

Relationship Enhancement Couple Therapy and Couple Group Therapy

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Relationship enhancement couple and couple group therapy has remained innovative and effective for more than 40 years. This evidenced-based approach is an educational, skill-training model designed to improve satisfaction and stability in the couple relationship. Couples learn how to be more accepting and nonjudgmental of each other; to improve ownership and regulation of their emotional expression; to become more empathic and skillful in conveying empathy and understanding to each other; and to strengthen the emotional engagement (attachment) in their relationship. This article describes the principles and methods of relationship enhancement and how it is applied in the couple relationship. Although these principles and methods remain consistent in working with individual couples and in group formats, particular attention is paid to conducting relationship enhancement couple therapy in groups.

KEYWORDS: Couple psychotherapy; couple group therapy; relationship enhancement; relationship skill training; attachment in couple therapy.

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Relationship enhancement (RE) emerged in the 1960s during a dynamic period in mental health. In the aftermath of World War II, as psychologists found themselves trying to meet the public's mental health needs, they realized that new models needed to be developed that could serve more people. In this context Louise and Bernard Guerney (Guerney, 1969) began to develop what eventually became RE. Though RE was influenced by the prevailing theories of the time, it emphasized skill training and the application of these skills to one's primary relationships. It thereby took an educational approach, rather than conforming to the medical model, which emphasized diagnosis and treatment. This was not only a shift away from a diagnosis and prescriptive orientation to one of education and skill practice and learning, but it also emphasized the use of the natural transference (couple) relationship as the change agent, rather than the transference relationship between therapist and patient.

INFLUENCES ON RELATIONSHIP ENHANCEMENT (RE)

RE was significantly influenced by Carl Rogers (1951, 1957) and B. E Skinner (1958), who challenged the prevailing notion of the "omnipotence" of the therapist. The Guerneys, for example, developed a more egalitarian and collaborative approach to therapy. In this view, effective psychotherapy depends more on the clients' resources and their ability and willingness to take responsibility for their relationship than on their early history. By focusing on present-day behavior, communication, and skill learning, RE enables clients to learn relationship skills through which they can change the habits that has hampered them and, thus improve their relationship (Guerney, Stollak, & Guerney, 1970, 1971; Guerney, Guerney, & Stollak, 1971-1972).

INTERPERSONAL REFLEXES

Central to the development of RE is the belief that one's personality is shaped by one's relationships, which in turn shape one's relationships over life span. The individual is seen as

developing interpersonal reflexes (Sullivan, 1953; Leary, 1957; Shannon & Guerney, (1973) that trigger the same kind of response in others (Ginsberg, 1997). These reflexes, or habits, are seen as automatic and nonconscious; they operate reciprocally.

Shannon and Guerney (1973) found that these interpersonal reflexes elicit like responses; for example, positive actions elicit positive responses, and negative actions elicit negative responses. From this insight Guerney conceived of the idea of training people in constructive relationship skills, which, with practice, would shift the negative—negative cycles to positive—positive ones. This became a foundation of RE therapy.

COUPLE GROUPS

Group therapy literature was a significant influence on the Guerneys' thinking in developing the innovative RE approach. As Bernard Guerney (1969) wrote, "In addition to J. L. Moreno, S. R. Slavson, and other pioneers in group therapy, the neo-Freudians, especially Karen Homey and Harry Stack Sullivan, have prepared us theoretically to recognize how significant interpersonal interactions and social psychological forces are in understanding and treating emotional disorders—how very significant 'significant others' are" (p. 2). Although all the research supporting its efficacy (Guerney, 1977; Accordino & Guerney, 2001) has been conducted in couple groups, RE is not as much a group therapy approach as it is couple therapy conducted in a group format. Just as there is a shift away from an emphasis on transference with the therapist, there is a similar de-emphasis on cross-couple transference to strengthen the emotional connection and attachment in the natural primary relationship.

The couple group therapy format was chosen for economy (more people could be seen at a lower cost for each couple, with more economical use of the facility and therapists). However, couples may feel more self-conscious, awkward, and embarrassed in a group context. This can be exacerbated when they have serious issues and conflicts to discuss. Therapists offering a couple group as part of their services need to give considerable attention to this important issue. Lieberman and Lieberman (1986) strongly encouraged therapists to assess the readiness of each couple before referring them to a couple group.

