

Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Spring/Summer 2008

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Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder

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Posttraumatic stress disorder (PTSD) is a significant public health problem, characterized by high prevalence rates, comorbidity with other psychiatric conditions, and significant functional impairment (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kessler, 2000). Although all traumatic events occur within an interpersonal context, either being perpetrated by another human (e.g., interpersonal aggression), simultaneously experienced with other humans (e.g., disasters), or responded to by others, most research on PTSD has focused on intrapersonal characteristics. Examples of this focus include a search for biological vulnerabilities, problematic cognitive interpretations of events, and avoidance behaviors. This individual-centric approach follows in the treatment of PTSD, where the existing evidence-based treatments are almost exclusively validated to be delivered in an individual format (Bradley, Greene, Russ, Dutra, & Westen, 2005). In this article, we briefly review the evidence documenting a robust association between PTSD and intimate relationship functioning to support our cognitive-behavioral conjoint therapy (CBCT) for PTSD.

Epidemiological studies have shown that, although those with PTSD are as likely as those without PTSD to be married at one point in time, they are significantly more likely to divorce (Kessler et al., 1995; Davidson, Hughes, Blazer, & George, 1991) and to be maritally distressed (Whisman, Sheldon, & Goering, 2000). Most of what is known about the intersection of PTSD, partner adjustment, and intimate relationship functioning is derived from research on American Vietnam veterans and their partners and, to a lesser extent, other countries' veterans (e.g., Australia, Netherlands, Israel). These studies have consistently documented an association between PTSD and intimate relationship problems (see Monson & Taft, 2005, for review). In particular, research has shown that male veterans with PTSD are more likely to perpetrate intimate aggression against partners than are veterans without PTSD and that the severity

Letter from the SIG Co-Presidents

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Spring has come! Hopefully we are all wrapping up productive academic years (and long winters) with several glorious summer months in front of us. We wanted to take advantage of our column in this newsletter to give you a brief update on what is going on in the SIG.

Recap of the 2007 ABCT conference in Philadelphia

SIG Officers: At the 2007 conference, we elected a team of new SIG officers including: Rebecca Cobb and Ron Rogge as Co-Presidents, Rebecca Brock and Will Aldridge as Student Co-Presidents, Robin Barry and Amy Meade as Co-Newsletter Editors and Janette Funk, Soonhee Lee, and Amy Rodriguez as website managers. We would like to thank the former officers for their hard and diligent work in helping to keep the SIG running and for helping to develop and plan such successful events at ABCT each year. We would also like to thank Lorelei Simpson for her ongoing work as SIG Treasurer and Brian Baucom for his ongoing help with getting our SIG website reinstated at its new web address.

Poster Awards: At the 2007 conference we presented the Robert L. Weiss Graduate Student Poster Awards for excellence in relationship research. First place was awarded to Tracy Lo mentored by David Atkins at Fuller University for the poster "Infidelity in Couple Therapy: Does Infidelity Affect Treatment Outcome" Second place was awarded to Rebecca Brock, mentored by Erika Lawrence at The University of Iowa for her poster "A Longitudinal Investigation of the Association between Marital Dissatisfaction and Individual Psychopathology," and honorable mention was awarded to Lindsey Einhorn mentored by Scott Stanley at the University of Colorado, Boulder for her poster "Prep: Inside and Out." Thanks to all the committee members for their review of the candidates and congratulations to the students for their excellent work!

SIG Events: There were several excellent SIG-sponsored events at the 2007 conference. We want to thank Barry McCarthy for the excellent preconference event "Integrating Psychobiosocial Sex Therapy Techniques into Couple Therapy." The event was very stimulating and generated much productive dialogue among members of the SIG and others. The Couples SIG was also represented by a set of excellent posters at the SIG Exhibition and Cocktail Hour. We would like to thank all of the graduate students and faculty mentors who presented their work in this forum.

Plans for the coming year

SIG Website: We are currently in the process of creating a new (and more permanent) home for the SIG website. We are pleased to announce that the website should be transferred to its new locale by the end of the month. This will be a largely invisible change to the casual visitor because the current web address (<http://www.abctcouples.net>) will continue to work. However, in the process of making this change, we will also be updating the content of the site. As a result, you will all be receiving emails over the next few months asking for information on opportunities and research in your labs (e.g., current job listings, recently developed measures, recent publications) to help make our website a resource for the couples research community.

