

# INTIMATE RELATIONSHIP CONFLICTS

## BEHAVIORAL DEFINITIONS

1. Frequent or continual arguing with the partner.
2. Lack of communication with the partner.
3. A pattern of angry projection of responsibility for the conflicts onto the partner.
4. Marital separation.
5. Pending divorce.
6. Involvement in multiple intimate relationships at the same time.
7. Physical and/or verbal abuse in a relationship.
8. A pattern of superficial or no communication, infrequent or no sexual contact, excessive involvement in activities (work or recreation) that allows for avoidance of closeness to the partner.
9. A pattern of repeated broken, conflictual relationships due to personal deficiencies in problem-solving, maintaining a trust relationship, or choosing abusive or dysfunctional partners.

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## LONG-TERM GOALS

1. Develop the necessary skills for effective, open communication, mutually satisfying sexual intimacy, and enjoyable time for companionship within the relationship.
2. Increase awareness of own role in the relationship conflicts.

3. Learn to identify escalating behaviors that lead to abuse.
4. Make a commitment to one intimate relationship at a time.
5. Accept the termination of the relationship.
6. Rebuild positive self-image after acceptance of the rejection associated with the broken relationship.

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**SHORT-TERM OBJECTIVES**

1. Attend and actively participate in conjoint sessions with the partner. (1)
  
2. Identify problems and strengths in the relationship, including one's own role in each. (2, 3, 4)

**THERAPEUTIC INTERVENTIONS**

1. Develop a level of trust with the couple by creating a therapeutic environment in which each can express problems, wants, and goals; clarify ground rules; establish oneself as a neutral moderator.
  
2. Assess current, ongoing problems in the relationship, including possible abuse/neglect, substance use, communication, conflict resolution, as well as home environment (if domestic violence is present, plan for safety and avoid early use of conjoint sessions; see the Physical Abuse chapter in *The Couples Psychotherapy Treatment Planner* by O'Leary, Heyman, and Jongsma).
  
3. Assess strengths in the relationship that could be enhanced during the therapy to facilitate the accomplishment of therapeutic goals.

3. Acknowledge the connection between substance abuse and the conflicts present within the relationship. (5)
4. Chemically dependent partner agrees to pursue substance treatment individually or with partner. (6)
5. Complete psychological testing designed to assess the marital relationship and track treatment progress. (7)
6. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (8, 9, 10, 11)
4. Assign the couple a between-sessions task recording in journals the positive and negative things about the significant other and the relationship (or assign “Positive and Negative Contributions to the Relationship: Mine and Yours” in the *Adult Psychotherapy Homework Planner* by Jongsma); ask the couple not to show their journal material to each other until the next session, when the material will be processed.
5. Explore with the couple the role of substance abuse in precipitating conflict and/or abuse within the relationship.
6. Solicit an agreement for substance abuse treatment for the chemically dependent partner and refer to an evidence-based individual therapy or to Behavioral Couples Therapy for substance abuse treatment (see the Substance Use chapter in this *Planner*).
7. Administer a measure of overall marital adjustment (e.g., *The Dyadic Adjustment Scale*), and/or satisfaction (e.g., *Marital Satisfaction Inventory-Revised*) to supplement interview as needed; readminister as indicated to assess treatment progress.
8. Assess the client’s level of insight (syntonic versus dystonic) toward the “presenting problems” (e.g., demonstrates good insight into the problematic nature of the “described behavior,” agrees with others’ concern, and is motivated to work on change; demonstrates ambivalence regarding the “problem described” and is reluctant to address the issue as a

concern; or demonstrates resistance regarding acknowledgment of the “problem described,” is not concerned, and has no motivation to change).

9. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
  10. Assess for any issues of age, gender, or culture that could help explain the client’s currently defined “problem behavior” and factors that could offer a better understanding of the client’s behavior.
  11. Assess for the severity of the level of impairment to the client’s functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
- ▼ 7. Make a commitment to change specific behaviors that have been identified by self or the partner. (12)
12. Process the list of positive and problematic features of each partner and the relationship; ask couple to agree to work on changes he/she needs to make to improve the relationship, generating a list of targeted changes (or assign “How Can We Meet Each Other’s Needs

and Desires?” in the *Adult Psychotherapy Homework Planner* by Jongsma).<sup>▽</sup>

