



ReKINDLE

Relationship Counselling

Module 6

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Module 6

Understanding Perimenopause & Menopause

Endings in Couples Therapy

Understanding Menopause

- Key Psychoeducation for Counsellors
- Recognising Menopause-Related Themes
- Therapeutic Theories & Frameworks That Help
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- Domestic abuse in the relationship
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Understanding Perimenopause & Menopause

Key Psychoeducation for Counsellors

- **Hormonal Shifts:** Fluctuations and eventual reduction in oestrogen, progesterone, and testosterone affecting mood, sleep, libido, and cognition.
- **Common Symptoms:** Hot flushes, night sweats, irritability, low mood, anxiety, poor concentration, fatigue, vaginal dryness, joint pain.
- **Psychological Impacts:** Identity changes, grief over fertility, existential reflection, low self-esteem, body image changes, or fear of ageing.
- **Relationship Impacts:**
 - Reduced sexual intimacy or mismatched desire
 - Emotional volatility leading to communication strain
 - Role renegotiation (e.g., post-childrearing identities)
 - Partner misinterpretation (“She’s changed,” “He doesn’t understand me”)

Tip: Educate without diagnosing — use psychoeducation as a bridge to empathy, not as medical labelling.

Recognising Menopause- Related Themes in the Therapy Room

Possible Presentations:

- Escalating conflict or “distance” in an otherwise stable couple
- Withdrawal, low confidence, loss of affection, or avoidance of touch
- One partner feeling “left out” or rejected
- Mood swings being misattributed to relationship dissatisfaction
- Existential questioning: “*Who am I now?*” “*Is this all there is?*”

Therapist’s Lens:

- Attend to *what has changed and when*
- Invite both partners to explore physical, emotional, and relational changes rather than blame
- Recognise that both partners are undergoing a transition — the woman’s internal changes and the partner’s external adaptation

Therapeutic Theories & Frameworks That Help

- **1. Integrative & Psychoeducational Approach**
Use psychoeducation to normalise physiological and psychological change. Integrate CBT tools for reframing catastrophic thoughts and Emotion-Focused Therapy (EFT) to re-establish emotional connection.
- **2. EFT (Emotion-Focused Therapy) for Couples**
Helps partners identify attachment fears (e.g., *“I’m losing you”*, *“You don’t find me attractive”*) beneath surface conflict. Encourages empathy, reassurance, and re-attunement.
- **3. Systemic/Relational Re-balancing**
Explore family roles, power dynamics, and patterns of caretaking. Menopause may unearth long-suppressed resentment or needs for autonomy. Help couples re-negotiate roles collaboratively.
- **4. Narrative Therapy**
Invite clients to externalise “the menopause” as a shared experience, not the woman’s fault. Explore the story they’re telling about ageing, desirability, and value.
- **5. Compassion-Focused & Mindfulness Approaches**
Support self-soothing, regulation, and compassion for the self and partner when symptoms cause irritability or disconnection.
- **6. Somatic Awareness**
Notice body sensations, grounding techniques, breathwork, and touch exercises to reconnect body-mind awareness and ease shame or frustration.

Practical Techniques for Couples Counsellors

Technique	Purpose / Focus
Menopause Timeline Exploration	Create a timeline of physical/emotional changes to locate relational shifts and promote understanding.
Communication Reset Exercise <i>(see resources)</i>	Re-teach active listening, non-defensive responses, and empathy statements: “What’s one thing you’d like me to understand right now?”
Shared Language for Symptoms	Help the couple find non-judgmental phrases for symptoms (“My energy’s low today” instead of “I can’t be bothered”).
Values Reconnection Task	Explore what’s meaningful beyond roles and bodies — identity, legacy, partnership goals.
Intimacy Map <i>(see resources)</i>	Re-discover safe touch, sensuality, and affection through non-sexual physical closeness.
Re-storying Exercise	Create a narrative of this stage as transformation, not decline — “We’re entering a new chapter of knowing each other.”

Therapist Awareness

- Avoid pathologising: menopause is not a disorder but a transition.
- Be mindful of cultural and gender diversity — not all people who experience menopause identify as women, and cultural narratives around ageing differ.
- Recognise therapist bias: explore your own responses to ageing, sexuality, and gender roles.
- Use supervision to process countertransference (e.g., frustration, rescuing, projection).

Case Example

Case: Sarah (52) and Mark (54)

Sarah describes disturbed sleeping patterns and feeling “irritable and numb.” Mark says, “She doesn’t want me anymore.”

Counsellor’s approach:

- How would you approach this couple?
- What Skills could be appropriate to help?
- How could you facilitate improved communication?

Discussion Point

- 1:** How comfortable am I talking about menopause and sexuality in couples work?
- 2:** What biases or assumptions might I hold about ageing or femininity?
- 3:** How could I introduce psychoeducation without making a client feel “medicalised”?
- 4:** What could compassion look like in this stage for both partners?

