Harnessing the Systemic Nature of Sexual Desire in Committed Relationships
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2010 Board of Directors

SUMMER 2010 / THE FAMILY PSYCHOLOGIST
Hello and welcome to the Summer, 2010, Pre-Convention issue of The Family Psychologist! I hope by now you are enjoying warmer weather and making plans to take part in this year’s reunion of Family Psychologists. In this installment of TFP, you will find a preliminary schedule of events taking place in the Division 43 Hospitality Suite at the APA Convention in San Diego, California. Among the most exciting features of this convention will be two presentations by Society members, David Schnarch, Ph.D. and Ruth Morehouse, Ph.D. on treating problems of sexual desire. Dr.'s Schnarch and Morehouse have written two pieces for this issue of TFP, which begin to introduce their innovations in this area of psychological treatment. Additionally, Deborah Jones, Ph.D. and colleagues provide a description of their research involving smart phones in the implementation of parent training. This topic reflects the APA’s burgeoning interest in providing desperately-needed services to more people, and reaching special populations via new technologies. Dr. Jones will also be stepping in as the new section editor for Research. We welcome her on board the TFP editorial staff as we say goodbye to Dr. Steven Beach – who has served in this capacity for eight years. I think he holds the record for longest service to TFP. Thank you, Steve, for your dedication to disseminating cutting-edge family psychology research to our membership – and for your outstanding work as section editor.
President’s Address

John Thoburn, Ph.D., ABPP

Family Psychology: Moving Into the Next 25 Years

Last year we celebrated 25 years of excellence in the field of family psychology. We honored the movers and shakers, including the past presidents of the Society for Family Psychology. This year we focus on the future of the discipline, especially the students and early career family psychologists, as well as those family psychologists in their prime who are moving the field forward. This is an unprecedented time of transition in our country as the population continues to grow more diverse, as the population ages, as healthcare is slowly but surely reinterpreted and reinvented, as wealth is harder to come by for all, as politics are in flux, as education is revolutionized by the world wide web, as medicine and psychology are challenged to assimilate and adapt to unprecedented advances in biology and neuroscience, and as we become more globalized. Transitions are the best time to shake up systems, the bread and butter of family psychologists. We are likely to see changes in how psychology is conducted with more emphasis on treatment teams, we’ll see more focus on family gerontology and more focus on a systems approach to organizational consultation. Private practitioners are likely to operate more interpersonally irrespective of their theoretical orientations. A more sophisticated understanding of the reciprocal, organic, and ecological relationship between nature and nurture will change how we practice.

The Society for Family Psychology has, in the past couple of years, been sought to contribute substantively to the dialogue of change in the field. Your Board has been hard at work this year gearing up for the changes ahead:

• The Society has participated in a task force spearheaded by the Family Psychology Specialty Council under the leadership of Michele Harway, Ph.D., ABPP to consider whether to pursue accreditation for family psychology educational programs or to simply find ways to enhance family psychology’s specialty status. The task force, overseen by Terry Patterson Ph.D., ABPP has made recommendations to the FPSC who has currently assigned smaller task forces to investigate family psychology programs further and to investigate ways to enhance the specialty of family psychology.
• Largely through the efforts of Tom Sexton Ph.D., ABPP, the website is almost ready to debut. It will definitely be up and running by the APA Convention in August. Erika Lawrence, Ph.D., VP for Science, and her committee; Barb Fiese, Ph.D., VP for Education, and her committee; Ruth Morehouse, Ph.D., VP for Practice; and James Dobbs, Ph.D., VP for Diversity have all contributed to the content of the website. The website will offer resources on evidence based research and practice, continuing education, discussion forums, resources for students and prospective students in family psychology, and resources for practitioners and academics.
• The Society is excited to offer a continuing education palette through the new website. The website will offer courses from respected family psychologists that will meet CEU state...
requirements (through APA). Barb Fiese Ph.D., working with a task force spearheaded by Chris Tobey, Ph.D., ABPP, has worked hard to develop this program.

