Couple Therapy/Parenting: People with Intellectual Disabilities: A Positive Treatment Model!

J. Dale Munro
MSW, RSW, FAAIDD
The Redpath Centre
London, Ontario, Canada
dale.munro@redpathcentre.ca
(519) 266-3474, Ext. 1

5 Target Audiences
- Front-line professionals
- Managers & supervisors
- Clinicians/Family therapists
- Family members
- Couples
BELIEFS
- Love + work ➔ cornerstone of happiness
- Romantics
- Not easy!!!
- Hygiene, etiquette & clothing…. 
- A Spark!!!
- “The true test…”
- Exciting/Frustrating
- Can teach valuable lessons!

Teenagers/Adults with Intellectual Disabilities
- Often dream about:
  - Finding love
  - Moving in together
  - Getting married
  - Having children
- “There ain’t no cure for love!”
Historically Resistance to People with I.D. Becoming Companions, Living Together or Marrying

- Fears about procreating/“contaminating the gene pool”.
- Legal restrictions on marriage.
- Eugenic laws (1890-1920) led to forced sterilizations.
- Institutional admissions to keep genders apart (including cemeteries).
- *But in the 1960s, attitudes started to change!*  

President Kennedy’s Task Force

- Sexual Revolution of 1960s ➔ b.c.

- Research ➔ overpopulation fears unfounded

What is a Couple?

- Two people closely associated, bonded or paired with each other.
- At least one of whom is (moderately or mildly) intellectually disabled.

- A man and a woman – or same-sex relationship – involving two people engaged, married, living together or in a committed love relationship.

- Sometimes other configurations of two (e.g., parent & child living together, two roommates, parents of disabled, etc.).
LITERATURE/RESEARCH

- Jastak et al (1963) → Delaware
  - Marital success similar to general population

- Medora Bass (1964) → (U.S.)
  - (1940s-1960s) Marriage OK, but no kids

- Janet Mattinson (1973) → (England)
  - 36 former institutionalized
  - Majority happier than when single
  - Helped each other re: weaknesses
  - Didn’t expect much
  - Wanted to prove institution wrong

  - People w/ ID often had successful marriages

- Floor, Baxter et al. (1975) → (U.S.)
  - 214 former institutionalized
  - 80 married/15% separated
  - Better if one with average IQ/single had more problem
  - Married showed fewer personal (alcohol/legal problems, help budgeting, sex ed., b.c., advocacy, health

- Ann/Mike Craft (1976, 1979) → (Wales)
  - 25 marriages + 45 marriages
  - BETTER SUCCESS THAN AVERAGE POP!!!
  - Unidealistic
  - Companionship overcomes loneliness

- Munro (1977) → marriage most important, next to finding job

- Andron & Sturm (1973) → UCLA: 2/3 happy

- Koller, Richardson & Katz (1988) → British City
  - Age 22 comparison
  - Disabled less likely to evaluate their marriage as “bad”.
  - Unidealistic
  - 1/2 marriages going well.
  - Financial, unemployment & sexual difficulties.

- Ivan Brown (2003) → Quality of Life Research
  - 1% who listed spouse or special person as source of support
  - Physical support: 28% in Independent Living
  - Emotional support: 37% in independent living

- Kempton & Kahn (1991)
  - Same chance of divorcing as nondisabled
  - Preferred marriage over single life.
**Our Society**

**Marriage**

- Only fully accepted vehicle for parenthood & sexual expression (e.g., gay marriage advocates).
- Important developmental milestone
  - admission to adulthood & competency as a sexual person

**Married People**

Tend to:

- Have better physical/mental health  
  (Waite & Gallagher, *The Case for Marriage*)
- Benefit from companionship/overcomes loneliness.
- Have extended social networks.
- Nurture each other.
- Meet partner’s intimacy needs.
- Compensate for weaknesses in partner.

**The Art of Loving**

(Erich Fromm, 1956)

- Love is an art; if we want to learn how to love, we must proceed as with learning any other art, say music, painting, carpentry or medicine.

- Love does not mean the absence of conflict. But conflict between two people is experienced on a deeper level...It leads to catharsis.

- To master...like any other art, requires discipline, concentration, patience, listening, faith or reliability, courage & humility.
Positive Support-Couple Therapy Model

- Little literature on couple therapy & support for people w/ I.D.
- Couples/Families report difficulties in finding therapists.
- “PSCT Model” combines established couple approaches, w/ strategies that recognize the complexity of couples with I.D. & their support systems.
- Helpful where close collaboration needed among the couple, extended family & services.