It is probably best to structure an intake process of one to three sessions with each couple before referring them to a group. The determination of assigning couples to a group can be flexible, referring those seen as most appropriate to a group after the initial intake and referring others later who are not quite ready for a group. For some couples in this population, participation in a group may help them reduce the emotional arousal in their relationship, giving them a better chance to benefit from the therapy. Couples with the most instability or disengagement, after a preliminary period to help soften and stabilize their relationship, could be referred to a group later. Those couples who take a long time to soften and stabilize may have built their walls (disengagement and distrust) so high that therapy may not be able to help them soften and stabilize enough to be prepared to engage in a group process to improve their relationship.

When RE was originally formulated and researched, each couple was seen for a one- to three-session intake process before being referred to a group. This intake process was necessary because it included prepost instruments necessary for research. Guerney (1977) recognized that some couples might require additional sessions. With this in mind Guerney (1977) developed the concept of extended intake, which essentially encourages therapists to take more time to allow couples to express themselves and to accept that their therapist understands them and their issues. The extra time or sessions this might take can be valuable in securing the *holding environment* and developing a good working relationship:

The extended intake (or early stage of therapy, if you prefer) allows the participants to ventilate their feelings as fully as possible, which hopefully will then permit them to take a calmer look at the recommendation to undergo RE training. It also allows them to feel that they have presented—that the interviewer has fully understood—the intensity of their feelings and the depth and scope of their problems. Thirdly, the extended intake also permits brief preliminary training to get the parties to the point where they listen to one another without frequent emotional

breakdown and without interrupting each other. Sometimes it is best to hold some of these interviews with the participants separately—the wife alone and the husband alone, for example, or just the children and then the parents—before they are brought together again. Finally, in instances of severe discord and crisis, two or three marathon training sessions, each lasting half a day or an evening, also might be desirable. After the crisis has passed, the participants could enter a more routine format. (pp. 171–172)

Experienced RE and group therapists may find that conducting a couple group without this preliminary intake period can be useful because of cost and time constraints. However, seeing each couple for intake prior to referring them to a RE couple group is recommended. Finally, therapists may find that, with some couples, integrating individual with group couple therapy helps to improve outcomes.

The group context adds the support of a mutual learning context and an environment in which couples can be models for each other. In the shift to an educational model, RE emphasizes that the change and improvement in the relationship is derived from the work done by the couple themselves in their relationship with each other, not in their relationship with the therapist or with other couples. Whether a couple is seen singly or in a couple group, learning and practicing the skills with each other in the therapy session, followed by weekly home practice, is the focus of the therapy. It is important that the RE couple group therapist be skillful in keeping these boundaries clear.

THE COUPLE RELATIONSHIP

Feld (2004b) has emphasized the importance of using attachment and dyadic system theories to understand the couple relationship. From an RE framework the key issue in couples' relationships is their ability to maintain a context of intimacy and engagement that allows them to experience a sense of trust and security in which they can be "safely vulnerable." Couples can do this if they feel attached, which in turn depends on their ability to emotionally engage with one another, a quality that enables people to develop in healthy ways and to trust themselves.

Interpersonal reflexes, or the ways in which a person habitually relates to others, almost certainly influence how two people coming together construct their attachment relationship. Once the relationship becomes significant, these reflexes become the signposts around which emotional engagement can deepen. In the process, each partner's reflexes are modified to accommodate the other. New reflexes then evolve that help secure the relationship.

Stress and conflict arise from this process and provide opportunities for change. It is important for the relationship to be flexible enough to cope with these forces; at the same time the couple has to remain sufficiently emotionally engaged to maintain the trust and security of the relationship.

This is constantly being challenged by changes natural to all humans as they continue to evolve, develop, and live. These changes challenge their emotional engagement and attachment security; Couples typically seek marital counseling or marital improvement during significant developmental milestones (birth, sickness, death, children's entry into school or graduation, onset of puberty; etc.) and during significant life changes (gain or loss of a job, relocation, etc.). At such times, couples cope by becoming flexible or rigid. Couples who can be flexible are more likely to find ways to recover and maintain their emotional engagement and attachment when confronted by the many changes that affect them and their relationships. Learning and practicing RE skills helps couples maintain their flexibility and emotional engagement.

Gottman (1991, 1994a, 1994b) proposed that the most consistent determinant of marital unhappiness is the expression of negative emotion in response to one's spouse's expression of negative emotion when in conflict. The constructive relationship skills that are taught to couples in RE directly undermine the frequency of these behaviors and improve recovery. In particular, couples are asked not to make judgments or accusations and not to ask questions while listening to one another. Instead, they are asked to acknowledge the underlying feelings that motivate their spouses' expressions and actions. They are also asked to avoid judgment and acknowledge (own) their feelings when speaking. This helps to keep the relationship on a more equivalent basis.