2008 Pre-Conference Event: We are also looking forward to next fall's conference in Orlando (particularly those of us from cold and cloudy Northern climes!!!) We received a number of exciting suggestions for this year's preconference event. To take full advantage of the SIG's website, we are going to send a VERY short (2-3 question) online survey to everyone in the SIG to identify the final topic of the preconference event. Please be on the look out for an email regarding the preconference event over the next week! The event will be held on the evening of Thursday, November 13th in the conference hotel (exact location and times TBD).

2008 SIG Exhibition and Cocktail Hour: We are also hoping to have 10 posters representing the Couples SIG at the ABCT SIG Exhibition and Cocktail Hour this year. This is an excellent opportunity for students to present research to a wider academic audience in a slightly less formal setting. We will be soliciting applications for those 10 spots over the summer months, so please keep this opportunity in mind.

2008 Robert L. Weiss Graduate Student Poster Awards: Finally, in the early fall we will be asking graduate students to submit their poster presentations for the Weiss Poster Awards. We are very fortunate to have a committee consisting of Erika Lawrence, Ronald Rogge, Beth Allen and Cynthia Battle to evaluate this year's submissions. Please watch for the call for submissions.

We look forward to seeing you in Orlando. Have a great summer!

- Rebecca Cobb and Ron Rogge

Editor's Note

Amy and I are delighted to serve as the SIG newsletter editors. Amy and I are both 5th year graduate students. Amy is at Clark University and works with James Cordova. I work with Erika Lawrence at the University of Iowa.

This edition of the newsletter focuses on new therapies or treatment programs created or improved by SIG members. Drs. Monson, Fredman, and Stevens contributed an article about their exciting new conjoint treatment for PTSD. Drs. Moore, Kivisto, and Elkins allowed us to reprint a book review they had written of Drs. O'Farrell & Fals-Stewart's couples intervention for alcoholism and drug abuse. Finally, Dr. Iverson contributed a book review of Drs. Snyder, Baucom, and Coop Gordon's new book *Getting Past the Affair*.

We invite SIG members to send us ideas for article topics for future newsletters and to contact us if you would like to contribute an article or review to your SIG newsletter.

Robin Barry & Amy Meade

**Comments? Criticisms?
Suggestions? Crazy ideas?
Send them to the editors!**

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Cognitive-Behavioral Conjoint Therapy for PTSD

From page 1

of violent behavior is positively correlated with PTSD symptom severity, particularly the hyperarousal symptoms of PTSD (Savarese, Suvak, King, & King, 2001). Difficulties with intimacy are also characteristic, with strongest associations with avoidance/numbing symptoms (Riggs, Byrne, Weathers, & Litz, 1998). Perhaps not surprisingly, caregiver burden and psychological distress are common among partners of individuals with PTSD (e.g., Beckham, Lytle, & Feldman, 1996).

Partner reactions can also affect the course of symptoms among individuals with PTSD. For example, high levels of expressed emotion (EE; Leff & Vaughn, 1985) among family members predicts poorer individual cognitive-behavioral treatment response in those with PTSD (Tarrier, Summerfield, & Pilgrim, 1999), suggesting that a negative interpersonal environment serves as a general, diffuse stressor and risk factor for those struggling with PTSD. Even in the absence of ambient negativity, spouses may unwittingly interfere with treatment effectiveness by reinforcing avoidance, considered the chief reason PTSD is maintained. Intimate others may collude in avoidance behaviors by encouraging dropout from trauma-focused interventions due to fears about symptom exacerbation or by accommodating the PTSD-positive partner's desire to avoid anxiety-provoking situations (e.g., partner does all the grocery shopping so that the PTSD-positive partner does not have to be around crowds, which serve as a PTSD-related trigger). As a result of these well-intended but perhaps unhelpful behaviors by partners, patients may not fully avail themselves of opportunities to address anxiety-provoking stimuli and consolidate new learning. This directly points to the value of partner psychoeducation and improving relationship functioning in order to enhance treatment compliance, decrease the likelihood of relapse, and potentiate symptom improvement.