• The Board has recognized the great job that Deborah Cox Ph.D., ABPP has done as editor of The Family Psychologist. The newsletter is really close to being a peer reviewed level entity. Therefore, the board has entertained the idea of converting TFP to a subscription journal that would fill a hole in the journal offerings by a) being theme driven b) offering an anchor article that could be substantially longer than those accepted by other journals – then offering related smaller dialogue articles around the same theme c) offering a place for publication of qualitative studies d) offering a place that would focus on promoting the identity of a family psychologist and e) offer a venue for emphasizing the practice of family psychology. The Society Board convened a task force to study the feasibility and advisability of making such a transition. The task force includes Tom Sexton, Ph.D., ABPP, Susan McDaniel, Ph.D., ABPP, Marianne Celano, Ph.D., ABPP, and George Hong, Ph.D., ABPP. The task force has just recently sent a proposal to APA.

• For the first time, all of the boards of family psychology met for a joint mid-winter meeting: The Society for Family Psychology (John Thoburn, Ph.D., ABPP, President), the Family Psychology Specialty Council (Michele Harway, Ph.D., ABPP, President), The American Academy of Couple and Family Psychology (Melton Strozier, Ph.D., ABPP, President) and the American Board of Couple and Family Psychology (Rodney Nurse, Ph.D., ABPP, President). The boards held their meetings separately, then came together around family psychology issues common to them all, including the issues of APA accreditation of family psychology programs and the relationship between the Society and the American Board of Professional Psychology. A great deal was accomplished at this meeting despite logistical challenges it was deemed an overall success.

• Committees and Representatives
  ※ The International Committee, chaired by Florence Kaslow, Ph.D., ABPP has been very active. The IC will offer a symposium this summer featuring international work in areas as diverse as South Africa and Haiti.
  ※ The Human Sexuality Committee, chaired by Ruth Morehouse, Ph.D. is just getting off the ground. Dr. Morehouse has recruited a committee membership of some of the top researchers and practitioners in the field of human sexuality today. The HSC is also working with the American Board of Couple and Family Psychology as it deliberates on adding a human sexuality sub-specialty.
  ※ The Membership Committee, chaired by Stephen Cheung, Ph.D. has continued its aggressive push for growth, especially among the student demographic, in cooperation with Kendra Jones, M.A. student representative. The committee has seen growth every year since Dr. Cheung has been its chair.
  ※ The Society for Family Psychology has reclaimed its second representative on APA’s Council of Representatives. The Society lost the seat in 2009, but reclaimed it this year, a direct result of the membership’s commitment to cast their votes for the Society’s nominees. A second seat has been vital for maintaining a family psychology perspective in APA leadership deliberations and decisions.

This is a representative sampling of what the Society for Family Psychology has been doing this past year. We truly are a Society on the move. Join us this August at the APA Convention during the Family Psychology Social hour and President’s Reception on Friday evening as we celebrate those who are making a difference today as practitioners, researchers, academics, supervisors and consultants in the field of family psychology, along with the leaders of tomorrow – students and early career psychologists. We’ll make history together, so that 25 years from now people will say, “that second 25 years of the Society was something else!”

—John Thoburn Ph.D., ABPP
President
Harnessing the Systemic Nature of Sexual Desire in Committed Relationships

Family psychologists have embraced positive psychology and focus on health and wellness in many aspects of family life. But one area lagging conspicuously behind is sexuality and intimacy. Even the field of sexology, long promoting sex-positive approaches, lacks a positive way of explaining why your penis doesn’t stand up, or your spouse won’t have sex with you. Couples and family therapists may be systemic through-and-through, but when it comes down to what happens in bed (or doesn’t), Dr. William Masters’ “sex is a natural function” paradigm prevails without couples or therapists realizing it. Masters’ contribution to sexuality was enormous and this approach of “sex is a natural function” was a great step forward, but we need to go even further in our understanding of sex. Once you approach sexual desire and sexual function as normal, healthy, innate, and automatic, the only way you can explain why you’re not getting aroused and you’re not interested in sex is that something must be going wrong. If you’re a normal spouse, you are dang sure something’s wrong when you’re constantly turned down—or constantly badgered— for sex, you and your partner argue about it all the time, and you’re thinking about divorce.