By agreeing to follow these rules, couples create a relationship context that reduces the frequency of criticism and prevents stonewalling. Specifically, when couples stop judging each other, they become less defensive—defensiveness is a hallmark of all troubled relationships—and embark together on a process of *softening*, which refers to a change in the hardness of the quality of confrontation (Johnson & Greenberg, 1988). This leads to increasing emotional engagement (*affect attunement*; Siegel, 1999), repair attempts, response to bids for attention, and recovery from negativity and disengagement.

THE CORE SKILLS OF RE

RE rests on three core skills, which, taken together, allow couples to become emotionally engaged.

Owning Expresser

The *owning expresser* skill emphasizes the importance of expressing oneself without judgment (without one judging oneself or others as to whether one is right or wrong, good or bad) by acknowledging the underlying feeling that motivates the expression and gives it its meaning. This prevents a person from projecting the responsibility outside himself onto others; instead, the meaning being expressed is connected to himself. This process enhances a person's sense of self, reduces anxiety; and helps him understand himself better. It also helps him convey his meaning more clearly to others and be more assertive. This is best done in a context where one does not worry about whether others will judge one as being right or wrong, good or bad (see guidelines for owning expresser skill in Ginsberg, 1997, 2004).

Empathic Responder

The *empathic responder* (receptive) skill emphasizes the importance of empathy in the context of listening. Empathy is important in all human relationships; without it we lose sight of compassion and understanding and are not open to others. One needs to be receptive and open to the other person and to consider his perspective when considering one's own perspective. When we listen with empathy, we are less likely to judge, accuse, and take a one-up position, from which it is easy to ignore the validity of another's perspective. In a primary and significant relationship, this skill assists each person to soften (be open to the other person), understand the motivations (feelings) of the other person, and keep in mind the underlying importance of that person in his life. Relationships in which people employ this skill are more engaged, satisfying, and durable. In essence, a relationship context is maintained in which one can feel safe and secure to be oneself (see guidelines for empathic responding skill in Ginsberg, 1997, 2004).

In RE, each member of a couple practices expressing his feelings and owning these feelings; this then improves openness and acceptance by the other. When each person practices the skill of acknowledging the internal experience of the expresser—through receptive listening—a context of acceptance is created (see Hays, Jacobson, Follette, & Dougher, 1994). Ultimately, through supervised and then unsupervised practice, couples learn to create an ongoing relationship context of acceptance that operates in their day-to-day lives. Establishing this context is a critical outcome of RE therapy.

Discussion-Negotiation/Emotional Engagement

The *discussion—negotiation/emotional engagement* skill fosters improvement in *emotional engagement* (attunement) in the couple relationship. This skill, integrated with the owning expression skill and empathic responding skill, allows people in a couple to acknowledge their importance to each other and the importance of their relationship in their lives. This critical skill, which solidifies their emotional engagement (Ginsberg, 1997, 2004), depends on the ability of each person, after understanding the other person's feelings, to give meaning to the importance of the relationship, that is, to make a connection to their shared internal experience and to maintain this connection, even when apart.

To practice the discussion—negotiation/emotional engagement skill, one partner is designated as the expresser, or speaker, and is instructed to say “switch” when he wishes to stop talking and

begin listening (to become the empathic responder). In other words, couples are asked to maintain distinct positions of either listener or speaker and to agree that the speaker is responsible for switching these positions, which acknowledges the fact that the speaker is in the more vulnerable position. At the switch the new speaker (the former listener) must then indicate how he *feels* to know his partner's *feelings* about what she just expressed. When such a conversation takes place in a climate of openness and acceptance, couples are able to both interact independently and emotionally engage with each other (see guidelines for discussion—negotiation/engagement skill in Ginsberg, 1997, 2004).

The discussion—negotiation/emotional engagement skill encompasses two component skills: the ability to interact as separate individuals and to concurrently be able to maintain an emotionally engaged (attuned) relationship. When couples are emotionally engaged, they are able to recognize their importance to each other, even when they feel upset or emotionally disengaged. This is comparable to Siegel's (1999) concept of *emotional resonance* along with Bowlby's (1969, 1973, 1982) concept of *attachment security*.

The discussion—negotiation/emotional engagement skill addresses the constant struggle of all relationships to maintain an emotional connection (attachment) while not losing an individual's own mastery or sense of self. To master these skills often takes time, but most people find that their investment of time pays off.

The following dialogue is an example of the degree to which couples who learn and practice RE skills can become emotionally engaged and attuned to one another.

Mary agreed with John that she would be home at 6: 00 P.M. so that he could attend an important political meeting (on a day that he would be responsible for the children). When she arrives at 6:30 P.M., he is agitated and upset.