Case Example

Case: Sarah (52) and Mark (54)

Sarah describes disturbed sleeping patterns and feeling “irritable and numb.” Mark says, “She doesn’t want me anymore.”

Counsellor’s approach:

- Explores timeline: changes began around onset of sleep problems and night sweats.
- Introduces psychoeducation around hormonal shifts.
- Uses EFT to explore underlying fears of rejection and invisibility.
- Assigns ‘communication reset task’ for home practice (see resources).
- Re-frames change as shared adjustment, not personal failure.

Recommended Readings / Resources

- *Davina McCall – Menopausal (2022)*
- *Dr Louise Newson – The Definitive Guide to the Perimenopause and Menopause*
- *Sue Johnson – Hold Me Tight* (for EFT framework)
- NICE Guidelines: Menopause: diagnosis and management (NG23)
- British Menopause Society resources for partners



Counsellor Resources

Helpful info and worksheets for you to use with clients

INTIMACY MAP FOR CLIENTS

(For couples to complete together or individually, then discuss in their next session)

1. What Does “Intimacy” Mean to Us Now?

Use this space to describe what intimacy feels like in your relationship at this stage of life. It may include emotional closeness, comfort, laughter, shared time, touch, or simply being understood - *Write freely or use short phrases:*

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2. Exploring Different Forms of Intimacy

Tick ✓ what feels present in your relationship now, ☆ what you’d like to nurture more, and give examples.

Type of Intimacy	Examples / Prompts	✓ / ☆	Our Notes or Examples
Emotional	Sharing feelings, comfort, empathy		
Physical (non-sexual)	Hugs, hand-holding, cuddling		
Sexual	Desire, touch, playfulness, pleasure		
Intellectual	Conversations, curiosity, shared ideas		
Recreational	Fun, hobbies, laughter, adventure		
Spiritual / Meaningful	Shared beliefs, purpose, gratitude		
Practical / Teamwork	Acts of care, reliability, support		

3. Comfort & Connection Zones

Draw or write in the boxes below. Be honest — these may change from week to week.

💚 Always Comfortable	💛 Sometimes Comfortable	❤️ Not Comfortable Right Now

6. Reflection Prompts for Next Session

What surprised me about my partner’s answers? / Which types of intimacy do we want to strengthen? / How can we show affection or care differently now? / What will we try between now and our next session?

4. The Small Things That Keep Us Close

List the gestures, habits, or words that help you feel connected.

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5. Creating Our New Intimacy Map

Imagine a map of your relationship. What “places” do you want to visit more often — emotional safety, laughter, affection, curiosity, teamwork? Use this space to draw symbols, words, or connections. Our map of connection:

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THERAPIST FACILITATION GUIDE FOR THE INTIMACY MAP

Purpose

To help couples reconnect and redefine intimacy during transitional periods (e.g., perimenopause, menopause, illness, or post-crisis).
The goal is to broaden their understanding of closeness beyond sexual activity and foster shared empathy and curiosity.

When to Use

When one or both partners report loss of connection, affection, or sexual changes

When physical symptoms or confidence issues affect intimacy

When arguments or avoidance stem from misinterpreted distance (“You don’t want me anymore”)

As homework or in-session activity once emotional safety is established

Session Introduction (Therapist Script Example)

“Many couples notice that intimacy starts to feel different over time — especially during life transitions like menopause.
This isn’t a sign of failure, but an invitation to rediscover what closeness means now.
This Intimacy Map helps you both explore the different ways you already connect, what feels comfortable, and what you might like to rebuild together.”

Facilitation Steps

Step 1 – Frame the Concept

Clarify that intimacy includes emotional, physical, intellectual, and everyday closeness.
Normalise how hormones, sleep, or self-image changes can affect desire or touch tolerance.
Emphasise: *This is not a test — it’s a conversation tool.*

Step 2 – Explore Individually

Invite partners to complete the worksheet separately for 10–15 minutes.
Encourage honesty without trying to please or guess each other’s answers.

Step 3 – Share & Reflect

Guide them to share findings gently:
“What felt similar or different?”
“Were there any surprises or things you hadn’t said aloud?”
“How can you support each other’s comfort zones?”

Step 4 – Map Together

Use the “Creating Our New Intimacy Map” section to brainstorm shared rituals or gestures that could re-ignite connection (e.g., weekly walk, bedtime chat, shared playlist, mindful touch).

Step 5 – Integration

Assign one small, low-pressure experiment:
“Between now and next session, try one gesture from your ‘Comfort Zone’ list — no expectations, just notice what happens.”

Therapist Tips

Language: Avoid clinical terms; use words like *warmth, closeness, togetherness*.

Tone: Keep sessions exploratory, not goal-driven.

Safety: If there is trauma, pain, or medical issues impacting sexual intimacy, refer or integrate somatic/body-based therapy cautiously.