- ▽ 8. Each partner negotiates and signs a contract to agree to increase positive behaviors that each partner desires. (13)
- ▽ 9. Increase the frequency of the direct expression of honest, respectful, and positive feelings and thoughts within the relationship. (14, 15, 16)
- ▽ 10. Learn and implement problem-solving and conflict resolution skills. (17, 18, 19)
- 13. Develop a contract identifying negotiated behavioral changes that each partner desires within the relationship; ask the couple to sign the contract.<sup>▽</sup>
- 14. Assist the couple in identifying conflicts that can be addressed using communication, conflict-resolution, and/or problem-solving skills (see “Behavioral Marital Therapy” by Holtzworth-Munroe and Jacobson).<sup>▽</sup>
- 15. Use behavioral techniques (education, modeling, role-playing, corrective feedback, and positive reinforcement) to teach communication skills including assertive communication, offering positive feedback, active listening, making positive requests of others for behavior change, and giving negative feedback in an honest and respectful manner.<sup>▽</sup>
- 16. Assign the couple a homework exercise to use and record newly learned communication skills; process results in session, providing corrective feedback toward improvement.<sup>▽</sup>
- 17. Review how newly learned communication skills can be applied to conflict resolution through calm, respectful, effective dialogue; role-play application of this skill to a present conflict situation.<sup>▽</sup>
- 18. Use behavioral techniques (education, modeling, role-playing, corrective feedback, and positive reinforcement) to teach the couple

problem-solving and conflict resolution skills including defining the problem constructively and specifically, brainstorming options, evaluating options, compromise, choosing options and implementing a plan, evaluating the results. ▽

19. Assign the couple a homework exercise to use and record newly learned problem-solving and conflict resolution skills (or assign “Applying Problem-Solving to Interpersonal Conflict” in the *Adult Psychotherapy Homework Planner* by Jongsma); process results in session. ▽
  20. Use cognitive therapy techniques to restructure the clients’ biased cognitions (e.g., mind-reading, blaming), modify maladaptive emotional responses (e.g., rage) and inappropriate behaviors (e.g., verbal aggression) within the relationship (see *Enhanced Cognitive Behavioral Therapy for Couples* by Epstein and Baucom) ▽
  21. Identify the couple’s irrational beliefs and unrealistic expectations regarding relationships and then assist them in adopting more realistic beliefs and expectations of each other and of the relationship (or assign “Journal and Replace Self-Defeating Thoughts” in the *Adult Psychotherapy Homework Planner* by Jongsma). ▽
  22. Help the couple build tolerance of each other’s differences by seeing the positive side of such differences to balance their awareness of drawbacks (see *Integrative Couple*
- ▽ 11. Learn and implement cognitive therapy techniques to replace unrealistic, maladaptive thoughts, feelings, and actions with those facilitative of the relationship. (20, 21)
  - ▽ 12. Accept partner’s existing characteristics that are unlikely to change but do not jeopardize the relationship. (22)

- Therapy* by Jacobson and Christensen).<sup>EB</sup>▽
- ▽<sup>EB</sup> 13. Increase flexibility of expectations, willingness to compromise, and acceptance of irreconcilable differences. (23)
- ▽<sup>EB</sup> 14. Understand the origin of each other's negative emotions and reactions and develop more constructive interactions that fill needs. (24, 25, 26)
15. Gain insight into how past relationship experiences influence current relationship problems. (27)
23. Teach both partners the key concepts of flexibility, compromise, sacrifice of wants, and acceptance of differences toward increased understanding, empathy, intimacy, and compassion for each other (see *Integrative Couple Therapy* by Jacobson and Christensen).<sup>EB</sup>▽
24. For mild to moderately distressed couples, convey a model to the clients that conceptualizes negative emotions and behavioral reactions as reflecting vulnerability and attachment insecurities (see *Emotion-Focused Couples Therapy* by Greenberg and Goldman; “Emotionally Focused Couples Therapy” by Johnson).<sup>EB</sup>▽
25. Encourage the clients to recognize, reframe, and express these insecurities toward resolving negative emotional and behavioral reactions.<sup>EB</sup>▽
26. Assist the clients in developing more constructive interactions that satisfy attachment needs such as increased intimacy and expressions of love (or assign “How Can We Meet Each Other's Needs and Desires?” in the *Adult Psychotherapy Homework Planner* by Jongsma).<sup>EB</sup>▽
27. Conduct an insight-oriented couples therapy identifying how past relationship injuries (e.g., betrayal of trust) create current vulnerabilities that cause relationship conflicts (e.g., fear of intimacy); help the couple to separate the past from the present

(see *Insight Oriented Marital Therapy* by Wills).