JOHN: *I am pissed that you arrived home so late and really upset that I am going to be late to my meeting.*

MARY: *I feel so bad that I didn't get here at 6: 00 P.M. like I promised and worse that I have upset you so. Here she has integrated empathic responding with owning expression—a more natural response. Such a response is only possible when she has become skillful in empathic responding and owning expression. She continues:*

MARY: *I am so frustrated that I forgot my cell phone when I got trapped in bumper to-bumper traffic. I feel really bad because I know how important your meeting is.*

JOHN: *I feel better that you understand, but I still am pissed. Next time, it would make me feel better if you remembered to take your phone with you.*

MARY: *I agree because I hate upsetting you so, especially because this meeting is so important.*

Incorporating this kind of conversational style into the relationship is not easy. It takes practice to internalize these skills and consistent attention to the underlying principles to reduce regression to the old habits that undermine stability and satisfaction in the relationship. The objective here is to reduce the frequency of negativity and improve recovery from regression to the old habits of negativity.

Additional RE Skills

Two additional RE skills are *generalization* and *maintenance*. Together with the owning expresser, empathic responder, and discussion—negotiation/emotional engagement skills, they compose the five core RE skills.

Generalization

The generalization skill is essential to the outcome of any therapy, especially one that emphasizes skill training. Couples transfer the skills that they learn in the office to their everyday lives. This

is done informally, from considering the use of the skills in different situations and relationships to practicing them directly in their relationships. Homework activities provide the framework to help couples take increasing responsibility for their own therapy. These activities, determined through collaboration between a couple and therapist, are, from the first session, a part of every session.

Homework assignments can be simple requests to schedule a “playtime” with each other once a week, or they can also be more elaborate, for example, helping a couple develop a time-out procedure to reduce emotional arousal and conflict between sessions. Couples improve their collaboration through these assignments and are prepared to be responsible for the weekly home practice, a significant component of the generalization skill. When people practice the skills consistently over a period of time, they internalize the skills; that is, the skills become embedded in their response repertoire, or way of functioning.

People are asked to improve generalization in a formal way, once the skills are understood and couples are safe practicing them, by conducting regularly scheduled and structured skill practices at home. These scheduled practices initially occur at the same time each week. Home practice sessions, which may taper off over time, use the same format as office sessions. In addition, these sessions are audiotaped for supervision in the office (see instruction for home practice in Ginsberg, 1997, 2004).

There are also informal ways for people to generalize, that is, to practice and incorporate the principles and skills. They can, for example, think about how they may apply RE skills in all areas of their lives and are encouraged to try them out in brief ways when appropriate. They can also review their attempts at generalization at the end of each day. These attempts are discussed, reinforced, and modified during sessions (see guidelines for generalization skill in Ginsberg, 1997, 2004).

Maintenance

Maintenance ensures that clients retain their RE skills once therapy is concluded. By learning maintenance skills, people are encouraged to keep their skills in mind during everyday pursuits and to review and practice them on a regular basis. They are asked to schedule specific times to discuss important matters that arise and to schedule practice sessions if they notice regression. Every 6 months, they are asked to review the quality of their relationships (see guidelines for maintenance skill in Ginsberg, 1997, 2004).

The success of the therapy lies in clients’ abilities to extend these skills to their everyday lives. To improve maintenance and the success of the program, clients are urged to schedule two types of periodic sessions: (a) *booster sessions* are meetings with the RE leader or therapist to reinforce skills and skill practice—they are scheduled as often as clients and therapists see fit; (b) *refresher courses* are a series of sessions with the RE leader to counter regression and return people to optimum skill levels.

Supervision of home practice tapes to improve skills and reinforce the maintenance of skills through practice is an important part of all booster sessions and refresher courses.

SECONDARY RE SKILLS

As couples learn and apply the RE skills, they create an ongoing context of acceptance and engagement. Once couples begin to grasp the core skills and perhaps begin to practice them at home, other secondary skills can be incorporated into the learning process. These skills include *problem or conflict resolution, facilitation, self-change, and helping others* (Ginsberg, 1997, 2004). It is the author’s belief that most couples learn these related skills as an outgrowth of practicing the core skills and that they should be specifically taught only when pertinent to a particular couple’s or couple group’s needs. These secondary skills can be introduced and practiced in the

generalization and maintenance phases of the therapy, when couples are practicing their skills at home and bringing audiotapes of these sessions for supervision and discussion in the therapy or group therapy meetings. For relationship education groups it can be useful to systematically teach all nine skills (for further elaboration of secondary skills, see Ginsberg, 1997, pp. 41–49).