Diversity: Acknowledge that intimacy looks different for LGBTQ+ couples, neurodiverse partnerships, or couples in non-monogamous structures.

Follow-Up Reflection (Next Session)

Invite discussion:
What changed when you paid more attention to small moments of connection?
Did any “off-limits” areas start to feel safer?
What patterns do you both want to protect as new habits?
Encourage couples to **redraw the map** in future sessions — making it a living document that evolves with them.

COMMUNICATION RESET TASK

A practical exercise for rebuilding understanding and empathy

Why This Task Matters

When life changes — emotionally, hormonally, or relationally — couples often slip into patterns of *reacting instead of responding*. This task helps you both pause, re-learn how to *listen without defence*, and *speak with clarity and care*.

The aim is not to agree on everything — it’s to *understand each other again*.

Preparation – Setting the Scene

- Before you begin:
- Choose a calm time (not in the middle of conflict).
- Sit facing each other with no distractions (phones away, TV off).
- Agree to take turns speaking and listening.
- Use gentle tone and body language.

Remember: *this is about connection, not correction*.

You might start by saying:

“Let’s do our communication reset — just 10 minutes to listen and understand each other better.”

Step One – Sharing & Listening

- Each partner takes turns answering these prompts.
- The other partner *only listens* — no interrupting, fixing, or defending.
- When one finishes, swap roles.

Speaker Prompt	Listener’s Role
“Right now, what I need you to understand is...”	Maintain eye contact, nod, and listen fully.
“Lately I’ve been feeling...”	Reflect back: “So you’ve been feeling...”
“I think I might need...”	Summarise what you’ve heard without adding opinion.
“Something that’s been hard for me is...”	Offer empathy: “That sounds really difficult.”
“One thing that would help me feel more connected is...”	Thank your partner for sharing.

You can jot down what stands out to you here:

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Step Two – Reflecting Back Together

- After both partners have spoken:
- Discuss:
- What did I learn about my partner that I didn’t know or had forgotten?
- What surprised me?
- What small thing can I do differently this week to support better connection?

Our shared notes:

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Step Three – Shared Language Reset

Choose or create new phrases that feel safe, kind, and clear when tensions rise.

Instead of saying...	Try saying...
“You never listen.”	“Can I share something, and could you just listen for a minute?”
“You don’t care.”	“I feel unseen right now — can we talk about it later when we’re calm?”
“You’re always angry.”	“You seem upset — can you tell me what’s going on underneath that?”
“You’re being ridiculous.”	“I want to understand your point of view, even if I don’t agree.”
“Forget it.”	“I need a pause, but I do want to come back to this.”

Step Four – Connection Ritual

- End the conversation with something simple that brings warmth back into the room:
 - A hug, hand-hold, or smile.
 - Saying “Thank you for listening.”
 - A shared cup of tea, short walk, or a few quiet breaths together.
- The goal is to associate honest conversation with *safety and reconnection*, not fear or fatigue.

Reflection for the Next Session

- Bring this worksheet back to therapy and reflect on:
- What felt easier than expected?
- What made listening harder?
- Did we notice any patterns (e.g. defensiveness, assumption, tone)?
- How might we make communication resets part of our routine?

1. What Is Menopause?

Menopause is a **natural life stage**, not an illness. It marks the time when menstruation stops, typically between ages 45–55, though symptoms may begin earlier in *perimenopause* — the transitional phase leading up to menopause.

Average UK age: 51

Perimenopause: can last 4–8 years

Postmenopause: the years after the final period (12 months without menstruation)

Hormonal changes — especially fluctuating **oestrogen**, **progesterone**, and **testosterone** — influence mood, energy, sleep, libido, and cognition. These shifts can impact **both partners**, as they often affect emotional regulation, desire, and communication.

2. Common Physical, Emotional, and Cognitive Symptoms

Area	Possible Changes
Physical	Hot flushes, night sweats, disrupted sleep, fatigue, joint pain, headaches, vaginal dryness, weight changes
Emotional	Mood swings, irritability, anxiety, low confidence, tearfulness, frustration, loss of identity
Cognitive	“Brain fog,” forgetfulness, slower recall, difficulty concentrating
Sexual / Relational	Reduced libido, discomfort during sex, body image concerns, misinterpretation of distance or rejection

***Noe:** Not everyone experiences all of these, and the intensity varies widely.*

3. What Might Be Happening Psychologically

Hormonal changes interact with social and emotional shifts:

- **Identity transitions:** moving from fertility and child-rearing years into a new phase of self-definition. Grieving fertility or youth
- **Existential reflection:** re-evaluating life choices, purpose, and relationships.
- **Self-image changes:** altered body confidence or fear of ageing.
- **Emotional sensitivity:** mood and sleep disturbances can heighten reactivity and communication difficulties. Re-evaluating what intimacy, freedom, and satisfaction mean

It's normal for this time to bring both loss and growth — a rebalancing of identity, priorities, and needs.