Given that most couples and most family therapists see things this way, adopting a positive psychology approach amidst alienation, terrible arguments, and impending family dissolution makes a psychologist look like a moron. We can validate this from personal experience. A positive approach to couples’ sexual difficulties is unimaginable to normal people. So is the fact that normal, healthy couples have sexual desire problems. Out of more than 16,000 people who have taken the “Sex in Relationships Survey” in an ongoing four-year study on Crucible4Points.com, 77 percent report they sometimes, usually, or always have sexual desire problems. So unknowingly steeped in “sex is a natural function,” the average person concludes this means most of us are all pretty messed up! The average person feels mighty messed up when in fact they’re part of the overwhelming majority.

Desire problems are one of the most common sexual difficulties couples have, and therapists say sexual desire problems are the most difficult sexual problems for them to treat. This is why family psychologists can and should lead the way by developing positive psychology approaches to sexuality that emphasize personal development, resilience, and well-being. But systemically-oriented therapists need more than rhetoric to pull this off. You need two things: (1) a treatment approach for sexual problems rooted in the natural ecology of love relationships, so your therapeutic interventions can line up with how the system works, and (2) some twisted way of explaining to couples on the brink of divorce that nothing is going wrong. In other words, family therapists need to become idiot savants.

The path to a more positive understanding of sexual desire problems begins by looking at what actually controls sexual desire in committed relationships. Poor communication? Individual psychopathology? Sex-negative religious beliefs? Prior sexual abuse? Parents divorced? Hormone deficiency? Not a positive psychology explanation in the bunch. Granted, it’s pretty hard to come up with a good, wholesome reason why 81% of 16,000 people say their sex is predictable and uninspired, passionless and mechanical, or non-existent. Fifteen percent
said their sex was pretty steamy and 4% endorsed, “If sex got any hotter my bed might catch fire.” In other words, only one in five people has the kind of sex we all think we’re supposed to have and the other four feel inadequate. So in addition to becoming idiot savants, we better become really good storytellers with a great story. That’s what it’s going to take to get 81% of couples to buy in to a more optimistic, realistic view of their sexual desire problems.

The Crucible Approach handles this dilemma by pointing out a basic fact that’s true around the world (where women own their own bodies and rape is not tolerated), a fact which greatly shapes sex lives, marriages, and families. Everyone’s experienced it, and yet we all ignore it: The partner with the lower desire always controls sex.

Relationship partners often shift positions in sexual desire over time. And the same level of desire that made you the low desire partner in your former relationship may make you the higher desire partner in your current one. But one thing remains constant: the lower desire partner (at the time) always controls sex. This realization usually grabs couples’ attention and begins to explain why 31% of people connect emotionally in bed but it rarely leads to sex, and another 16% go to bed at different times to avoid sex altogether.

To our clients, this initially proves what they already believe: marriage is a diabolical cunning system guaranteed to kill your sex life. But we find that clients readily accept and appreciate a positive psychology approach to sex, once we explain a few important things. First, we explain how the lower desire partner’s always controlling sex inevitably leads to emotional gridlock (another naturally occurring marital dynamic). Next, we explain how resolving gridlock is the way couples become more differentiated. Then we explain how this all has to do with species differentiation, evolution of the human brain, and emergence of the human self.

Then we mention that the lower desire partner always controls sex whether or not they want this or know this. This unsettles lower desire partners who think we’re lining up against them. When we add in the fact that lower desire partners usually control higher desire partners’ feelings of adequacy, several things usually happen. Lower desire partners smile knowingly. Higher desire partners start to feel understood. Both partners feel less defensive and embarrassed. And what initially looked like an unbalanced clinical move reemerges as an isomorphic systemic intervention that lays the groundwork for positive psychology treatment of sexual desire problems that emphasize personal development, resilience, and well-being.

Sexual desire problems, and the discord they create, greatly hinge on partners’ level of differentiation. This determines how they deal with the reality that the lower desire partner always controls sex, which in turn triggers struggles of differentiation that reverberate throughout marriages and families. No doubt, couples struggling with this fact of life for millions of years fostered the evolution of the human brain and the emergence of the human self. But then, that’s another incredible story.

Drs. Morehouse and Schnarch will present the Division 43 Presidential Address at the APA convention this August. They will discuss how the natural ecology of love relationships, interpersonal differentiation, sexual desire, and the human brain are irrevocably entwined.