THE THERAPIST'S SKILLS AND ATTRIBUTES

Therapists must create a climate that is safe and take responsibility to maintain this safety during the process of therapy. Feld (1998) called this a *holding environment*, based on a concept by Winnicott (1965). This is a therapeutic context in which each couple has a secure base from which to explore their relationship. The therapist's skills in acceptance and nonjudgment contribute to creating this holding environment. The holding environment acts as a change agent by providing this secure environment for the couple and the group. Acceptance and nonjudgment are integral components of RE therapy and are skills that couples learn as they engage with each other. These principles and the structure of RE (including all the core RE skills) provide a framework to create and maintain this secure environment in the group and in the couple relationship itself. Therapists also need to maintain fairness and impartiality while being free to form coalitions to balance power.

Probably the most difficult aspect of couple therapy is engaging couples when they are in conflict and highly aroused. These factors and how the therapist responds to them are critical to the success of the therapy. According to Gottman (1995), engaging successfully around these variables determines whether couples remain together. The RE therapist uses RE skills—empathic responding, the owning expresser skill, and the emotional engagement skill—to connect with the emotional dissonance that makes couple therapy so difficult. In other words, the therapist engages the couple in a constructive way to elicit the underlying positive feelings and resources in the relationship.

It is essential that the RE therapist act as a model for clients as this enhances learning and fosters trust. In particular, the therapist employs good interpersonal skills, such as genuineness, empathy, and acceptance. Furthermore, the RE therapist uses his skills to emotionally engage clients without being triangulated into the dynamics of their relationships.

Effective RE therapists draw on the principles and skills of RE. For example, a therapist might respond with empathic responding (“You feel very hurt that he doesn't understand how important this is to you”), owning expression (“It's important to me that you agree to put aside a special time between sessions, just for the two of you”), or emotional engagement (“I'm concerned that you are uncomfortable with the artificiality of the practice”).

The most effective RE therapists evince two traits: humility regarding their abilities to understand and directly influence their clients' problems and trust in their clients' abilities to resolve their own difficulties. The very idea of helping clients learn skills is based on these attitudes. In addition, successful RE therapists have good teaching skills; they help clients see that learning RE skills could have a positive impact on the quality of their relationships and on their problems. RE therapists also believe that clients can learn the skills and change and can be motivated to practice and maintain the skills over time.

ADVANTAGES OF A COUPLE GROUP

From its inception, RE has been organized and researched as a group therapy. As RE couple therapy evolved into clinical practice, many therapists, often out of convenience, economic necessity; or the preference of the couple, began seeing couples singly. Each method has its advantages and is determined through collaboration with each couple. Couple group therapy has distinct advantages over therapy with individual couples for many reasons, in addition to its obvious cost effectiveness (Guerney, 1977; Feld, 2004b). RE uses a therapist's time, space, and

equipment very efficiently; that is, a therapist can see more clients in groups than individually. By assigning homework, a therapist encourages clients to work outside of their sessions. The therapist need not focus on one couple but can distribute his attention more evenly among group members. This can reduce dependence on the therapist. This also helps the therapist maintain good boundaries by reducing opportunities for transference and counter transference, which often undermine the integrity of the therapy.

Because couples are less defensive, both with each other and with the therapist, problems can be solved more quickly. In addition, because clients feel secure within the structured, systematic method RE employs, issues surface as clients are ready to confront them. A group approach can help couples feel less isolated. Couples under duress often feel vulnerable. Anxious, unhappy, fearful of sharing with each other, and unwilling to talk to their partners, they consult with friends, family members, and colleagues. As a result, the couple relationship becomes more distant, which further hardens the relationship. This hardening may also occur when couples do not spend enough time together talking about what matters to them. Overtime, they lose their capacity to be intimate with each other. By the time couples seek help to address these issues, they are often emotionally aroused and defensive. Participating in a group allows them to see that they are not alone. This enables them to view their relationship more realistically and eases their worry.

Couples can learn from each other. During RE couple therapy, couples who learn more quickly can act as coaches for those couples whose learning style is slower. For example, a couple who has mastered the skills can supervise another couple's skill practice. Couples who master the skills more quickly than others can also serve as models. Modeling is an important way in which people learn. Often, couples learn RE skills more efficiently by observing other couples than by being directly trained themselves. Some may feel less anxious by first watching others demonstrate the skills before being asked to demonstrate the skills themselves. Couples often benefit from the support they receive from the group. More specifically, women may find support from other women, and men from men, thus easing the effect of the power differential in the relationship. A couple who feels understood and accepted by their peers may feel more comfortable about revealing their own sensitive and vulnerable issues. They may also continue to meet after the last formal group therapy session, either on their own or by contracting to meet periodically with the therapist.