4. How Menopause Can Affect Relationships

When one partner's internal world changes, the relationship must adapt too.

Possible relational impacts:

- Misreading hormonal mood changes as rejection or anger
- Reduced sexual frequency or different timing of desire
- Disconnection through shame or misunderstanding
- One partner feeling excluded or “unwanted”
- Avoidance of touch due to physical discomfort
- Shifts in independence, energy, or emotional needs

These changes are not signs of incompatibility — they are invitations to re-negotiate connection and care.

5. Helpful Communication Reminders

Healthy dialogue can transform confusion into empathy.

Try saying:

- “I’m not sure what’s happening for me right now — can we just sit with it together?”
- “I notice I’m more irritable lately; it’s not about you.”
- “What do you need from me when I’m struggling?”
- “How can I support you when you’re tired or low?”
- “Let’s check in — what’s helping us stay close these days?”

Avoid: blaming language (“You’ve changed,” “You’re always moody”)

Shared Language for Symptoms *(How to talk about what's happening without blame or misunderstanding)*

If you might usually say...

"You're so moody lately."

"You never want sex anymore."

"You've changed."

"You're overreacting."

"You're always tired."

"You don't find me attractive anymore."

"You're so forgetful!"

"You're never in the mood."

"Stop being dramatic."

"It's just hormones."

"You used to be fun."

"You're shutting me out."

"It's like living with a stranger."

"You're not yourself."

"You just need to calm down."

Try saying instead...

"I can see you're struggling — how can I support you right now?"

"I miss our closeness — can we talk about what feels comfortable for you just now?"

"I notice things feel different between us. How is this time affecting you?"

"This seems really hard for you — would you like me to listen or help problem-solve?"

"It sounds like your energy's really low — what would help you rest?"

"I'm feeling a bit disconnected — can we find some new ways to feel close?"

"We're both juggling a lot — how can we make things easier to remember together?"

"What helps you relax or feel more comfortable when you're close to me?"

"I can see this symptom is really impacting you — let's take a breather together."

"Hormones are playing a part, but your feelings are still real — I want to understand them."

"I miss how we used to laugh — what could we do that feels good for both of us now?"

"I'd love to stay close even when things feel heavy — what helps you feel safe to talk?"

"We're both changing — maybe this is a chance to get to know each other again."

"I know this phase is intense — what parts of you feel most like *you* right now?"

"Let's pause together — would it help to take a walk or breathe for a moment?"

Why this helps

Replaces criticism with care and curiosity.

Focuses on connection, not pressure.

Invites shared reflection instead of accusation.

Validates emotional shifts and gives choice.

Acknowledges fatigue without judgment.

Shifts from fear to solution-seeking.

Turns criticism into teamwork.

Normalises fluctuating desire and curiosity.

Offers empathy and regulation instead of dismissal.

Respects emotional reality while naming biology.

Looks forward instead of criticising the past.

Prioritises connection and safety.

Reframes change as opportunity, not loss.

Encourages self-connection and empathy.

Models co-regulation instead of control.

Reflection Prompts (for couples or individuals)

What new understanding do I have about this stage of life?

[illegible]

What assumptions have I been making about my partner's behaviour?

[illegible]

What could I try differently this week to show care or curiosity?

A series of horizontal dotted lines for writing.

How might we support each other emotionally and practically?

[illegible]

Menopause & Our Relationship: A Shared Understanding

A reflective handout for couples navigating change together

1. Understanding What’s Happening

The menopause and perimenopause can bring physical, emotional, and relational changes. It’s a *natural* transition — not an illness — but the effects can feel unpredictable for both partners.

Common physical and emotional symptoms may include:

- Hot flushes or night sweats
- Sleep disturbance or fatigue
- Changes in libido
- Mood swings or irritability
- Low confidence or body image worries
- Forgetfulness or difficulty concentrating
- Feelings of loss, grief, or anxiety
- Physical discomfort during intimacy

Reflection:

Which of these changes have we noticed — in ourselves, or between us?

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2. Normalising Relationship Changes

When one partner experiences hormonal and emotional changes, both people feel the effects. It’s easy for miscommunication, hurt, or withdrawal to creep in — especially when neither person fully understands what’s happening.

It’s common for couples to experience:

- Misinterpreting mood shifts as rejection
- Changes in closeness or affection
- Increased arguments or irritability
- Shifts in identity or priorities
- Different needs for space or reassurance

Remember:

These changes are *nobody’s fault*. They are part of a shared adjustment to a new life stage — one that can deepen understanding and compassion if explored openly.

Reflection:

What patterns or misunderstandings have we noticed recently?

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3. Communication Tips for Connection

During menopause, communication often needs to become more intentional and gentle.