Treatment Overview

Elsewhere we have written about the theoretical mechanisms and processes thought to underlie PTSD and relationship distress (Monson, Stevens, & Schnurr, 2005). In short, we postulate that the behavioral processes underlying the association include behavioral and experiential avoidance and communication deficits. In the cognitive realm, interacting maladaptive thought processes and content relevant to traumatic event(s) are hypothesized to contribute to the association. CBCT for PTSD presumes that the association between PTSD and intimate relationship distress is reciprocally determined; PTSD symptoms are considered to contribute to couple distress which, in turn, exacerbates and reinforces PTSD symptomatology.

Drawing on the success of couple-based interventions for individual psychopathology that simultaneously address relationship distress (e.g., Behavioral Couple Therapy for Substance Use; O'Farrell & Fals-Stewart, 2000), CBCT for PTSD has the dual goals of improving PTSD in one or both individuals of the couple and improving their intimate relationship functioning. It is not a partner-coaching model, in which one person is the identified patient and the other acts as a surrogate therapist. Rather, the couple's relationship vis-à-vis PTSD and associated distress is the unit of intervention, making it a hybrid of a disorder-specific intervention and general couple therapy for relationship distress (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998).

CBCT for PTSD is a three-stage, 15-session intervention consisting of: (1) treatment orientation, psychoeducation about PTSD and associated intimate

relationship problems, and safety building; (2) behavioral interventions that increase approach behaviors, enhance relationship satisfaction, and promote communication skills; and (3) cognitive interventions designed to address maladaptive thinking patterns that maintain both PTSD symptoms and relationship distress. Sessions are 75 minutes each and end with out-of-session assignments designed to facilitate the couple's skill use in their everyday lives.

In a small uncontrolled study of an earlier version of the therapy with Vietnam veterans and their wives, there were statistically significant improvements in the veterans' PTSD symptoms according to clinician interview and wives' self-report. Consistent with previous research, the veterans reported more modest improvements in their PTSD symptoms, but larger improvements in depression, anxiety, and social functioning. Wives reported large improvements in relationship satisfaction, as well as their general anxiety and social functioning (Monson, Schnurr, Stevens, & Guthrie, 2004; Monson, Stevens, & Schnurr, 2004)

With these promising results, a study was recently funded by the National Institute of Mental Health (PI: C. Monson; 1 R34 MH076813-01A2) to improve the treatment and ensure that it is sufficiently flexible for a range of traumatized individuals and their intimate partners. Details about the treatment and its revisions are provided in Monson, Fredman, and Adair (in press). The revised treatment, which we are currently piloting, retains the treatment goals, modular structure, session length, and dyadic focus. The most notable change in the psychotherapy is a greater focus on the meaning of the trauma(s) itself. As in the previous version of the treatment, gory renditions of specific details of the event(s) are discouraged. Nonetheless, couples are encouraged to explore together how the PTSD-diagnosed partner(s) has come to understand the effect of the trauma on him/herself and his/her relationship and the ways that they, as a couple, have come to relate as a result of these trauma sequelae. Based on evidence that disclosure is a protective factor against PTSD (Koenen, Stellman, Stellman, & Sommer, 2003), couples are encouraged to focus on the historical context of the trauma to the extent that it facilitates restructuring of cognitions that have impeded recovery and maintained relationship problems.

Another change is the early and increased attention paid to altering couple-level interactional

patterns that maintain avoidance. We now place a premium on activities that simultaneously serve as approach behaviors and increase positivity in the relationship. For example, couples who have avoided going to movies or restaurants as a result of the PTSD-identified partner's feeling triggered in these situations are encouraged to program these types of activities back into their relationship. The net effect of leveraging *in vivo* approach activities in this manner early in treatment contributes to couples having a sense of working together as a team to combat avoidance and increase positive behavioral activation.