ORGANIZING AND STRUCTURING A RE COUPLE GROUP

RE couple group therapy is taught systematically, is clearly time-designated, and is highly structured with clear objectives. RE is organized to meet the objectives that arise from the agreement between clients and therapist. The structure is designed to improve the couple's relationship. Structuring the therapy this way accentuates the distinctions between an educational, skill-training model and a treatment model. Treatment implies an effort to find out what is *wrong* with the particular couple so that the treatment can fix it. Skill training implies finding out what is *right* for most relationships so that couples can learn how to make that happen. As Guernsey (1977) wrote, the goal is to discover "not *what's wrong?* but *what's right!* As we view it, most difficulties and inability to achieve relationship goals that are chronic and essentially interpersonal in nature stem from: (1) lack of appropriate knowledge, training, and prior experience; (2) prior experiences that have led to unrealistic expectations; and/or (3) behaviors that produce unintended effects on others" (p. 20).

Phases of RE Therapy

Ginsberg (1997, 2004) suggested that RE therapy progresses in a systematic way through four distinct phases (these apply to individual couple sessions as well as to group sessions): (a) initial

meeting or introduction (obviously, the first group session, after intake, is an introductory one for the group); (b) skill learning and supervision; (c) generalization of relationship or therapeutic skills; and (d) maintenance of relationship or therapeutic skills. In a couple group the initial meeting typically takes place following an intake process with each couple. Feld (2003) suggested that a couple group has three relatively distinct phases: the initial *containing* or *holding* phase (this is important in the initial meeting or extended intake); the middle *working group* phase (skill learning and supervision); and the final, less distinct *terminating couple* phase (when one couple moves toward termination). In RE this last (terminating couple) phase would incorporate generalization and maintenance.

10 Session Format

Ginsberg (1997, 2004) had identified a basic 10-session format, which incorporates the aforementioned four stages, as a model for RE therapies. Individual couples are typically seen in 1.5-hour sessions. This allows for a more intensive deepening process, improving the opportunity for softening and incorporation of the skills in the relationship. For couple groups a 2.5-hour session period is recommended, with three to four couples per group being optimum.

Description of the 10-Session Model (Individual Couple or Couple Group)

The initial group session is critical to a successful outcome. During this session the therapist needs to establish a holding environment—a safe and secure context in which couples are able to feel comfortable with each other and with the therapist, to voice their relationship concerns, and to feel open to learning new ways to relate to each other. This is a natural outcome of the importance of nonjudgment and acceptance in RE.

After an introductory period, in which couples and therapist get to know each other by sharing preliminary information, the therapist inquires about each couple's presenting issues or problems and asks how they have been dealing with these issues; acknowledges and accepts the underlying feelings that often are not expressed or even recognized by the couple; and associates each person's perceptions and behaviors to their partner's responses or cues as soon as this step seems appropriate. This helps the couples become aware of the reciprocal cycles in their relationships. Then the therapist identifies the negative interaction cycles; reframes the negative cycles in terms of underlying feelings, particularly the positive ones; explains RE principles and skills and how learning and practicing these skills will shift the negative cycles to more positive and constructive ones; and demonstrates the principles and skills with a volunteer couple in a short, structured interaction.

The therapist then explains the 10-session model. (This is typically described as an initial session, followed by four weekly, intensive, supervised skill-practice therapy sessions and five therapy sessions focused on supervision of home practice. These last five sessions are scheduled on a less frequent basis.) The therapist also emphasizes the importance of homework and the need to agree to commit to the 10-session format. Additionally, the therapist explains his availability outside of the therapy sessions. Homework is assigned, and the session ends with any details or information left out.

Obviously, this is an intense session. Therapists who are patient and accepting are able to adjust the pace of the session so that clients understand and accept the principles of RE and agree to collaborate with the therapist and each other to develop a good working relationship.