By Proposing this Model

I wish to make a strong case for experienced therapists to become more comfortable working with couples with I.D.!
Therapists Must Be “Unconditionally Constructive”*

- Rationality
- Understanding
- Good communication
- Reliability
- Noncoercive modes of influence
- Acceptance


Strength-based/Positive Psychology Perspective

- Positive focus on what’s right, rather than wrong with couple, their family & agencies!
- Professional shows high level of energy, unflappable optimism, knowledge of resources, persuasiveness, humour & patience!
- Change occurs when strengths supported
- People are resilient – able to bebound from tragedy.
- Couple-driven outcomes, emphasizing self-determination & pursuit of couple’s dreams!

[Brown, Strothby]

“Narrative Therapy” Concepts

[White & Epston]

- Life stories often problem saturated.
- Affects of dominant culture on life story (e.g., disempowerment with disability label)
- Reframe and recompose “the truth” about one’s life story.
- Focus on unique outcomes, preferred story, sparkling moments
- Increases self-esteem & couple pride.

[McLure, March 2011]
Building a Relationship

- Casual ‘small Talk’
- Empathic Listening
- Sharing a Coffee
- Using Humour & Simple kindness!

4 Possible Roles for Couple Therapist

- Consultant – advice to other couple therapists, agencies, clergy or family members.
- Mediator – impartial third party who helps resolve disputes among couple, family & agencies.
- Traditional couple therapist/Agency staff as co-therapist!
- Individual therapist, or refer to more appropriate professional.

Assessment

- Couple
- Extended Family
- Service System
- Thorough History
- Listen with 3rd Ear
- Sensitivity to cultural/religious
- Hypotheses (continually update)
- “What outcome...?”
Relationship Options

- ‘Going Out’ as boyfriend or girlfriend
- Marriage (with or w/o children)
- Religious Ceremony to celebrate love w/o signing a marriage certificate.
- ‘Common-Law’ Relationship.
- Long-term Sexual & Intimate Relationship, but living apart.
- ‘Platonic relationship w/ someone who is more special than a friend’ [Donna Williams]
- Breaking-up, separation & divorce.
- Imaginary friends or fantasies.
- Single life

Intervening: Couple, Family, System

- Separate sessions with family
  - Couple often wants their approval
- Strategic use of (well-timed & appropriate) humour, frankness, cheerleading, inspirational or motivational talks.
- Couple-Centered Planning Meetings - e.g., increasing support network
- Reassurance/Five Critical Questions
**Reassuring Families/Five Critical Questions**

- Is my relative physically & emotionally safe in this relationship?
- Is my relative really happy with this partner?
- Are money management, daily living & health needs going to be properly met?
- Is reliable birth control in place?
- Are they receiving enough agency support?

**To Parent or Not to Parent!?**

- PSCT Model neither encourages or discourages pregnancy/parenthood.
- Research shows many parents with I.D. can learn parenting skills (Aunos & Feldman, 2007).
- Couples seeking counselling re: having kids should be fully informed about responsibilities, challenges awaiting parents.
- If suspicions about child neglect/abuse, consult with child protection agency (CAS).

**Private Couple Sessions: What Therapists Need to Know!**
Private Couple Counselling Sessions
- Appear to be systemic biases!
- Private sessions important part of Model.
- Reinforces notion relationship is important!
- Often 6-12 sessions, every 2-3 weeks, later augmented w/ occasional “booster sessions”.

Active listening ➔ powerful!
➔ careful note taking
- Learn to clarify, label & channel intense feelings
- “Make sessions fun/half the work is done!”

Interviews in private office.
- Frequent repetition …clinical impressions & advice (quieter, slower, clearer, more succinct, request eye contact)
- Use language used by couple
- Role-play
Role Play & Beh. Rehearsal
down
Repetition
down
Often love it!

Meeting the inlaws
Saying “No” to:
- visits from relatives
- sexual advances
Coping w/ domineering people

Better Management of Anger + Jealousy
Why Can’t You Shut Up?
Anthony Wolfe
Disengage!
“Two Minute Rule”

“Stop/Think/Go
Anger & Jealousy Management”

Teach Rules for Fair Fighting
[Bach & Goldberg]

- No physical hurting or violence
- “Here & now”
- Avoid global terms → level specific concerns
- Win-Win
- Make appointments to fight
- Don’t hit below psychological “belt-line”
- Admit you’re both to blame
- Handicaps given to lightweight fighter.

*People with ID often love rules (clear, concrete)*
Identifying “Cognitive Distortions”

“Ways Your Thoughts Play Tricks on You!”

(Munro, 2011)

“Cognitive Distortions”

- All or nothing thinking*
- Overgeneralization
- Mental Filter
- Discounting the positive
- Jumping to conclusions - mind reading
  - fortune teller
- Catastrophizing*
- Emotional reasoning
- Should statements*
- Labelling*
- Personalization & blame

“Reframing”

Teach re-thinking, change one’s perception of a person or situation, in a less emotional, more constructive & rational manner (e.g., “depressed”, rather than “lazy”; “wise” rather than “stupid”; diabetes as “an advantage”, anxious for “controlling”, “good parents”).