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Sexual Desire, Intimacy, Interpersonal Neurobiology, and Family Psychology

Ruth Morehouse, Ph.D. and David Schnarch, Ph.D.

Presidential Address
Society of Family Psychology (Division 43)
APA Conference in San Diego.
Saturday August 14
from 11:00am to 11:50am
San Diego Conference Center, Room 24A

David Schnarch is the author of Intimacy and Desire: Awaken the Passion In Your Relationship (Beaufort Books, 2009) and the international best seller Passionate Marriage, two other books on sex therapy, and numerous chapters in edited books, including most recently, Using Crucible Therapy to Treat Sexual Desire Disorders in Sandra Leiblum, ed. Treating Sexual Desire Disorders A Clinical Casebook (Guilford, 2010). He is the founder of the Passionate Marriage® and Crucible® Approaches to the integration of marriage and sex therapy.

Ruth Morehouse, Ph.D. is Vice President for Practice for the Society of Family Psychology and the Co-Director of the Marriage and Family Health Center in Evergreen, Colorado. Both Dr. Schnarch and Dr. Morehouse are AASECT certified sex therapists, awarded Diplomate status.
There is an emerging interest among family psychologists in the potential for new technologies to transform – or perhaps to amplify the effectiveness of – widely used intervention strategies. As these methods come into wider use, there is also an emerging empirical base to which we can look for ideas, delivery systems, and new strategies. The current article by Deborah Jones and her colleagues is the first in our series on the empirical underpinnings of new technologies. I am sure you will enjoy this provocative look at new technologies that are already influencing the way we conduct family interventions.

—Steven R. H. Beach

It has been well established that the early treatment of noncompliance and other oppositional behaviors in young children may decrease the odds of an eventual diagnosis of oppositional defiant disorder or conduct disorder (see Eyberg, Nelson, & Boggs, 2008; Kazdin, 2000, for reviews). Difficulty retaining parents in parent training programs, however, is a long-standing obstacle to the success of such intervention efforts (Forehand, Middlebrook, & Rogers, 1983; McMahon & Forehand, 2003; Sanders, Markie-Dadds, & Tully, 2000). Effective parent training requires at least weekly sessions, as well as in-home practice, and some behaviors worsen in response to changes in parenting behavior before improvement is obtained. Accordingly, many parents may drop out before they achieve gains in parenting skills or see improvement in child behavior (Ingoldsby, 2010; Jensen et al., 1999; Prinz & Sanders, 2007). Various strategies have been utilized to enhance parental engagement (Ingoldsby, 2010), ranging from appointment reminders (e.g., Watt, Hoyland, Best, & Dadds, 2007) to the utilization of motivational techniques (e.g., Nock & Kazdin, 2005; Sterrett, Jones, Zalot, & Shook, 2010). Given that few of these approaches have yielded significant gains over the standard parent training programs alone (Ingoldsby, 2010), the identification of innovative strategies to enhance the engagement and retention of parents is of critical public health importance. Consistent with calls for more attention to the role of technological innovations in mental health (Kadzin, 2008; National Institute of Mental Health, 2003), our research group is currently developing the components of a Smartphone application aimed at increasing the engagement and retention of parents in one well-established parent training program, Helping the Noncompliant Child (HNC; McMahon & Forehand, 2003).
We expect that the incorporation of Smartphone technology will enhance engagement and retention in parent training several ways. As many already know, Smartphones integrate the benefits of a wide range of technologies (i.e., telephone, computer, video camera, electronic organizer) into a portable and relatively cost-effective hand-held device, allowing users wireless access to phone, e-mail, web, as well as videos. With regard to parent training, Smartphones offer therapists increased opportunity to provide support to parents outside of the therapy sessions. For example, we are asking parents to watch skill demonstration videos on their Smartphone each day to remind them of the nuances of the particular skill they are practicing with their child. Therapists can also provide additional out-of-session information to the families about the parent training program. For instance, in our project, therapists will send pre-programmed automatic text message reminders to parents’ Smartphones regarding practicing the assigned skill, completing the daily assessments, and attending upcoming sessions. The reminders will be programmed for times during the day decided upon by the therapist and family based upon the family’s schedule. Finally, families can receive more informed feedback from therapists based on their out-of-session practice of skills. For example, in our program therapists will use the Smartphone daily assessments to guide a mid-week telephone call (also using the Smartphone), which is a critical element of HNC and other parenting programs. Therapists also will watch home-based skills practice that families have taped using their Smartphone, providing the opportunity for more specific feedback than would otherwise be possible. The Smartphone may promote greater reliance on the therapist (i.e., less autonomy) initially; however, we predict that the increased opportunity for connection with the therapist and program, as well as greater information to guide skills practice and feedback on skills practice, will afford a means for parents to feel more competent and effective in the use of the new skills both in and out of session. In turn, parents may reach criterion on the skills more quickly (i.e., more autonomy), requiring fewer total sessions to complete the program (e.g., Williams et al, 2007).