The next three sessions (Sessions 2—5) are critical to securing a positive learning environment to allow each couple sufficient opportunity for practice and supervision of the first three core RE skills: owning expresser, empathic responder, and emotional engagement. These three sessions are structured similarly: First, there is an informal conversation to help ready the group for therapy, which is the supervised skill practice. This is followed by a review of homework. Then the principles and specific rules of the first three core skills are reviewed and discussed. The supervision of skill practice focuses on one couple at a time. Following each supervised practice,

there is some group discussion and processing. The therapist maintains safety by encouraging acknowledgment of positives and the importance of reframing the negative connotations to acknowledge the underlying positives in each relationship. The therapist models the RE skills in providing supervision to each couple and when expressing himself during the following group discussions. The RE therapist encourages participants to use the principles to convey empathy and take ownership of their own motivation as a model. This tends to make people more accepting of the process and softens them, which adds to group security

For example, instead of a group member saying to the husband of a couple who has just completed a supervised skill practice that he should have said his wife's feelings back before telling her how he felt (an accusation), a participant observing the skill practice is encouraged to take more ownership by saying, 'I'm uncomfortable that you didn't say her feelings back before you talked about yours.' The therapist might then facilitate a shift of this issue to the participant's own relationship by saying, "How does that affect your relationship with your husband?" She might say or be encouraged to say to her husband directly, "I often feel hurt when you don't recognize my feelings and tell me how you feel or tell me what I should do.' This would be an opportunity for the therapist to engage this couple in supervised skill practice, continuing the emphasis on skill learning.

Initially, the therapist demonstrates by modeling each of the first three skills with a volunteer participant. (When the group is lead by co therapists, they can demonstrate with each other.) After sufficient discussion and additional role- play examples, the therapist asks for a couple to volunteer for supervised practice. At the end of their supervised practice, another couple volunteers or is chosen. The topic is chosen by the speaker, who is encouraged to begin with a positive or neutral subject in the early practice. The therapist demonstrates acceptance and nonjudgment of the couple being supervised, even if they do not follow the rules very well. In these cases the therapist models the hoped-for expression or response, asking the person to repeat it to 'his or her partner so that the conversation can continue. This modeling by the therapist and asking the participant (either the speaker or the listener) to repeat it to his or her partner is a powerful way to improve skills. Practice continues until the therapist finds a good moment to stop. After discussion of the practice, the therapist supervises the next couple in skill practice, a process that continues until it is time to discuss the upcoming homework and conclude the session.

By the end of Session 2, couples should have a good understanding of the parameters of the RE skills and the structure of the practice sessions; they should also be fully committed to the in-session process. For couples who remain ambivalent the therapist needs to ascertain that they are committed to the basic training process (Sessions 2—5) and agree to evaluate progress and readiness for home practice in Session 5. Session 5 is a good marker because by that time, most couples have experienced the benefit of the skill training and can best ascertain their readiness for home practice. Couples who are ambivalent or not ready for audiotaped home practice and supervision continue their skill practice in the office group sessions. Many of these couples gain increased confidence in committing to home practice after experiencing the supervision of the home practice tapes of the other couples in the subsequent session.

Session 5 is very important. The homework is discussed first. This is followed by supervised skill practice of the next couple in turn. Half of this session is reserved for discussion and review of the therapy and readiness for home practice. Each couple discusses their own progress with the therapist and the group. The group then discusses the transition from office sessions to home practice.

A home practice handout (Ginsberg, 2005) is distributed and briefly reviewed. This home practice handout includes a *time-out procedure* to enhance the safety of home practice. Without the support of the group and therapist during home practice, couples often need a time-out procedure to help manage their emotional arousal. RE therapists are encouraged to teach and assign the time-out procedure (Ginsberg, 2005) as homework during the first or early sessions to enhance

relationship stability while couples are learning and practicing skills to improve their relationships. By the time couples are ready for home practice they will be familiar with the procedure and have had time to practice it. Couples are asked to commit to the same scheduled time each week for home practice. For homework they agree to take turns reading the home practice handout to each other and discussing it. This enhances their commitment to and understanding of the rules and structure for home practice. In the time remaining the group discusses any additional homework and generalization.

Session 6 is devoted to securing the home practice process and dealing with any specific problems. After asking each couple about the nature of their home practice, the therapist reviews the home practice handout one more time with the group. Then the therapist discusses the procedure for taping sessions with each couple and answers any remaining questions. In the time remaining the group continues supervised skill practice. At the end of the session the group reviews the specific time each couple has committed to meet at home for skill practice and how they will go about taping the home practice. Each couple is asked to bring the audiotape of their home practice to the next session.

Sessions 7—10 are devoted listening to and supervising the home practice tapes. This helps improve skill learning and strengthens the couple's relationship; in effect, each couple participates in supervising their own home practice. As supervisors, they follow the model set by the therapist, who first acknowledges the positives and then recommends improvements. The tape of each couple is reviewed, first checking to see if they are following the skill practice format and keeping the practice safe. If there is time, later portions of the tape are reviewed in order to provide more specific feedback to the couple and to enhance their skill learning (for more information on home practice supervision, see Ginsberg, 1997, and 2004).

