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Couples Find Intimacy Through Their Struggles

An Intern's Experience in the MOMS Program— Maternal Outreach Mood Services

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John Gottman once said that a certain degree of negativity is crucial, and without it, a marriage can deteriorate over time. I witness this predicament on a regular basis through my internship at the MOPS (Maternal Outreach Mood Services) program in Mountain View, working with parents who are going through the struggles of postpartum depression.

Couples come to a crucial testing phase of their relationship once they welcome their first child into the world. Some new parents are jarred to an awakening when, not only does their own upbringing resurface with great force, but the values and priorities in their relationship come to a period of scrutiny and reevaluation. Before having children, couples live relatively parallel lives compared to the time when they become a family and engage in a degree of negativity to negotiate for a new balance. Gottman's approach and ideas serve therapists well when working with couples, as he believes that couples can make their relationship work: arguments can be softened into conversations, and challenges can lead to working through experiences. Creating and maintaining a friendship is an essential element of a lasting loving relationship, Gottman concludes. There are no more decisive times to apply the skills of communication and relating in a couple's life than when going through a rough patch like postpartum depression. Many of Gottman's observations and suggestions have rung true to me as I worked with couples that had recently become parents and were struggling with the new phase in their life.

A unique program, the Maternal Outreach Mood Services at El Camino hospital in Mountain View was my fifth and final placement as an intern, a culminating experience of exposure to different populations and stages in the life cycle. I found this program the optimal combination of circumstances an intern needs. Working in collaboration with other professionals on a team—therapists, nurses, psychiatrists, rounded out by using tools

of various therapeutic orientations I became familiar with throughout my graduate studies.

In this hospital-based intensive outpatient program (IOP), mothers who suffer from perinatal mood disorders including postpartum depression come to a group-based treatment program to learn coping skills, emotion regulation, Mindfulness skills, receive psycho-education about child development, learn boundary setting, and communication skills. Not only do they participate in eight groups each week, but they also receive medication management by a psychiatrist, individual counseling, and couples sessions. I had the opportunity to lead daily groups and, simultaneously, manage the care of individual clients, as well as plan and lead the weekly meetings. Having previously worked at an agency where the focus was co-parenting in recently divorced parents, I knew afflicted partners would benefit immensely from a supportive and safe group environment among others who were going through similar issues.

At the same time as working at this internship, I also started being in a supervised private practice. Working in the two settings concurrently gave me insight into the striking differences between the two: the collaboration among team members at the hospital and seeing my clients in both individual and group settings gave me a 360° perspective, which is nearly impossible in private practice. I appreciated the teamwork at the hospital while acknowledging the difficulties that private practitioners working in isolation tend to face. When working with couples, having access to both partners individually gives a different perspective to the work. But this isn't a common practice among private practitioners, so being part of a program with this type of contact has broadened my perspective.

A couple transitions into parenthood

While couples often experience common ups and downs in a relationship, the birth of a

child can shift the dynamics drastically. Young and middle-aged married couples tend to complain about unexpected hardships—not the sleepless nights nor the big decisions that need to be made, but the small, trivial arguments and conflicts, the misunderstood wordless pleas for unconditional love and support. One's original mis-attuned attachment with their caretaker in their own infancy comes back to life with full force, haunting from the earliest of one's memories, to test their capacity to selflessly give themselves to their own offspring. One's ability to set healthy boundaries comes to the forefront of the drama of their life. Not only is the couple's love and affection for each other is on the line, but their alliance with their own parents gets accentuated and tested.

Listening to these couples in the groups where parents participate separately and then come together in couples sessions is a unique environment to see the dynamics between partners. It is a broader view of their struggles than weekly couples therapy. The women learn coping skills to help themselves with their depressive and anxiety symptoms while their partners learn effective ways of support. The group therapy is a crucial part of the partners' mental wellbeing. Supporting partners often suffer in silence, not wanting to burden the other, yet with another set of complaints. Research shows that about 10% of partners suffer from postpartum depression (Paulson). I have found that being in the room with the afflicted partners increases my empathy towards them. As a result, when working with the couple, I can help them see both sides of their stories, increase their empathy toward each other, and make realistic plans for shifting their relationship dynamics suitable for both of them.