People learn to pass it on!
Education re: Sexuality, health & hygiene, & Dealing with Sexual Dysfunction

- Dealing with myths
- Masturbation
- Sensate focus
- Viagra

Making

“Behavioural Requests”

Encourage

“Complementary Behavior”
Vision/Hearing
Handle money/Drive
Read & write/Cook
Physical care/Companionship
Understands speech/Doctors’ appointments
Share expenses

Instruct Couple

Effective Boundary-Setting

Inlaws
‘Bad’ people
Elders
Spec. Olympics
Circle Program
Violence

NON SEQUITUR - By Wiley e-mail: sequitur@msn.com

BECAUSE IF I
DON'T TAKE A
LABOR, I'M
GOING TO
GET KNOCKED
OUT THERE!
DIRECT COUPLE TO HAVE MORE
FUN!!!

Cheap Dates/Vacations

Creative, Practical Approaches
e.g., sing strategies, read sections from self-help books, visual & augmentative communication
Psychiatric Assessment

John + Margaret

- Marg (33, Down Syndrome), John (35, ID)
- Talking seriously of marriage
- Mother requested couple counselling
- Complemented other’s limitation.
- Arranged session with parents (dad was hostile re: John).
- Brother threatened lawsuit/Mom intervened.
- STOP/THINK/GO
- Marriage preparation.
- Postponed wedding for a year.
- Reframing ("nice guy", "concerned parent")
- Couple-centred planning meetings.
- Psychiatric consult/medication
- Walked down the aisle/TEN YEARS!
IN CONCLUSION

- Love relationships for couples w/ ID can be very “successful”!
  
- We still need more…
  - Clinical literature
  - Research re: methods/models of couple therapy.
  - Therapists expand practice to this under-serviced population

What Couples with ID can Teach Us!

Value of…

- Companionship
- Lowering your expectations
- Realizing anyone can be beautiful & desirable
- Seeing that money isn’t needed for happiness
- Loyalty & gentleness
- Compensating for each other’s weaknesses

Family Triangles

- Smallest stable unit of relationship is 3.
- When 2 people unable to resolve problem, tendency to include 3rd person (e.g., affair, interfering inlaw, child).
- Stabilizes relationships,… but also freezes conflict in place.
- Most problems that bring families into counselling turn out to be triangular.
**Prognosis?**

Successful

Happy

- No violence/Not overly controlling
- Stand up to family disapproval
- Commitment, sexual fidelity
- Compatibility w/ sexual expression/values
- Positive family & system support/modelling
- Adequate agency & professional support
- IQ & adaptive behavior in mild range
- Regular expressions of kindness, respect, concern for partner.
- Willingness to go for counselling
- Couple teamwork to weather “rough times”

- Common interest & values (Tim’s)
- Good daily living skills
- Complementary skills
- Separate/shared activities
- Resolved issues re: b.c., parenting, kids
- Have fun! Enjoy spending time together
- No history of severe, untreated M.I.
- A ‘spark’
- Significant courtship before marriage/moving in together
- Premarital counselling & marriage preparation
- Successful financial management

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- No history of severe, untreated M.I.
**Premarital Preparation**

- SCCT Model recommends this.
- Consultant Vs. Therapist/Teacher

1. **Individual-Conjoint Counselling**

2. **Group Marriage Preparation**
   - Best if familiar faith group or agency.

- Are you ready for marriage? Right partner?
- Joys & responsibilities
- Sexually education
- Birth control, desire for kids/responsibilities
- Employment/Income
- Roles/Division of labour
- Managing conflict
- Assertiveness, labelling/expression of feelings
- Housekeeping, cleanliness, hygiene
- Health, diet, food preparation & refrigeration.
- Leisure activities, exercise, stress management
- Supporting your partner/When to ask for help
- Wedding planning

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**Munro**

**“Three Year Rule”**

- Must go out for at least three years, before you marry or live commonlaw.
- Applies to both people who are disabled & nondisabled!

J. Dale Munro 2011
Key Variable
Are the partners willing to stand up to their own families?

Ethics of Couple Decision-making

Self-determination
- Personal Choice
- Human Rights
- Pleasure seeking
- Empowerment
- Dignity of Risk
- Social Role Valorization

Full Responsibility
- Health & Safety
- Non-violence
- Respect for the Law
- Emotional Stability
- Rights of Others
- Informed Consent

Classic Couple Difficulties
- Abuse of alcohol/drugs
- Demand unsafe/unprotected sex
- Misuse of power/Violence
- Neglect or mistreatment of children
- Suicidal or dangerous attention-seeking
- Property destruction or hygiene complaints
- Chronically overspent/Serious financial difficulties (e.g., sex lines, cars, etc.)