To keep the dyadic focus of the therapy, avoid partner blaming, and unify the partners against PTSD's effects on the relationship, we use techniques to externalize PTSD and its maintaining factors outside of the relationship. For example, we describe avoidance as a "slippery culprit" influencing how they interact with each other. To further unite couples in addressing the impact of PTSD in their relationship, we ask questions about how the couple can "shrink the role of PTSD" in their relationship through communication and shared activities and encourage the couple to "talk back to PTSD" (i.e., cognitions that maintain PTSD).

Lastly, the treatment has been adapted so that it is as flexible as possible with respect to the kinds of couples presenting for treatment. These may include couples in which one member is a victim of combat, sexual assault, natural disaster, or motor vehicle accident; couples in which the traumatized individual is female versus male; sexually diverse couples; and couples of different racial/ethnic groups. Although our current study excludes couples in which both partners are diagnosed with PTSD, we are clinically testing the therapy with couples with this constellation.

The revised treatment consists of three stages captured in the acronym R.E.S.U.M.E. Living (see below). The acronym is designed to convey a recovery orientation -- PTSD is a disorder of impeded or interrupted recovery that can be successfully treated. It also seeks to imbue a hopeful philosophy in that every couple possesses the potential for recovery and healing as these impediments are removed.

Stage 1 consists of two sessions that serve to introduce treatment and to increase positivity between the partners. In the first session, the therapist provides the couples with a rationale for treatment and psychoeducation about PTSD and its

The revised treatment consists of three stages captured in the acronym
R.E.S.U.M.E. Living

Stage 1: Rationale for Treatment and Education about PTSD and Relationships

Session 1	Introduction to Treatment
Session 2	Safety Building

Stage 2: Satisfaction Enhancement and Undermining Avoidance

Session 3	Listening and Approaching
Session 4	Sharing Thoughts and Feelings – Emphasis on Feelings
Session 5	Sharing Thoughts and Feelings – Emphasis on Thoughts
Session 6	Getting U.N.S.T.U.C.K. (a dyadic procedure for cognitive restructuring)
Session 7	Problem-Solving

Stage 3: Making Meaning of the Trauma(s) and End of Therapy

Session 8	Acceptance
Session 9	Self-blame
Session 10	Trust Issues
Session 11	Power and Control Issues
Session 12	Emotional Closeness
Session 13	Physical Intimacy
Session 14	Post-traumatic Growth
Session 15	Review and Reinforcement of Treatment Gains

symptoms, an explanation of how avoidance and problematic thoughts maintain PTSD, and ways that PTSD can contribute to relationship problems. During this stage, the therapist collaborates with the couple to develop out-of-session assignments to increase positive behaviors and to draw attention to them with as quickly as possible. In addition, partners are asked to answer questions about their understanding of the effects of trauma and PTSD on themselves and their relationship and beliefs in trauma-related domains (e.g., trust, power/control, and intimacy). The second session focuses on enhancing a sense of safety in the relationship. It is stressed to couples that negative relationship behavior with known corrosive effects on satisfaction (e.g., hostility, contempt, belittling) should be decreased as quickly as possible in order to promote a safe environment for healing. Couples are provided with psychoeducation about the role of PTSD in relationship functioning as it relates to dysregulation in the fight or flight system (i.e., they are likely to fight or flee in their interactions), as well as primary (e.g., noticing early warning signs in oneself and one's partner) and secondary (e.g., negotiated time outs) prevention strategies for managing conflict. In couples presenting with a pattern of chronic avoidance or flight response, they are encouraged to "time in."

In Stage 2 (Session 3 through 7), the therapist focuses on enhancing relationship satisfaction and undermining avoidance. Improved communication is

considered a primary vehicle to undermine avoidance and enhance the relationship milieu. In tandem with idiographically-programmed trauma-related *in vivo* approach assignments, we use enhanced dyadic communication as an antidote to PTSD-related avoidance and a means of increasing intimacy. Communication skills presented and practiced in each session build sequentially on each other over several sessions to help the couple identify and share their feelings and notice the way that their thoughts influence their feelings and behaviors. The couples use these communication skills to discuss PTSD-related content and to problem-solve how they will collaboratively address PTSD-related behavioral avoidance.

