distress. Higher scores on the scale indicate higher level of perceived well-being. The scale has been utilized in many American, European, and Asian studies on numerous mental health topics.

Procedure

The 24 couples were randomly assigned to the PAF treatment condition or a progressive relaxation control condition. Random assignment was conducted so that eight of the 16

White couples, four of the eight Black and biracial couples, one same-sex male couple, and one same-sex female couple were assigned to each condition. The data collection was conducted between January 15 and October 30, 2016. Two therapists at the clinic who had received prior training to use the Partners as Friends counseling model provided services to couples in the treatment condition. Two therapists who were unfamiliar with the PAF model were trained to provide the control procedure. The procedures in each were as follows:

1. Treatment Condition. The PAF treatment was conducted during two, 75 minute, weekly sessions. The treatment protocol followed the five steps described by Robison (2016) and was as follows: Step 1 (first session): The therapist discussed the core assumptions of the approach and the nature of the five treatment steps. The counselor discussed the constructs of "enemy thinking" and "friend thinking." Step 2 (first session): The partners clarified their respective understanding of the chief complaint, "My partner does not spend enough time with me." Next, each partner independently recalled the events typically associated with their having the thought that their partners were not with them enough, including the following: (a) What happened just before, during, and after one or both partners experienced this concern? What did each partner say or do, to the best of each partner's memory? and (b) What was the person thinking and feeling, during and after experiencing the thought that their partner did not spend enough time with them? Next, the couple exchanged their beliefs as to the reasons that their partners did not spend more time with them (or the reasons why their partners were concerned that they did not spend more time with them). The therapist helped the couple identify each their "enemy thinking" during the conflict and the periods preceding and following it. The counselor helped the couple identify associations between their "enemy thoughts" and their behaviors toward one another. The therapist concluded the session with instructions that couple independently think about ways that friends would think about the concern. Step 3 (first session): The couple discussed their beliefs about what they would think about one another's use of their time, if they were "friends." The therapist, if necessary, helped partners confront, verbalize and plan ways to resolve feelings of resistance. Step 4 (First session): The couple reviewed their "friend thoughts" toward one another and negotiated ways to spend time with one another that would be pleasing to them as friends. Each partner suggested to the other activities they could perform and either agreed to, or suggested modifications to, the other's proposed activities. If a partner declined the other's suggestion of an activity, that partner had to suggest an alternate activity or modify the proposed activity. This process of suggesting and modifying activities to be performed together continued until both partners were satisfied with them. The therapist concluded the session with instructions to the couple to try out the friend thinking and behaviors upon which they have agreed during the following week. Step 5 (Second session). After independently journaling their use, outcomes, and their reactions to the "friend" thinking and behaviors. Partners use their journal entries to evaluate the friend behaviors they negotiated and, if dissatisfied with the outcomes of their behaviors, negotiate new ones for further trial.

2. Control Condition. Couples in the control group met with their therapist at the clinic twice, once a week for 75 minutes. During that time, the partners participated in a \ progressive relaxation procedure developed by Robison (2007) and recorded on a CD. Partners sat in heated, vibrating recliners and listened to the relaxation CD, following its instructions. After the procedure, the therapist met with the couple, answered any questions they had about it, and reassured them that, after three sessions of participation in the procedure, they would begin couples counseling.

After the second session, couples in both condition completed the dependent measures. The following week, the couples in the control condition participated in three sessions of treatment with the PAF procedure.

III. RESULTS

The data analysis tested the hypotheses that partners in the treatment condition would provide higher ratings of problem improvement, relationship quality, and psychological well-being compared to control partners' ratings of those variables. Table 1 Presents the means and standard deviations for the dependent variables (Problem Improvement, Relationship Quality Rating, Psychological Well-being).

Table 1

Problem Improvement (PI), Relationship Quality (RQ), Psychological Well-Being (PWB) Means and Standard Deviations by Condition.

Sex	Condition					
	PAF Treatment (Mean/sd)			Relaxation Control (mean/sd)		
	PI	RQ	PWB	PI	RQ	PWB
Male	21.38/3.28	41.92/3.28	69.85/2.61	12.25/3.21	29.00/3.9	56.83/5.27
Female	21.36/3.98	41.98/3.21	69.91/3.14	11.00/4.21	30.25/4.2	57.58/6.93

A 2 (Treatment versus Control) X 2 (Partner Sex) ANOVA was conducted with the Bonferroni t used to further test means associated with significant effects. The results were as follows:

Problem Improvement Ratings

The analysis revealed that the partner sex by treatment condition interaction ((F=1.29, p=.30) and the main effect for sex (F=1.39, 1df, p=.24) were not statistically significant. There was a significant main effect for Condition (F=326.19, p=.00008). Comparison of those means with the Bonferroni t test (t=4.87, p < .05) further revealed that partners in the PAF treatment condition obtained a higher mean problem improvement score than partners in the progressive relaxation control condition.

Partner Evaluation

The analysis revealed that the partner sex by treatment condition interaction (F=0.95, 1df, p=.34) and the main effect for sex (F=0.04, 1df, p=.84) were not significant. There was a significant main effect for Condition (F=124.53, p=.0008). Comparison of those means with the Bonferroni t test further revealed that partners in the PAF treatment condition obtained a higher mean assessment (t=5.94, p < .05) of their relationship quality than partners in the progressive relaxation control condition.

Psychological Well-Being

The analysis revealed that the partner sex by treatment condition interaction (F=0.06, p=.81) and the main effect for sex (F=0.09, 1df, p=.77) were not significant. There was a significant main effect for Condition (F=124.53, p=.0008). Comparison of those means with the Bonferroni t test further revealed that partners in the PAF treatment condition obtained a higher mean assessment (t=6.33, p < .05) of their relationship quality than partners in the progressive relaxation control condition.

IV. DISCUSSION

Results of this evaluation support the hypothesis that couples who participated in the Partners as Friends brief counseling model would provide higher ratings of improvement in their chief complaint, quality of their relationship, and overall psychological wellbeing compared to control group couples. Thus, the model shows promise as a means for helping couples resolve specific, well-defined relationship problems in a brief treatment period.

Although this investigation concluded after the third treatment/control sessions, the 12 control group couples were offered counseling with the PAF model. All 12 couples expressed the intent to continue and nine couples completed the three additional sessions. The couples completed the rating forms at the conclusion of their treatment. Cursory analysis of their responses was strongly suggestive of substantial reported improvement in their evaluation of their problem, partner, and well-being similar to the response of the original treatment group. Further research should be performed to determine if the outcomes from this type of counseling will help couples exhibit enduring positive change in their relationships and ability to resolve future problems like their presenting problem.

Currently, a study is underway to investigate the approach's effectiveness with a larger sample of couples, including a larger number of Black, Hispanic, biracial, multiracial, gay, and lesbian couples. A third study will explore the outcomes of the model when used in settings other than mental health facilities. These settings will include medical offices, religious organizations, and social service agencies.

V. REFERENCES

- Halford, W. K. (2003). *Brief therapy for couples: helping partners help themselves*. New York: Guilford Press.
- Robison, F. F. (2016). *Partners As Friends: A brief relationship counseling strategy*, Vistas Online, 13. 4
- Robison, F. F. (2007). Make your partner your friend, not your enemy. In D. Viers (Ed.), *The group therapist's notebook: Homework, handouts, and activities for use in group psychotherapy*. Binghamton, NY: Haworth Reference Press.
- Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology*, 51, 730-742.
- Weeks, G. R., Fife, S. T., & Peterson, C. (Eds.) (2016). *Techniques for the couple therapist: Essential interventions from the experts*. New York: Routledge Press.