16. Identify any patterns of destructive and/or abusive behavior in the relationship. (28, 29)
17. Implement a “time out” signal that either partner may give to stop interaction that may escalate into abuse. (30, 31, 32)
18. Initiate verbal and physical affection behaviors toward the partner. (33)
19. Increase time spent in enjoyable contact with the partner. (34)
28. Assess current patterns of destructive and/or abusive behavior for each partner, including those that existed in each family of origin (if domestic violence is present, plan for safety and avoid early use of conjoint sessions; see the Physical Abuse chapter in *The Couples Psychotherapy Treatment Planner* by O’Leary, Heyman, and Jongsma).
29. Ask each partner to make a list of escalating behaviors that occur prior to abusive behavior.
30. Assist the partners in identifying a clear verbal or behavioral signal to be used by either partner to terminate interaction immediately if either fears impending abuse.
31. Solicit a firm agreement from both partners that the “time out” signal will be responded to favorably without debate.
32. Assign implementation and recording the use of the “time out” signal and other conflict resolution skills in daily interaction (or assign “Alternatives to Destructive Anger” in the *Adult Psychotherapy Homework Planner* by Jongsma).
33. Encourage each partner to increase the use of verbal and physical affection; address resistance surrounding initiating affectionate or sexual interactions with the partner.
34. Assist the couple in identifying and planning rewarding social/recreational activities that can be shared with the partner (or assign



- “Identify and Schedule Pleasant Activities” in the *Adult Psychotherapy Homework Planner* by Jongsma).
20. Participate in an evaluation to identify or rule out sexual dysfunction and participate in appropriate treatment, if indicated. (35, 36)
  21. Commit to the establishment of healthy, mutually satisfying sexual attitudes and behavior that is not a reflection of destructive earlier experiences. (37, 38)
  22. Identify the cause and consequences of the partner’s infidelity, as well as each other’s goals of therapy. (39, 40)
  35. Gather from each partner a thorough sexual history to determine areas of strength and to identify areas of dysfunction (see the Female Sexual Dysfunction and Male Sexual Dysfunction chapters in this *Planner*).
  36. Refer the client to a specialist for a diagnostic evaluation of sexual dysfunction (e.g., rule-out of medical or substance etiology), with recommendation for appropriate evidence-based treatment (e.g., medication, sex therapy, surgery).
  37. In a conjoint session identify sexual behavior, patterns, activities, and beliefs of each partner and the extended family (or assign “Factors Influencing Negative Sexual Attitudes” in the *Adult Psychotherapy Homework Planner* by Jongsma).
  38. Assist each partner in committing to attempt to develop healthy, mutually satisfying sexual beliefs, attitudes, and behavior that are independent of previous childhood, personal, or family training or experience.
  39. Assist the couple in identifying the cause(s) and consequences of the infidelity; clarify the couple’s motivation and goals of therapy.
  40. Assign the clients to read *After the Affair* by Spring, or *Getting Past the Affair: A Program to Help You Cope, Heal, and Move On—Together or Apart* by Synder,

Baucom, and Gordon; process key concepts gathered from the reading in conjoint sessions with the therapist.

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| <p>23. Verbalize acceptance of the loss of the relationship. (41, 42, 43)</p>             | <p>41. Explore and clarify feelings associated with loss of the relationship.</p> <p>42. Refer the client to a support group or divorce seminar to assist in resolving the loss and in adjusting to the new life.</p> <p>43. Assign the client to read <i>Rebuilding: When Your Relationship Ends</i> by Fisher, or <i>Surviving Separation and Divorce: A Woman's Guide</i> by Oberlin; process key concepts.</p> |
| <p>24. Implement increased socialization activities to cope with loneliness. (44, 45)</p> | <p>44. Support the client in his/her adjustment to living alone and being single; encourage him/her in accepting some time in being alone and in making concrete plans for social contact.</p> <p>45. Inform the client of opportunities within the community that assist him/her in building new social relationships.</p>  |

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**DIAGNOSTIC SUGGESTIONS**

*Using DSM-IV/ICD-9-CM:*

<b>Axis I:</b>	312.34	Intermittent Explosive Disorder
	309.0	Adjustment Disorder With Depressed Mood

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309.24	Adjustment Disorder With Anxiety
300.4	Dysthymic Disorder
300.00	Anxiety Disorder NOS
311	Depressive Disorder NOS
309.81	Posttraumatic Stress Disorder
V61.10	Partner Relational Problem

<b>Axis II:</b>	301.20	Schizoid Personality Disorder
	301.81	Narcissistic Personality Disorder
	301.9	Personality Disorder NOS

*Using DSM-5/ICD-9-CM/ICD-10-CM:*

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
312.34	F63.81	Intermittent Explosive Disorder
309.0	F43.21	Adjustment Disorder, With Depressed Mood
309.24	F43.22	Adjustment Disorder, With Anxiety
300.4	F34.1	Persistent Depressive Disorder
300.09	F41.8	Other Specified Anxiety Disorder
300.00	F41.9	Unspecified Anxiety Disorder
311	F32.9	Unspecified Depressive Disorder
311	F32.8	Other Specified Depressive Disorder
309.81	F43.10	Posttraumatic Stress Disorder
301.20	F60.1	Schizoid Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder
301.9	F60.9	Unspecified Personality Disorder
V61.03	Z63.5	Disruption of Family by Separation or Divorce

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.

 indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.