Try these:

- Use “I feel...” rather than “You always...”
- Ask before giving advice or solutions
- Talk about what support looks like today — it may change tomorrow
- Create space for both voices — both experiences matter
- Keep a sense of humour and kindness where possible

Example prompts for discussion:

- “What do you wish I understood better right now?”
- “How can we make space for patience when things feel tense?”
- “What helps you feel close to me when I’m struggling?”

Our shared notes or new phrases to try:

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4. Shared Responsibility & Support

Menopause is *not just a women’s issue* — it’s a relationship phase that invites shared understanding.

Ways to support each other:

- Learn together — read, watch, or attend appointments as a team
- Adjust routines for better rest, nutrition, or exercise
- Express appreciation often — not just empathy for symptoms
- Revisit intimacy — explore closeness without pressure or goal
- Use humour and warmth to defuse moments of frustration

Reflection for each partner:

One thing I need from you right now:

One thing I can offer to support you:

5. Looking Ahead Together

Menopause can mark the *beginning* of a new phase — a chance to redefine connection, intimacy, and purpose together.

It can also open conversations about identity, self-care, and shared growth.

Shared vision prompt:

“What kind of relationship do we want to build as we move through this next chapter?”

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Endings - Things to Handle



Endings - Things to Handle

Counselling can be a roller coaster of emotions, feelings and reactions with just one person. Add another and there is a whole new dynamic.

As the counsellor you need to be prepared for:

When couples fight

If couples cry

If couples break up

When you witness one partner telling another that they
no longer love them

Lethargy and boredom from one side

Disengagement

Stilted conversations

Not knowing what to say

Endings- Things You Will Feel

You will feel at certain points:

Awkwardness

Uncomfortableness

Imposter Syndrome

Empathy

Sympathy

Frustration

Exhaustion

Transference

Happiness

Confusion

Proudness

Surprise

Things You Need For YOU

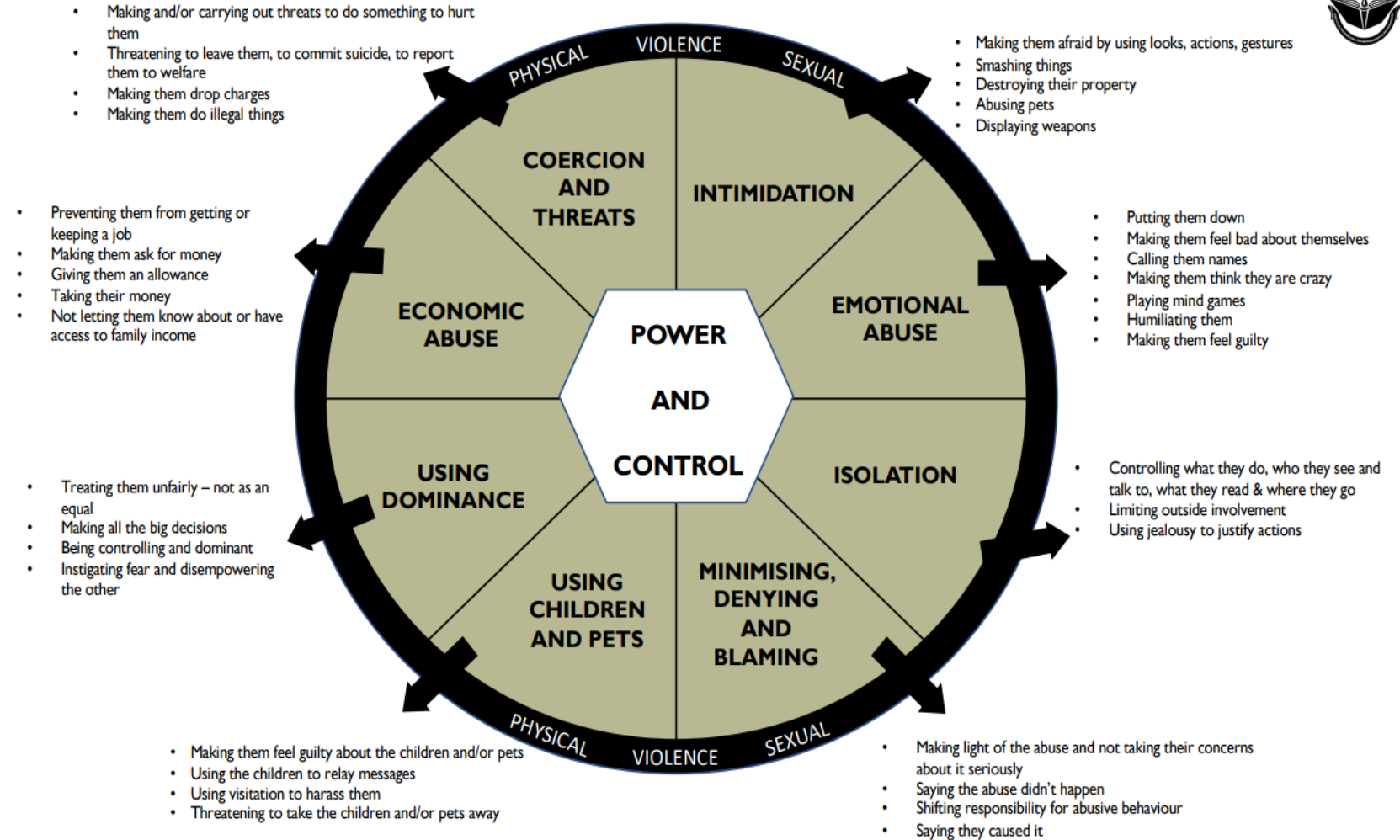
- To re centre yourself in between clients
- Self Soothe
- Be mindful and do mindfulness
- Make sure your supervisor is one that has experience of couples and use your supervisor to the max.
- Find a good peer support group, share and seek.
- Find a distress tolerance or a happy hitlist for yourself.