These supervision sessions can be scheduled at less frequent intervals (every other or third week). Unless there is something important to review in a previous home practice, the most recent home practice tape is reviewed in each session.

A part of the last session, Session 10, is devoted to planning how each couple will continue to practice the skills (maintenance) and how they will incorporate the skills in their everyday lives (generalization). At this time the group can decide on subsequent meetings with or without the therapist and when to meet for *booster sessions* to support and reinforce skill learning, generalization, and maintenance. Some couples and groups may contract with the therapist to continue with these office supervision sessions. They agree on a designated time period and frequency of these office sessions.

Booster Sessions

It is very important that the group schedule periodic booster sessions after completion of the 10 sessions. These booster sessions should be scheduled on a monthly to bimonthly basis for at least 6 months following Session 10. Couples are asked to bring tapes of their most recent practices to each of these sessions.

Refresher Programs

Typically, *refresher programs* take place as needed. They are scheduled for two to four sessions, followed by periodic meetings with the therapist or group to support a return to a more satisfying and secure relationship.

Special Considerations for Management of RE Group Therapy

Group Size

Three to four couples per group is optimum. Larger groups may need additional supervisors to help with skill practice. The larger the group, the more educational and less therapeutic the tenor of the group becomes. However, since RE makes no distinction between amelioration and prevention, the basic principles, structure, and methods apply. Of course, the size of the group

and whether it is perceived as therapy or enrichment will determine how RE therapists use their skills to achieve the best outcomes.

Composition

RE works equally with homogenous groups, in which couples share specific problems, and heterogeneous groups, in which all the problems are different. Determining the composition of each group is up to the therapist. Each has advantages and disadvantages.

Length of Session

Usually, sessions of 1.5 hours for individual couples and 2.5 hours for couple groups are recommended. These session lengths can be modified depending on the needs and constraints of the couple and group.

Format

The 10-session format provides a good model; however, RE is a flexible approach and can be adapted to meet particular needs. Therapists can modify RE individual and group couple therapy depending on their objectives and on the resources that are available. Some variations include courses of therapy that are intensive (Rappaport, 1976) and of varying lengths (Ginsberg, 1997, 2004).

Homework

Homework is an essential part of RE. In fact, most couples expect homework, and many insist on it. The specific assignment is less important than the concept of homework itself, which prepares couples to be responsible for their subsequent home practice. The success of the therapy depends on clients attending to their relationships, practicing the skills, and implementing and maintaining the skills in their daily lives. Homework reinforces all these outcomes.

Dynamic Versus Didactic Leadership Responses of the Therapist

RE therapists skillfully integrate dynamic (empathic understanding and responding) and didactic (structuring, instructing, and supervising) methods to maintain a group's confidence and to keep a group secure. These same methods help a group keep the focus on their motivation to learn and practice RE skills (see Ginsberg, 1997, 2004).

Dealing With Resistance

The resistance that emerges in RE therapy focuses mostly on the somewhat stilted and artificial structure of the skill-learning and practicing method. This is easier to address than dealing with resistance elicited by trying to confront and change a personality trait or solve what seem to be impossible problems.

It is also important to be prepared for how quickly participants can become anxious and defensive when they experience increasing vulnerability; This can be eased by empathic responding and drawing on the resources of the couple relationship itself. The group can be helpful in reducing both types of resistance.

Ground Rules

Issues like structure, confidentiality; attendance, and other housekeeping issues are best established collaboratively, by therapist and group, during the first session. The ground rules, which should include an agreement on how to respond when the rules are violated, should be clearly defined; a written version should be distributed to all members. This stabilizes the couple group process and helps couples feel more trusting and secure in the group and with the therapist.

CONCLUSION

Pioneered by Bernard and Louise Guerney in the 1960s and proven effective over several decades, relationship enhancement (RE) therapy trains clients in the skills they need to identify and resolve the causes of family stress and discord for themselves. Time designated, educational, and highly structured, RE couple and couple group therapy and enrichment is eminently compatible with the demands for intervention and prevention in couple relationships, given the exigencies of today's managed care environment. The structure contributes to the maintenance of

a safe and secure holding environment that promotes openness and acceptance. Whether seen in individual or group therapy, couples who participate in this highly structured skill-training approach deepen their emotional engagement and attachment. In addition, as couples improve their skills over time, they are increasingly able to maintain the feeling of mutuality they attain in the process of therapy in their day-to-day lives. By continually attending to and practicing RE principles and skills, and by applying what they learn to real life, couples achieve the satisfaction and stability that they desire.

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