In addition to assisting parents who seek out parent training programs and attend sessions, most often mothers (see Fabiano, 2007; Lundahl, Tollefson, Risser, & Lovejoy, 2008; McMahon & Forehand, 2003 for reviews), Smartphones can also integrate other adults and family members (e.g., fathers, other coparents) who participate in parenting into treatment. For example, our therapists will send text-message reminders to mothers’ Smartphones reminding them that coparents should be using the newly aquired skills as well. In addition, daily assessments completed by mothers using the Smartphones will include questions about coparent skills practice. Finally, therapists will encourage mothers to share skills videos with coparents using the Smartphone. Increasing coparent engagement in HNC may help mothers to feel more supported in their behavior change efforts, and perhaps more connected to their coparents (e.g., relatedness), increasing the likelihood that they will learn the skills that will benefit their children.

Of course, the advantages of Smartphones must also be considered in the context of costs, including family and economic burden. Although we know of no other effort to test the use of Smartphones for parent training, research using cellular phones with other difficult-to-engage groups (e.g., homeless, HIV-infected) suggests a high level of satisfaction (Collins, Kashdan, & Gollnisch, 2003), as well as very high rates of program completion (Alemagno et al., 1996). Providing parents with Smartphones will certainly result in increased program costs upfront (e.g., cost of Smartphone, service plan). More companies, however, continue to offer more Smartphone options and, in turn, consumers are seeing a drop in prices over time. In our project, we are using the iPhone because at the time of the development of our technology the iPhone offered all of the features that we needed to develop the components of the Technology-Enhanced HNC (TE-HNC) Program; however, a myriad of other options are available, each with varying combinations of capabilities. The drop in prices for Smartphones, as well as the increase in wireless coverage options, has lead to more accessibility across income levels (CTIA, 2009; Lohr, 2009). In fact, the “next wave” of users are expected to be lower income consumers who can acquire the benefits of the internet without the operating system or cable package required by the use of a desktop computer (Noyes, 2007).

Assuming the components of our TE-HNC program enhance parental engagement and retention as predicted, are supported by our Advisory Panel of clinicians and consumers, and are deemed cost-effective, the next step will be to integrate the Smartphone components into an TE-HNC application that will complement the HNC manual (e.g., menu-driven access to assessments, skill demonstration videos, psychoeducation about the HNC theory.
and program). While our focus is on the development of a TE-HNC application to enhance engagement and retention of parents in HNC, we believe that the components of the application have utility in their own right, likely serving as mini-interventions for parents learning new strategies for managing child behavior problems. We also envision that our work will serve as a foundation for technology-enhanced interventions aimed at other family systems in treatment, including interventions targeting couples and family therapy with adolescents. Finally, our work is rooted in the tradition of behavioral theory and practice; however, we believe that the potential benefits afforded by the Smartphone likely cut across orientations and may afford innovative strategies for increasing the retention and engagement of couples and families in treatment, regardless of the theoretical orientation guiding the family-focused treatment approach.

Acknowledgements


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We wish to acknowledge Anna Van Meter for her production and editing of the Technology-Enhanced HNC skill videos; Joel Sherrill, Program Chief, Child and Adolescent Psychosocial Intervention Program at NIMH, for his guidance on this project; and Amanda Honeycut, Olga Khavjou, & Eric Finkelstein at RTI for their guidance regarding cost analysis.