With a foundation of improved satisfaction, communication skills, and decreased behavioral avoidance, the third stage of CBCT for PTSD targets trauma-related cognitions. The therapist teaches the couple a process that they can use together to challenge cognitions that are maintaining PTSD and relationship problems. We sequence the cognitions targeted in this stage, with an initial focus on historical cognitions specific to the traumatic event (e.g., acceptance, self-blame) and then a focus on interpersonal beliefs disrupted by the trauma (e.g., trust, control, intimacy). This sequence is chosen because changes in the ways in which a traumatized person makes sense of the specifics of his/her trauma(s) can have cascading effects on beliefs operating in the here-and-now. Treatment

culminates with a session on the potential for benefit-finding and post-traumatic growth and how they, as a couple, can move forward by creating a better life together. We underscore the likelihood of variations over time in relationship satisfaction and perhaps trauma-related symptomatology into the future. The therapist collaboratively develops a plan for how the couple will address these variations as they occur.

We are delighted to talk with others about our work on CBCT for PTSD and its application in research and clinical settings. In addition, we will be providing a workshop on the therapy at the upcoming Association for Behavioral and Cognitive Therapy annual conference in Orlando. We hope to see you there!

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Treasurer's Update

Dear SIGers,

Our membership is growing every year – as of this spring, we have 148 dues paying members, up from 118 this time last year! Seventy-four of our current members are professionals and 73 are students.

Dues remain at \$20 for professional members and \$5 for students, post-docs, and retired members. If you didn't get a chance to pay your dues at the last conference, please mail a check made out to Lorelei Simpson, with ABCT Couples SIG in the memo line, to the address below and I'll send you a receipt by email.

Prior to the 2007 conference, our SIG balance was \$1490.85. In 2007 we collected \$1549 in dues and contributions to the cocktail party. At the conference we paid \$1016 for the cocktail party, \$300 for student awards, and \$385 for the pre-conference speaker. We also spent \$335 on updating our website, leaving our current SIG balance at \$1003.85. Thanks to everyone for supporting our SIG!

And finally, if you're not already on it, remember to join the SIG listserv at <http://www.abctcouples.net>.

See you in November!

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BOOK REVIEW

Todd M. Moore, Aaron Kivisto, & Sara Elkins
University of Tennessee

Behavioral Couples Therapy for Alcoholism and Drug Abuse

Timothy J. O'Farrell & William Fals-Stewart
Published 2006 by Guilford. (436 pp).

If questioned regarding the available options for treating substance abuse, common responses from practitioners and previously treated substance abusers would likely include some combination of inpatient and/or outpatient individual or group therapy based on twelve-step, cognitive-behavioral, and/or motivational enhancement approaches. Missing from these responses would be much mention of treatments that focus directly on involving relationship partners in the abuser's effort to change. Rather, partners may be considered one of many relationships that are affected by the abuser's use of substances. The abuser may be assisted in repairing these relationships in individual therapy without the partner present, and partner may be encouraged to seek separate individual or group therapy to cope with having a substance abusing partner. Couples may rarely work together in therapy to deal with substance abuse issues that affect or are affected by relationship problems, the lack of which may trigger relapse. Fortunately, treatment providers and substance abusers now have an excellent resource for engaging couples in therapy to improve their relationships and preventing relapse in *Behavioral Couples Therapy for Alcoholism and Drug Abuse* by O'Farrell and Fals-Stewart. The book masterfully marries couples therapy with substance abuse treatment based on thirty years of clinical research on behavioral couples therapy (BCT). The authors are firmly grounded in the scientist-practitioner model and arguably lead the world in research and treatment of substance abuse from a couples' perspective.

The book is a combination guidebook on BCT for substance abuse as well as a session-by-session treatment manual. The book is well-organized to provide readers with a solid theoretical and empirical understanding of BCT for substance abuse, techniques for engaging couples in therapy, supporting abstinence, increasing couple communication, preventing relapse, and help in dealing with challenges in implementing the treatment. The book begins with a preview of BCT, including a theoretical basis and goals of the approach, essential ingredients of treatment, and a guide to help therapists to determine who is appropriate for treatment and how to be effective as a BCT therapist. This preview provides a useful foundation for preparing therapists to understand and effectively learn the skills necessary to implement the treatment.

