

# The Healthcare Professional's Guide to Patients' Couple-Relationships: A Toolkit for IHS and VHA Providers

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# Background

- Couple-relationship distress or dysfunction can increase health problems and reduce treatment compliance.
- Research has helped identify principles for selecting a good partner, and strategies for maintaining relationship satisfaction.

# Overview

- Current module: discussing relationship dissatisfaction risks, and risky or ambivalent commitment, effectively.
- Subsequent modules: empirically-supported couple-relationship maintenance strategies.

**Module 1:**  
Relationship Satisfaction Risks,  
Skillful Commitment Discussions

# Discussion Question 1

Which of the following is NOT a risk for a patient's long-term relationship dissatisfaction?

- a. One partner's parents persistently encourage him or her to see other people.
- b. The patient and partner frequently disagree about minor domestic issues (grocery choices, closet space).
- c. The patient's partner has been repeatedly fired for absenteeism.
- d. Either partner demands to know the other's location at all times.

# Safety Problems

- EMOTIONAL – infidelity, cruel or disrespectful statements or actions, threatening to end the relationship.
- PHYSICAL – violent, aggressive, or controlling behavior in the relationship.
- INTIMATE – refusal of birth control or STD/I protection, forceful resistance when partner does not want to be sexual.

# Motivation Problems

- Either partner's family or friends strongly disapprove of the relationship.
- The patient regularly receiving or providing resources is a key part of the relationship.
- Power imbalance, such as example employee/boss, adolescent/young adult, etc.

# Support Problems

- Partner fails to demonstrate care or concern for the patient.
- Partner accepts no responsibility for relationship difficulties.
- Partner is chronically liable to be incarcerated.

## Other Personality or Communication Problems

- Partner fails to maintain friendships, family relationships, or employment.
- Partner is careless financially, and/or with health.
- Partner avoids communication about an important relationship issue, or about the relationship in general.
- Partner interprets almost everything negatively.

# Contain Opposition

- Having one or more risks does NOT mean:
  - The partner has no good qualities.
  - The relationship is not meaningful.
  - The patient is “bad” for being in the relationship.
  - There is no way to understand the partner’s behavior.
- It IS realistic and appropriate to acknowledge that a relationship has qualities that are not ideal.

# Discussion Question 1

Which of the following is NOT a risk for a patient's long-term relationship dissatisfaction?

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- b. The patient and partner frequently disagree about minor domestic issues (grocery choices, closet space).
- c. The patient's partner has been repeatedly fired for absenteeism.
- d. Either partner demands to know the other's location at all times.

## Discussion Question 2

True/False:

A patient who is denying or minimizing the severity of a partner's problematic choices or behaviors is not motivated to make a change.

# Skillful Commitment Discussions

If one or more risk factors are present, or the patient is unsure about staying in their relationship:

- Be collaborative and exploratory: the patient's feelings and partner's positive qualities are not disputed; neither are negative dynamics.
- Plainly state your goal: mutual understanding of the patient's feelings as ONE important aspect of their relationship.

# Explore Positives

- Have the patient share why they care about their partner, and/or specific things they like about him or her.
- To show understanding, reflect or paraphrase at least some of the patient's responses.
- If reflections prompt a “Yeah, but...” focus on relationship problems, concerns, etc. – validate and redirect.
- Good exploration is comprehensive: before moving on, ask for other positives.

# Explore Negatives

- Have the patient share things that frustrate or concern them about their partner.
- ‘Paradoxical’ reflections may be helpful to get past persistent denial into true concerns; reflect again when successful!
- WHEN “Yeah, but...” focuses on relationship positives occur – validate and redirect *gently*.
- Good exploration is comprehensive: before moving on, ask for other negatives.

# Provide Objective Synthesis

- For ‘risk-tolerant’ patients: “You really value [positives X, Y, Z], **and do have some concern** about [negatives A, B, C], just not enough to want to end the relationship.”
- For ‘relationship-ambivalent’ patients: “You’re unsure whether to stay in this relationship, because you really value [positives X, Y, Z], **and, at the same time,** are concerned about [negatives A, B, C].”

# Promote Constructive Action

- Identify the false choice between breaking up and doing nothing.
- Encourage the patient to identify the severity of [negative X] at which the patient would end the relationship.
- Suggest imaginal exploration of alternate possibilities: “What would it be like to be in a relationship without this issue?”

# Unskilled Commitment Discussions

- Pursue impulse to be directive.
- Patient is likely to defend opposite course of action.
- This dynamic could spill into other domains, or provider/patient relationship as a whole.

## Discussion Question 2

True/**False**:

A patient who is denying or minimizing the severity of a partner's problematic choices or behaviors is not motivated to make a change.

# Module 1 Summary

- There are multiple types of risks for long-term relationship dissatisfaction, and opposition to this information can be managed.
- When a patient is in a risky relationship or is ambivalent about their commitment, *collaborate in exploring* the relationship's positives and negatives.
- Then objectively synthesize the relationship's positives and negatives, and guide the patient to constructive action.