Things To Remember

- Initial consultation if you do one
- Couples contract
- Recheck goals of therapy
- Remember your role
- Working in double for everything
- You're human and don't need to know it all
- Not to carry their session with you

Domestic Abuse

POWER AND CONTROL WHEEL.



Domestic Abuse and Ways to Handle it

In the first couple of sessions ask the clients what their argument style is, then work with the facts around that information.

How do they respond to each other from their own point of view?

Use the following therapeutic interventions to discover the depths of their dynamic together.

Parent Adult Child

Drivers

Drama Triangle

Wheel Of Emotions

Suggest individual sessions where appropriate.

Domestic Abuse and Ways to Handle it

Single sessions can be introduced in the following ways:

“I think it would be helpful and beneficial to set up an individual session with each of you. This is so that you can share your concerns without having to worry about your partner’s reactions.

This is something I frequently do in couples therapy, and given how today’s session has transpired with the things that have been said and the way it has been said, I believe it is a good idea, what do you think?”

Domestic Abuse and Ways to Handle it

Or if the session(s) were more volatile:

“During the last several sessions, I’ve had a chance to see how you interact with each other. As part of our work together, and to get to know you better, I’d like to work individually with each of you. I think it is important to find out more about you, your childhood, family history - that sort of thing. We will come back into the sessions as a couple but for now an individual session will enable things to move forward within your relationship”

Domestic Abuse and Ways to Handle it

In the individual session:

“This is an opportunity to get together with you, and I’m wondering if there’s anything you’d like me to know that you’re not comfortable saying with your partner in the room. If it’s something you want to tell me in confidence, I can keep it to myself. If it’s something I think would be helpful to discuss in a joint session, I’ll let you know that today, but I won’t disclose anything you don’t want me to.”

Within the contract there is the ‘no secrets’ policy, meaning that things raised in the individual session will need to be raised in the couple’s session at some point to help strengthen the relationship. In situations where domestic abuse is apparent, this policy needs to be flexible.

Domestic Abuse and Ways to Handle it

Possible outcomes from the single sessions

- The couple recognises how their behaviour contributes to the negative dynamic and there is movement to work on communication in couples counselling - accountability taken.
- The couple need to engage in individual counselling or relevant group therapy from specialised practitioners. Register for support from the local provisions for domestic abuse.
- They come back into couples therapy once they have each tackled their individual components.

Domestic Abuse and Ways to Handle it

Possible approach:

“I have some thoughts about your therapy and where we go from here. We’ve discussed the issues and difficulties you experience together. For example, neither of you feel adequately appreciated and you both report difficulty in getting the other person to understand your point of view, empathy is low and emotional reaction is high. There is an ease to which you both identify each other’s shortcomings but not so good about identifying your own. And it’s hard for you, even with me in the room, to discuss sensitive issues without getting into a heated argument, tit for tat or the negative communication patterns interfering with the session.

“I think it’s clear to all of us that the two of you need couple’s therapy. But I think it’s premature at this point. All that I can see happening is that you will be in a semi comfortable/uncomfortable limbo until you both have a chance to address your own issues. Once that is done you will be able to obtain all the benefits of couples counselling.”

Domestic Abuse and Ways to Handle it

Things to be aware of:

Understanding of the impact from saying not now.
What will that do to them.

Think bigger picture -

Can the couple in the current state of their relationship withhold the feelings that arise from exploration of their relationship. Is it safe?

Can the abusive partner take accountability for their behaviour that has led to all or some of the issues in the relationship?

Couples counselling will be pointless if one half of the couple is too afraid to speak the truth for fear of repercussions.