The book then focuses on engaging the couple, especially the partners of substance abusers, in treatment. This can be a difficult task as partners may initially reject the notion of participating in therapy, believing that the substance abuser is solely responsible for change. The chapter provides helpful techniques for engaging the partner in the initial session as well as a guide for gently helping partners understand the rationale and benefits of BCT as well as their role in treatment. Following this, the book then provides detailed techniques for

supporting abstinence, with a particular emphasis on creating the Daily Recovery Contract. The contract is a simple yet valuable tool that serves as the foundation for helping couples begin to address relationship problems while supporting abstinence. It specifies the behaviors that each spouse is expected to uphold, with the initial goal of re-establishing trust in the relationship. The contract is reviewed at each session and modified as necessary, and therapists are provided with guidelines and specific skills for supporting abstinence through decreasing exposure to substances, addressing stressors, and decreasing partner behaviors that may trigger relapse, especially enabling behaviors.

The book then educates therapists on implementing behavioral and client-centered techniques for helping the couples to increase positive relationship activities and improve communication through reflective listening and speaking skills. Two chapters are appropriately devoted to improving couple communication, with the second focusing on helping couples address the changes and conflicts that occur. Some, including the reviewers, might question delaying efforts to address specific couple problems and conflicts rather than addressing these problems at the outset of treatment. One might ask, wouldn't couples become frustrated and terminate therapy if their core relationship problems aren't immediately addressed? However, consistent with behavioral principles, couples are instructed to begin treatment by engaging in behavior change that is highly likely to succeed and will be reinforced by the partner. Subsequent changes involving increasing positive couple activities that are also likely to succeed and be reinforced helps further strengthen the relationship and prepare couples to effectively deal with conflict in a therapeutic setting. Next, the book focuses on assisting couples in maintaining relapse and relationship improvements, and providing therapists with tools for dealing with common challenges to effectively implementing BCT (e.g., dual-problem couples, violence). The final chapters discuss potential applications of BCT with parent training, HIV reduction, and family counseling, as well as strategies for implementing BCT in various settings.

This well-written and insightful guidebook and manual had no shortage of strengths. Notable qualities include: explicit focus on both substance use and relationship issues, which moves relationship issues from the background of many current approaches and places it squarely in the foreground

as a focus of treatment; flexibility of the approach, which allows therapists to use BCT within twelve-step treatment programs, adjust the number of sessions as needed, and conduct individual sessions as necessary; strong rationales for the implementation of both abstinence and relationship building facets of treatment; use of "frequently asked questions" at the conclusion of each chapter to assist professionals in preparing for dilemmas and situations that may occur with couples; and use of case examples, handouts, diagrams, scripts, and worksheets to further concretize the focus of each session and guide both the therapist and couple in understanding session topics and homework assignments. The authors have also made their materials even more user-friendly, by establishing online resources for therapists to download, modify, and print versions of the handouts, posters, worksheets, etc. for use in various therapy settings (see www.addictionandfamily.org). There is even a web-based distance learning course on BCT (www.neattc.org/training.htm). Given that the authors are prolific researchers, who publish extensively in top-tier academic journals, they are to be commended for producing a book/manual that is relatively easy to comprehend and implement.

Identifying relative weaknesses or missing aspects of the book was a challenge. In thinking about implementing BCT for the first time, a therapist with limited experience working with couples might read this book and wonder how well the protocol applies to extremely conflictual couples who have difficulty regulating the expression of thoughts and emotions in and out of session. These couples may resist therapists' initial efforts to engage in positive couple activities or use the appropriate listening and speaking skills. The book attempts to address some of these issues, but it may benefit from the use of additional scripts, expansion of the case examples and frequently asked questions, and additional discussion to aid therapists in appropriately handling difficult couples. In addition, given the importance of engaging the partner of the substance abuser in treatment, the addition of a script specific to the initial phone conversation with the partner would make a nice addition to the book.

