Social Work Research: Couples Counseling

Kathleen is a 37-year-old, Caucasian female of Irish descent, and her partner, Lisa, is a 38-year-old, Caucasian female with a Hungarian ethnic background. Kathleen reports that she has a long family history of substance use but has never used alcohol or drugs herself. She does not have a criminal history and utilized counseling services 10 years ago for family issues regarding her father’s alcohol use. Kathleen works as a nurse in a local hospital on the cardiac floor where she has been employed for 8 years.

Lisa reports experimenting with substances during college. She currently drinks wine on occasion. Lisa does not have a criminal history. Lisa has had many jobs and stated that she was unable to find her niche until recently when she took out a loan and opened a small Hungarian restaurant serving her grandmother’s recipes. Her restaurant has been open 1 year. Lisa reports that while she enjoys the work and has found her niche, she must work constantly to be successful, and she is worried the business might fail.

Kathleen and Lisa have been together for over 15 years. They have a close group of friends and see their families on major holidays. They came to outpatient counseling at a nonprofit agency to examine the possibility of starting a family together. They were both feeling ambivalent about it, and it had been the source of more than a few arguments, so they decided to come to counseling to address their concerns in a more productive way. They said they chose this agency because it was recognized as lesbian, gay, bisexual, and transgender (LGBT) friendly. They asked about my sexual orientation and my history because they were concerned about my level of experience working with the issues they were presenting.

I thanked Kathleen and Lisa for sharing this concern, and I informed them of various programs I had worked in within the agency, including supportive services for LGBT youth in schools and in the community. I also shared our agency philosophy and mission, which includes outcome measures and engaging clients in feedback to evaluate practice.

I explained the tools we used to measure outcomes. The first form measures how each of them are feeling with regard to their life and current circumstances. There are four different scales to measure aspects of their lives, such as social, family, emotional health, etc. I also provided the chart on which I score the scales and track progress. I explained that the purpose was to see where they began to demonstrate progress with the work we were doing.

The second form measures how well I am providing treatment. I demonstrated the four scales that measure if the client feels heard and understood and if we addressed in session what they wanted to. I explained that this should address their concern about my ability to assist them. Because we would be evaluating both how they felt and how the sessions were going each week, we could make adjustments on treatment and delivery style.

I informed Kathleen and Lisa that both measurement tools were obtained from the National Registry of Evidence-Based Programs and Practices. We use these tools in the agency to assess the experience of the client and whether the goals of treatment are being achieved. Lisa questioned how the information would be used, and I told them that this information would be shared with them weekly and would only be in their chart.

Lisa and Kathleen came every week for 15 weeks. In that time, we charted each week using both tools. The chart demonstrated significant progress and then began to level off. During that time, Kathleen and Lisa worked on effective communication strategies to discuss the presenting issues. The arguments had become less frequent and shorter in duration as both Kathleen and Lisa learned to appreciate the other’s perspective. They expressed that some members of their families of origin were not supportive of their sexual orientation, and this was the main challenge for them as a couple. They were able to identify their strengths and not let family or societal opinions inform how they wanted to live. They were able to see that this was their decision.

During treatment there were times when the measurement tool indicated that they felt we were not connecting on certain issues. As I could pinpoint when that was and the topic we discussed, we were able to address it in the next session to clarify and get back on track.