Domestic Abuse and Ways to Handle it

Conditions for when couples counselling is beneficial (where abuse is in the open and recognised)

1. Past abuse was moderate to mild; currently, abuse is extremely mild or entirely absent.
2. The couple can adhere to a contract of no further abusive behaviour.
3. The abused partner is safe, unafraid, and has a more than adequate support around them.
4. Both partners are motivated for treatment out of a sincere desire to grow and change.
5. Both partners are willing to be accountable for their behaviour, without blaming the other. Willing to work on the negative communication and reactionary behaviour using the therapeutic tools available to them.
6. The couple can use basic communication skills in a non-manipulative manner.
7. They are engaged with appropriate support organisations. In the minimum aware of who they are and what they can do.
8. They understand that future sessions are contingent on the above being consistently met.

Domestic
Abuse and
Ways to
Handle it

What is your experience of
Domestic Abuse in the Therapy
Room?

Couples That Confuse you

Sometimes after a few sessions you may not be clear on your role. Just like in a single session bring it to their mind and point it out. It doesn't mean that you are a bad counsellor it could be what they are waiting for.

Our role is to be direct, to ask why are you here, what do you want from me.

The What do I want, why do I need them and what do I have will help here, but even with them, confusion can still occur.

This clip shows a sample of a couple that are stuck confused in themselves which causes conflict with the counsellor. It also highlights the difficulty in working with strong egos.

Couples You Can't Forget

I had a couple that I saw for 12 sessions online.

Presenting issue:

They came to me primarily because of the wife's disengagement towards intimacy.

We started with weekly sessions for 4 sessions then it dropped too fortnightly

What did I learn in the first session?

He had a huge hurry up/be perfect driver and was in a controlling parent ego state

She was constantly in sulky/rebellious child, she was also Be perfect and please others.

Opposite love languages

4 horseman language was rife

He saw money as an important factor in life

Couples You Can't Forget

What did I learn?

- To be open from the word go
- To look at my competency level
- To look at what I am missing
- To take more control in volatile sessions
- Supervision and lots of it
- Step out and focus on what I have managed

Discussion Point

What have you learned from the clients that you can't forget?

Endings in Couples Therapy

Endings are important.

Counselling can end for several reasons:

1. Couples decide to separate
2. Financial restraints
3. Lack of rapport
4. Circumstances change
5. Wanting to try things without the support of the counsellor
6. Needing a more specialised counsellor for a particular issue
7. Reaching the goals set out at the beginning of the sessions
8. One not being engaged anymore with the idea of counselling

Endings in Couples Therapy

When ending, there are a few things to consider.

Within these sessions talk with your couples about:

- How they feel at the thought of ending their couples counselling.
- Go back to the initial goals.....What do I want, why do I need it and what do I have. Were these goals met?
- Reflect on the entire counselling experience.

Endings in Couples Therapy

- Help them to see how far they have come since starting.
- Talk about possible future challenges.
- Remind them of the learned techniques they have practiced
- It's ok to come back to counselling for top up sessions.

Breaking up in Couple's Therapy

- It may seem like a negative outcome but sometimes the problems were too deep rooted to resolve.
- The therapy sessions are allowing space for self-reflection on their own needs and dynamics. Yes, the work in the session is for couples but the processing continues in their own minds after the session.
- Remember the relationship was already in trouble before the couple decided to come into couple's therapy.

Therapy after the Breakup - to Understand the Breakup

This is something that is quite common.

The presenting issue is to either:

- Find common ground for easy communication patterns so that topics such as property selling and children are easier to navigate.
- To provide closure for the partner who the breakup happened to.
- To support the breaking up partner so that they can give the closure to their partner.
- In rare cases it is to help get them back together.

Impacts of Endings in Couple's Therapy.

Our role as a Couples Counsellor is to create an environment that is:

Safe

Secure

Supportive

- To listen, reflect, summarise, probe and nudge so that both feel heard and respected.
- To allow them to explore their emotions and feelings.
- To give them coping strategies outside the therapy room

We are not there as a rescuer

We have not failed if the result is their separation.

By the time clients come to counselling, they tend to be at breaking point. It is no reflection on your skills if the counselling sessions do not deliver what the clients expected.