In summary, we highly recommend *Behavioral Couples Therapy for Alcoholism and Drug Abuse* to therapists seeking to utilize an empirically tested behavior therapy for substance abuse. It is clear throughout the book that O'Farrell and Fals-Stewart have a deep appreciation of practitioner's concerns in

providing therapy, which comes from decades of research and clinical experience. We also recommend this book to graduate programs in clinical and counseling psychology as a highly thoughtful and informative guide for learning about couples therapy from a behavioral perspective.

*Please note that a similar version of this book review was initially published in 2008 in *The Family Psychologist*, 24(1), 26-28.*

Letter from the Student Co-Presidents

Greetings from your new student co-presidents, Rebecca Brock and Will Aldridge! We would like to take this opportunity to introduce ourselves and to also share some of our plans for the upcoming year.

Rebecca is a graduate student at the University of Iowa and works with Erika Lawrence investigating partner support processes and the role of intimate relationships in mental health. Will is currently a graduate student at the University of North Carolina at Chapel Hill in Don Baucom's Couple Studies Lab, but later this summer he begins his internship year at UAB Consortium in Birmingham, AL. Will's primary research interests and clinical pursuits revolve around the dissemination of evidence-based programs for couples. We are very excited about our positions as your student co-presidents and look forward to serving you over the next two years!

We would like to thank Brian Baucom and Eric Gadol, our previous student co-presidents, for their dedication to enhancing the sense of community among student members of the SIG. Brian and Eric developed a student listserv for discussing issues unique to students (e.g., internships, post-doc positions) and there are currently over 100 listserv members. We would like to encourage students to utilize the listserv as an open forum for sharing your professional experiences, addressing issues you have faced as undergraduate or graduate students, and soliciting advice from other students (E-Mail: Couples-SIG-Students@googlegroups.com). We will also be using the student listserv to make announcements about upcoming events, so please contact us if you are not a member of the listserv and would like to join.

The student listserv also functions as a mechanism for organizing the graduate student symposium, which Brian and Eric started last year. We hope to carry on the tradition of having a symposium comprised solely of graduate student presenters with a junior faculty member as the discussant each year at the ABCT convention. Be sure to look for information regarding this year's symposium in the Fall Couples SIG Newsletter.

In order to further enhance networking opportunities among student members of the SIG, we will be introducing a student social event at this year's conference in Orlando, FL. It is our hope that this will be a fun event that will help to facilitate the development of professional relationships among students. We are open to any suggestions that you might have regarding this event.

Please contact either of us at rebecca-brock@uiowa.edu or will_aldrige@unc.edu if you have any questions, suggestions, or comments.

-Becca and Will

KUDOS!
to the following
people...

David Atkins will begin a new position as Research Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington in fall, 2008.

Miriam Ehrensaft on the arrival of baby Leah born February 15th, 2008! Miriam was also awarded a grant from the Center for Disease Control's National Center for Injury Prevention and Control, '*Can Prevention of Conduct Problems Reduce Risk for IPV?*' As if that were not enough excitement, Miriam will be beginning a new position as associate professor of psychology at John Jay College of Criminal Justice, City University of New York in fall, 2008.

Michelle Leonard will begin a new position as a tenure-track assistant professor at the University of Michigan-Dearborn in fall, 2008.

Steven L. Sayers who testified before the Senate Committee on Veterans Affairs to share research findings on challenges veterans face when returning from military service and attempting to reintegrate into their families *The Importance of Family Readjustment Problems Among Iraq and Afghanistan Veterans Referred for Behavioral Health Evaluation*" on March 11, 2008. To access his testimony visit

<http://www.senate.gov/~svac/public/> and search using Dr. Sayers' name.

BOOK REVIEW

Katherine Iverson

University of Nevada, Reno

Getting Past the Affair: A Program to Help you Cope, Heal and Move on – Together or Apart

Douglas K. Snyder, Donald H. Baucom,
& Kristina Coop Gordon

Published 2007 by Guilford. (342 pp).