Working with both partners in the consulting room and discussing important, raw, and painful matters in a crisis situation helped me get a glimpse into couples' communication styles, interactions, and relationship dynamics. Gaining the ability to identify their own attachment styles and their inherent parenting fall-back model, parents often had insightful realizations and received instant feedback as they were struggling through the first few months of their newborn's life.

Couples therapy shifts when the emphasis is on one partner who is struggling

There are situations in life when one partner needs more support than the other. Be it a traumatic event, a health crisis or a period of grief, one partner can play a crucial role in the other's recovery. In working with couples, where a partner is suffering from postpartum depression, the emphasis is slightly different from regular couples therapy. Here, the therapist needs to solicit support from the significant other of the affected partner. It is a fine line to decide when the supporting partner is helping "enough" or helping the "right way," as the affected partner is suffering from an acute form of heightened depression and anxiety. "If your partner resists joining you [in therapy], make sure you reassure your partner that he's not attending therapy nor will he be blamed for your postpartum depression (PPD). He's just joining you to be a support to you. And if anything about your behavior is bugging him, he'll have a chance to ask his questions and vent his concerns," says Dr. Bennett, author of *Postpartum Depression for Dummies*. She normalizes the partner's resistance to joining the significant other in treatment and at the same time encourages the partner to get involved for both validation of contributions and support for their wellbeing.

Mindfulness skills, empathy, increased self-awareness

Among other skills, Mindfulness is emphasized in the mothers groups. Using Mindfulness techniques to stay focused on the present moment calm some maternal anxieties. For example, *radical acceptance* of the new and temporarily uncomfortable state of sleep deprivation and fatigue is a helpful concept for new mothers. Becoming aware of one's sensory responses to the environment can be a crucial tool to establish the ability to stay calm in the present. Learning about listening to the other's point of view and stating one's own point without emotional flooding are great tools couples can use. With the help of the therapist they can turn their conflicts into fertile soil for intimate conversations. Both parties are encouraged to approach the other with more empathy and reawaken their loving support to each other, which used to be easier before having a child.

From intensive medical model program to couples counseling

Working closely with the program's psychiatrist, I learned that the unrecognized and untreated anxiety element of postpartum depression must be addressed in treatment. One of the ways to deal with this is to involve the partners in case management and medication management sessions, and if indicated, to invite other close family members as well. Pregnancy and the postpartum time is a period in a woman's life when she revisits in an experiential way her own attachment to her initial caregivers, when conscious and unconscious memories of her own mother's care come to focus. This is a stage in a couple's life when from a relatively parallel existence they move into a more involved and interwoven life of the family unit. Couples play a supportive role in the healing process of postpartum depression but since a mother's wellbeing affects their baby in a very direct and immediate way, the supporting partner feels the responsibility to make decisions together. For most couples this is the first time when they need to make decisions that seemingly affect only one of them, yet on examining it becomes clear that it is an intricate mental health issue for the couple as a unit.

Group therapy—a broader perspective

Leading groups at the MOPS program allowed me to acquire and practice the skills needed to ensure the group is therapeutic for all clients in the room. I have found group therapy, especially when paying attention to the process aspect of the group, very effective when working on one's relationship style. The lessons clients learn about their communication styles in groups can help them make changes in how they relate to their partners. Ideally both partners participate in group therapy and then come together in couples sessions. This way, both have a fresh perspective on their own relating and communication style, and are more able to listen with empathy to their partner. As a result, their specific couples issues might be more amenable to interventions of the couples therapist.

In a short term program model, during the postpartum time, couples can be helped in an intensive way when long term therapy would

not be feasible. The mother needs to recover her ability to function very soon, for the sake of the baby and the health of the family unit. The level of acuity of the symptoms determines whether the couple is motivated to act and improve their relationship quickly. Even a small change can bring about significant results.

