Emotion Focused Couples Therapy

Dr Giles Yeates
Special Double Issue: Accepting, Soothing, and Stilling Cluttered and Critical Minds in Neurological Conditions: Therapeutic Approaches Influenced by Eastern Traditions.

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- “Soothing the Injured Brain with a Compassionate Mind: Building the Case for Compassion Focused Therapy following Acquired Brain Injury” by Fiona Ashworth
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The Value of Inter-Dependence Interventions in Neuro-Rehabilitation

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The Missing Focus in Neuro-Rehab?

- Breakdown in relationships with simultaneous distress for all those connected around a neurological condition

- Juxtapose the need for an ‘interdependence’ rehab goal in contrast to typical goals for independence

- Ongoing gaps in our focus as clinicians – latest positive psychology movement in neuropsychology: where is LOVE?

- Can supporting closeness and inter-connection be core business in neuro-rehab… for clients and clinicians?
Distress, adjustment and sense-making of other relatives (Bowen, Yeates & Palmer, 2010)

Strain, burden

Clinical levels of anxiety/depression (Perlesz et al., 2000)

Health Economics? Subjective Priority?

Distress, adjustment & adjustment (Daisley et al., 2008)

Attracting diagnoses in school/CAMHS: conduct disorder, ADHD etc
- **Services: ‘Skull Seduction’ after ABI** *(Yeates, 2007)*:

  - Clinicians can perpetuate partition of clients & relatives in the literature by seeing couple separately, focusing mostly on survivor.

  - Acting exclusively as brain injury experts can perpetuate the focus on the damaged brain as a repository of all problems and only where the recovery takes place, limits the family’s options for change together.

  - Can pathologise the richness of family diversity that existed pre-injury and could be a resource post-injury.

- **Part of broader individualising cultural trends**
The Couple as the key attractor in the system, the system pivot = Therefore an economic and subjective focus?
Social Cognition Predictors of Couple Relationship Functioning (preliminary findings, n= 55)

Survivor Neuropsychology

- Happiness Recognition
  *TASIT EET Happy*
- Mentalising
  *Mind in Eyes*
- Identification of Social Rule Violations
  *Soc Sit Violations*
- Emotion Recognition
  *TASIT EET*

Partner Psychosocial Variables

- Carer Strain
  *CSI*

Partner-Rated Relationship Variables

- Dyadic Adjustment
  *DAS Total*
- Physical Intimacy
  *DAS AE*
- Demand-Withdraw Interactional Pattern
  *Comm Q D-W*
- Cohesion of Relationship
  *DAS COH*

Correlation coefficients:

- .272
- .152
Social Cognition Neuro-Rehabilitation Interventions (Yeates, 2014)

![Diagram showing social cognition neuro-rehabilitation interventions](image-url)
The Use of Emotionally-focused Couples Therapy (EFT) for Survivors of Acquired Brain Injury With Social Cognition and Executive Functioning Impairments, and Their Partners: a Case Series Analysis

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Abstract
A breakdown of intimacy and familiarity in close romantic relationships is common and characteristic of life following acquired brain injury (ABI), yet is not commonly addressed in neuro-rehabilitation services. Recent conceptual, qualitative, and quantitative studies highlight the role of emotional and intentional misattunement in relationship breakdown and associated psychological distress of both partners, alongside the emotional withdrawal and/or critical responses of the non-injured partner. Emotionally-focused couples therapy (EFT) is an evidenced-based couples therapy that is widely used around the world for similar themes in couples’ relationships unaffected by brain injury. Its use in ABI has only been reported anecdotally to date. This paper presents four couples’ cases post-ABI, with both qualitative therapy process description and single case quantitative pre-post therapy comparison on a range of relationship and individual psychological distress measures. Every survivor of ABI was eighteen months post-injury or more, and identified to have an enduring mixture of social cognition and executive functioning impairments upon neuropsychological assessment, among other difficulties. The couples are presented as three therapeutic successes, contrasted with a case characterised by mixed outcomes. The applications, contributions, and limitations of EFT in brain injury services is considered.

Key words: Brain injury; stroke; social cognition; executive functioning; relationships; couples therapy.
“Self-Banishment & Holding Back”

**Clive**
- Take myself under the stairs away from Susie (computer memory exercises as punishment)
- Berate myself, try harder
- Exasperated outburst
- Take the hurt for Susie

**Susie**
- Take myself away, hold my feelings back (but hesitate)
- Put his needs before mine
- Distract myself
- Take the hurt for Clive

**The Tumour**
- Reduced hearing and auditory spatial location
- Non-verbal reasoning
- Visual selective attention
- Attentional switching
- New learning of auditory-verbal information
- Non-verbal initiation

**I’m useless and helpless**
**Overwhelmed**
**Shame**
**Alone and abandoned, scared**

**Critical and frustrated with self (the least I could have done is remember x, y, z..)**
**I’m not a complete woman, I’m lacking**
**Fear of being left alone**
No couple?

- Other inter-dependence interventions:
  - Systemic family interventions
  - 1-1 psychodynamic interventions actively using the therapeutic relationship (DIT, MBT, CAT etc.)
  - Group psychotherapy & milieu approaches within neuro-rehab (Ben-Yishay 1996; Prigatano, 1999; Gracey, Yeates & Psaila, 2008)
Conclusions:

- Neurological conditions attack and erode relationships, with significant statutory costs across multiple people and sectors (specialist neuro-rehab services, primary care, education, workplace).

- A common priority for couples and families following injury is to receive support for fundamental changes in their relationships, closeness and inter-connection.

- Individualising service (cultural) trends can be described as at odds with both the economic and subjective priority arguments.

- A case has been made for relationships and inter-dependence to be part of our core neuro-rehab business.
Thank you to Dr Aonghus Ryan as co-therapist in the work presented.
Key References:


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