

## The Marriage Therapy Approach at SHCC of Southern Maryland

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Many times one partner in a marriage will call for counseling and request individual therapy so they can work on their individual issues before working on their marriage. While we agree that each partner in a marriage contributes to the presenting problems in a marriage, we do not agree that the best way to solve this is to work individually. This approach often further damages a fragile relationship: each partner may experience growth and gain tools but without conjoint therapy there is no structure to facilitate growth together or no help with implementing change in ways that promote healing and growth in the marriage.

At SHCC-SM, what we prefer is to set them up as a couple. We will set them up with one therapist, do an initial joint double session, and then have the therapist set up follow-up sessions to see each client individually, and then jointly. It is important to disclose to the clients that the therapist will not hold any secrets: what is brought into individual therapy will be material for the conjoint sessions.

If further assessment reveals that one partner has significant issues that require some in-depth adjunctive work (e.g., an Axis II diagnosis or addictive issues), that partner will be referred to a separate individual therapist who will work with that individual to help resolve their difficulties. Both partners however, will remain in therapy with the marriage therapist for the duration of the couple's therapy.

While marriage therapy shares many features of individual therapy, it is conducted quite differently from individual therapy and it is important to clearly state this to the couple. As David Stoop, Ph.D. wrote recently,

“The role of neutrality is quite different in couples' therapy. As a couple's therapist, we are to maintain some degree of neutrality between the partners, but we are not neutral about the problems. Individual counselors can empathize, clarify, and even be passive to a point. But not in couples' therapy. Here we have to engage, take action, step into the middle of the couple's issue, and be an advocate for the couple's marriage. I let couples know that I have a strong bias in favor of keeping marriages together, and if they want to end their marriage, they are going to have to see someone else, or if they stay with me, show me why they can't make their marriage work.”<sup>1</sup>

Unfortunately, in today's culture -- both in and out of the church -- the accepted standard is divorce. As Christian counselors, our bias is to be in favor of the marriage. Yet, this is not to say that all marriages will be, or can, be saved. In a pre-conference workshop at the 2005 AACC World Conference, Stoop agreed that some marriages have been irretrievably broken and have ended before the clients have come seeking help. Then it is our responsibility to extend grace to help the clients find ways they can work together to preserve a relationship with each other and with their children that will allow God's healing in all the affected generations.



Policy Points to remember:

- 90801 for a couple is best conducted as a double session (2 therapeutic hours, 1.5 clock hours with a 10 minute intersession break)
- 90806s – it is helpful to schedule five additional sessions at the initial session
  - Four sessions, two with each spouse
  - After these sessions, a follow-up appointment with the couple
- Further appointments follow the same routine and are scheduled in collaboration with the couple
- Most insurance companies will not reimburse the clients for marriage counseling. In some cases a DSM-IV diagnosis is accurate because criteria for an Adjustment Disorder NOS; Mood Disorder NOS; or Anxiety Disorder NOS may be met. It can be helpful to consult with a colleague or supervisor if you want to support your own good clinical judgment.

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<sup>1</sup> Stoop, D., *AACC Marriage & Family Network Newsletter*, I, 1, p. 4.