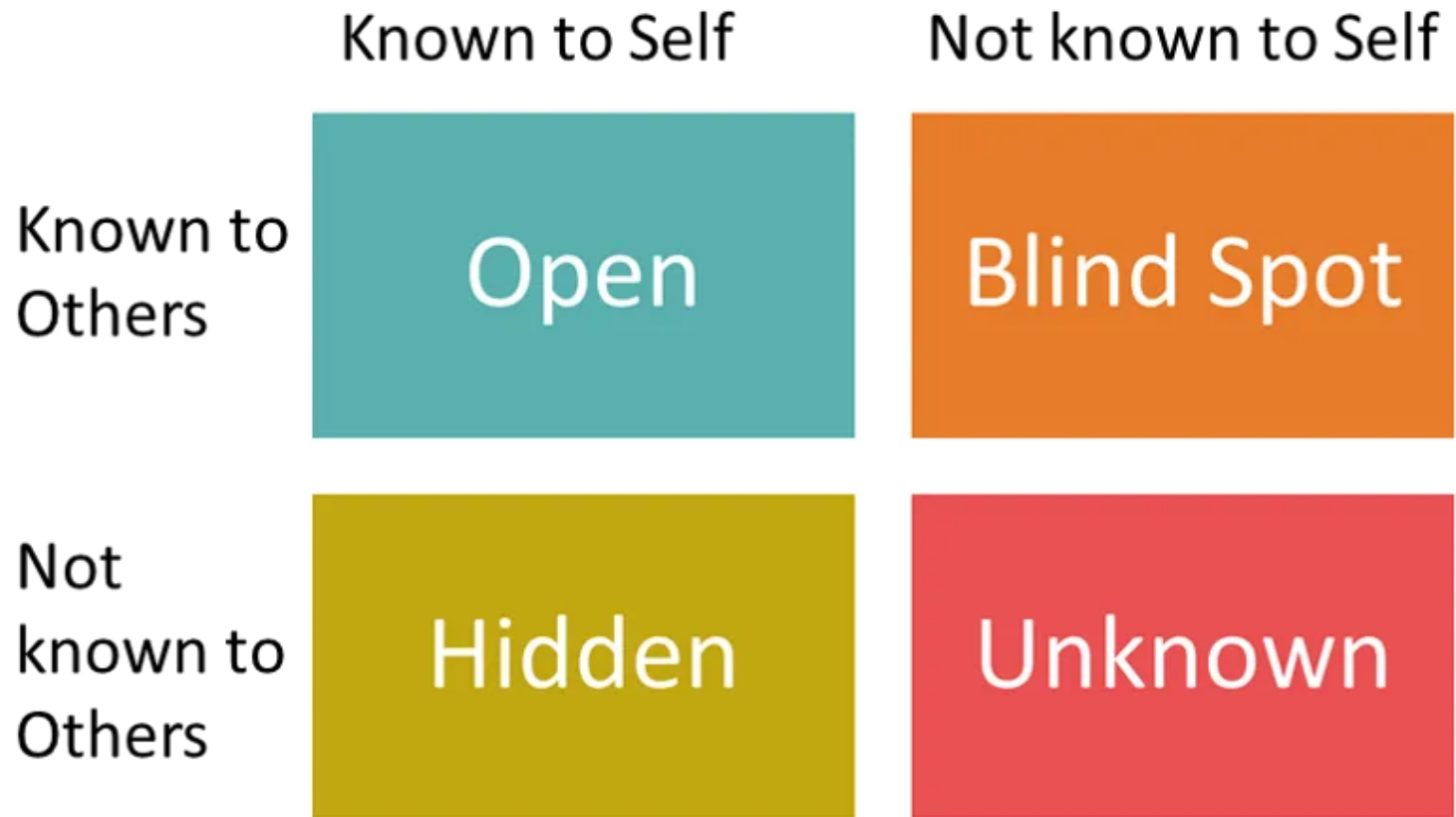
Imposter Syndrome

My imposter syndrome is strong at times.

Some helpful things I tell myself frequently:

- You do know enough, you have the skills, you are building experience
- Asking for help is not a sign of weakness, in fact it is essential for growth as a couple's counsellor
- You are exactly the counsellor that someone needs, you do not need to be like someone else to get there. Remember your own Johari window.
- We are all learning along the way, no one has it all figured out.
- Even your supervisor has a supervisor
- You can say no to clients, they might feel you are a good fit, but it doesn't mean you feel the same.

Final Exercise



The Johari Window (Luft, 1969)

Final Exercise

In a work capacity can you identify what is in your open window?

- What aspects of counselling do you enjoy?
- What made you get into that aspect?
- What are your strengths?
- What are your struggles (if happy to share)
- Can you take in compliments and hold them?
- Do you know what you would put in your hidden?

In two groups have an open discussion, I will be popping in to join in.

Setting yourself up

- Get a robust couples counselling contract – Include a clause about what is raised in a single session needs to be raised at some point in the couple's session apart from a few situations.
- Create a couples initial consultation document.
- Make detailed session notes.
- Mark the sessions that you take to supervision.
- Stick to your capabilities.
- Find a list of trusted counsellors that you can refer onto that cover the areas that you are unable to.
- Ensure your supervisor is good with couple's therapy.
- Seek peer support.
- CPD as much as you can, doesn't need to be long courses.
- Find your grounding and distress tolerance and use it.
- Be grateful towards your imposter syndrome. It is not telling you can't do it; it is highlighting where you are uncomfortable.

Any questions?

Discussion
point for
setting
yourself up



Final video
learning

When Therapy works it
works well! This clip from
Couples Therapy shows
that 😊

Couples counselling can be so enjoyable.
It's a lovely dynamic that can be so rewarding.

Enjoy 😊



P.S. This is not Gav and I, there is not even an illusion that we could do this 😊

Thank you for attending

We've enjoyed your company and well done for completing this course.