Infidelity within intimate relationships often has a devastating effect on individual partners and their relationship. Similar to survivors of trauma, many individuals and couples can recover and even grow stronger with a little introspection and commitment to moving forward. This book provides a comprehensive and extremely reader-friendly application of a program burgeoning with clinical support to help individuals and couples recover, heal, and move forward after the trauma of infidelity. This book is written by three of the leading clinical researchers and therapists in the couples field. The authors provide an approach to recovery using information gained from over 50 years of collective clinical experience and research with couples. This book is equally useful for individual partners, couples, and clinicians. It covers topics ranging from understanding what happened, preventing further individual and relationship deterioration, and deciding how to move forward together or separately.

The authors successfully portray a style that balances authority and expertise with familiarity and informality throughout the journey towards recovery. The book begins with an introduction that provides a rationale for a structured yet flexible program and hard work that lay ahead of those trying to recover from infidelity. The authors aptly describe their recovery program as:

"recovering *personally* from the affair so that you can pursue the future you want. It means knowing enough about what happened and *why* it happened to make a wise decision about whether to stay together or part. It means protecting yourself from being hurt again without carrying the backbreaking—and heartbreaking—burden of anger and suspicion or guilt and shame for the rest of your life" (pp. 2).

Additionally, they highlight that although this work can be hard, this work matters because many of the issues that result from the aftermath of an affair will not go away by themselves or with the passage of time alone. Individuals willing to engage in the work outlined in the book are making a worthwhile investment in themselves and their relationship(s).

The authors guide the reader through the recovery process in three stages: *How Do We Stop Hurting? How Did This Happen? And Can This Marriage Be Saved?* The first stage of the work is focused on helping individuals cope with the immediate trauma and avoid making things worse. They introduce empirically supported techniques to help partners learn to deal effectively with intense

feelings, communicate and make decisions about partner and the family needs, set boundaries, share information, and maintain a strong focus on self-care. The following stage is an examination of the relationship. Partners are encouraged to reflect on characteristics that may have led the relationship to be vulnerable to an affair while placing the responsibility of the affair itself on the offending partner. The authors invite the injured partner to examine their role in the relationship, while firmly maintaining "Your partner's affair isn't your fault." This includes helping the partners arrive at a rich narrative, or an understanding of the affair, that makes sense to the partners. This portion of the book helps individual partners to understand how the other partner may be feeling, which is often very difficult when someone is experiencing so much pain from the affair. The final stage of recovery focuses on helping partners make effective decisions about moving forward—either separately or together. This work includes deciding what it means to "move on," letting go disabling feelings such as anger, anticipating and dealing with setbacks, and growing stronger in the relationship and minimizing the chance of another affair.

An especially intriguing aspect of this book is the authors' presentation of infidelity as analogous to or similar to the aftereffects of trauma. Both the "injured" partner and the "participating" partner may feel *traumatized* by the affair. Many partners will

experience symptoms of unwanted memories, flashbacks, avoiding thinking about or dealing with the affair, anger outbursts, self-blame, as well as symptoms of depression and/or anxiety subsequent to the trauma. It is important to note that the authors describe the many reactions to infidelity as "normal" and common reactions to learning about a partner's affair.

Perhaps the book's greatest strength is the practical format in which information is presented. Each chapter supplies stepping stones that together become the path to recovery. Along this journey of recovery, the authors refer to previous chapters and exercises to assist those experiencing difficulty with a particular step or portion of the work. Numerous case examples provide excellent illustrations of the common difficulties faced by individuals and couples recovering from infidelity. Finally, each chapter concludes with thoughtful exercises to help the reader apply the work to their personal situation. Many practical figures, tables, and checklists are included throughout the text as well.

In sum, this self-help tool is a comprehensive, practical, and easy-to-read book to help couples cope and recover (together or apart) from the trauma of infidelity. This book is also an essential read for practitioners dealing with the complexities of treating individuals and/or couples who have been impacted by an affair.

Website Update!

Due to technical problems, we are transferring the previous SIG website to a University of Rochester server.

We are also in the process of updating the SIG website now, which will be up and running within few weeks.

The address will be <http://abtcouples.net>. We thank you for your patience through this transition.

The website managers,
Janette Funk, Soon-Hee Lee, and Amy Rodrigues

HOT OFF THE PRESS

In Press and Recently Published Literature

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