It is a wonderful opportunity to offer couples sessions to these partners who otherwise would not have sought out any therapeutic interventions for themselves. Attending even just one or two sessions in the intensive program setting can prevent an escalation in the direction of placing the disease label on the wife, labeling her the "weak" one or the one "with the problem." In a few short sessions, the empathic voice of the therapist can help the couple see the family dynamics aspect of their struggles. If they both are ready to work on these struggles and yield to the other, it can have long lasting effects on their satisfaction in their partnership. I have heard several couples saying that going through the struggles and recovery from postpartum depression brought them closer to each other. This situation is an example of Gottman's findings about negativity being crucial in relationships. Working through difficulties together has the potential to help partners to be more actively there for each other and, as a result, understand and love each other in a more mature and solid way than before.

Lessons to carry over into private practice

When working with a couple in a private practice setting, I need to remind myself of the complexity of the varied struggles they face in reality. Even if I decide to focus on one layer of the couple's difficulty, it is important to remember that I chose that aspect from the pool of varied issues. Another practitioner might pick a different aspect or a different therapeutic approach. In private practice we do not have the luxury of input from colleagues who know our clients, their family dynamics, and circumstances. And we do not have access to the other partner's concerns that are expressed in their group therapy sessions, nor the psychiatrist's diagnostic repertoire that incorporates the biological and hormonal aspects of depression or anxiety. In private practice, however,

professional exchange

couples therapy can focus long-term on the issues of the relationship, and examine the history and personal aspects of the couple's relating to each other. The length of treatment can be agreed upon by the therapist and clients without having to conform to the overarching goals of an intensive or crisis-oriented program. I have seen many couples that understand the benefits of couples therapy after getting a glimpse of it as part of the intensive outpatient program, and make the effort to find a suitable therapist for their personal long term needs.

Creativity in parenting and marriage

Bringing Baby Home, a program for new parents, is outlined in John and Julie Gottman's book *And Baby Makes Three*. The authors encourage couples to develop intimacy through conflict, and assert that the postpartum time is especially difficult yet crucial in the future wellbeing of the family unit. A technique they outline in the book helps couples turn toward each other by being more attentive. Building on attentiveness, couples can add understanding and empathy towards one another. The various skills discussed throughout the book become the building blocks of the couple's friendship and these affect the way the partners feel and behave when they disagree. Gottman suggests the couple has "a lot more access to their sense of humor, to their affection, to all the positive things, the positive energies that really make it possible to have constructive disagreements or to live with them in a much more constructive and creative way." When relating to each other in a creative, empathic, and friendly manner, couples nurture themselves enough that they overcome their sleep deprived, overworked, worried postpartum period, and establish a considerate, mature relationship to build upon throughout years to come.

Teamwork for MFT intern parallels the family unit for couples

Working at the MOMS program taught me to be creative in couples work. Conflicts have many voices and tones that can sing in dissonance or harmony. If we listen carefully, we can identify the voice of personal struggle and find out how the childrearing time contributes to that. We can hear how the

interpersonal struggles within the couple are reflected in individual pathology. We can hear the partners' struggles on a path of balancing career and family life. Being aware that in a single setting these different tunes might not be fully audible is a humbling realization. Knowing our limitations in our perception and scope of work is crucial to our understanding of the different frameworks we work in as therapists. I value teamwork, and interning in different settings and wearing different hats has helped me to have faith in various modalities and approaches. I am happy that I have found ways I am most comfortable working with my clients, but at the same time, I have become aware of other adjunct modalities from which my clients could benefit. I have learned to be part of the larger family of the profession of mental health care, while developing my own skills as a therapist who can offer her nurturing and caring attention to clients. ☺



Ildiko Ran, registered MFT intern is in private practice under the supervision of Dennis Faccino, PhD, LMFT. Ildiko works with adolescents, families affected by postpartum depression and parents balancing career and family. Ildiko enjoys working with couples as well as individual clients in psychodynamic therapy and in process groups. A mother of five children, Ildiko lives in Palo Alto and is active in increasing collaboration among mental health practitioners. Contact her through her website at ildiko@innerexperience.com.

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