We also extend our sincerest appreciation to our technology consultant, Greg Newey, Research Technology Solutions, for his guidance and assistance with the development of our iPhone intervention components (gnewey@restechsol.com).

References


Practice

Ruth Morehouse, Ph.D. & David Schnarch, Ph.D.

Sexuality and Sexual Therapy

Greetings from Ruth Morehouse, Ph.D. At the suggestion of our president, John Thoburn and the support of other officers of the Society for Family Psychology, one focus during my tenure as Vice President for Practice will be broadening our emphasis on further teaching and training opportunities for family psychologists in the area of sexuality and sexual therapy. I have been discussing this plan with many psychologist colleagues, including members of SFP who do teaching, research, training, or therapy with couples and families. The enthusiastic response has galvanized my resolve to encourage greater awareness of and attention to the myriad ways that sexuality impacts families. Family psychologists who have the knowledge, discernment, and confidence to address sexuality in couples and families can provide necessary services that are badly needed.

Current plans include:
- Providing a refresher course on sexual anatomy and basic sexual physiology.
- Offering CE courses that explore different approaches to sex therapy and information about sexual dysfunctions.
- Keeping interested SFP members updated on pertinent sexual research.

Encouraging psychology graduate student research on sexuality / sex therapy by offering recognition and small cash prizes for best research proposals on sexuality themes.
- Establishing a committee of SFP members with expertise in sexuality and sex therapy that will develop additional goals for this project.

I encourage anyone interested...
in contributing to this process to get involved by contacting me at ruth@passionatemarriage.com.

Here are two upcoming opportunities for learning more about sexuality and Family Psychology.


  This symposium will explore ways of preparing family psychology graduate students and professionals to address sexual issues with couples and families. Presentations will also describe solutions for dealing with two common sexual issues in family therapy practice: (1) helping couples develop greater capacity for intimate relationships, and (2) dealing with the aftermath of infidelity. As family psychologists develop greater comfort in addressing sexual issues, we are better able to help couples and families deal with the diverse overt and subliminal ways in which sexuality impacts daily life.

• **Presidential Address for Society of Family Psychology (Division 43)**

  at the APA Annual Conference in San Diego, Saturday August 14, 2010 11:00am to 11:50pm, San Diego Conference Center Room 24A, Sexual Desire, Intimacy, Interpersonal Neurobiology and Family Psychology, Ruth Morehouse, Ph.D. and David Schnarch, Ph.D.

  Normal couples have problems with sex and intimacy because of the natural processes of differentiation in relationships. The systemic dynamics of sexual desire discrepancy between partners creates desire problems, intimacy conflicts, and emotional gridlock, which over millions of years contributed to the evolution of the human brain and the emergence of the self. Countless couples’ struggles of self-differentiation have led to species differentiation, which continues today and is experienced by modern couples as widespread problems of sexual desire. Once the human self emerged, human sexual desire was fundamentally changed. “Developing and maintaining a self” became the fourth drive of sexual desire, along with lust, romantic love, and attachment

  This presentation examines how self-differentiation, sexual desire, brain, mind, and love relationships constitute one incredible whole system. It highlights how differentiation and sexuality shape pivotal aspects of relationship ecology. The presenters will interweave their work on differentiation and sexual desire with emerging research on neuroplastic training and the role of mind-mapping between partners. Mind mapping (intuiting other people’s motivations and desires) can lead to “intense moments of meeting” between partners, but also occurs in sex-related interactions between family members with far-reaching implications.

Drs. Morehouse and Schnarch are both licensed clinical psychologists and certified sex therapists. David Schnarch is founder of the Crucible Approach® to integrated sex and marital therapy. He is Director of the Crucible Institute. Ruth Morehouse is Co-Director of the Marriage and Family Health Center of Evergreen, Colorado.

**Neil S. Grossman, Ph.D., ABPP**

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**How to Survive Testifying in Court**

Over the course of their career, treating psychologists may be asked or subpoenaed to testify in court regarding a patient (Grossman & Okun, 2007). How do psychologists react? Do they try to avoid testifying like the plague; do they think of this as a chance to assist their patient; or do they consider this an opportunity to stretch their comfort level and develop new skills?

For most psychologists testifying in court is outside of their usual activity, and therefore their comfort zone. It is unfamiliar turf, and foreign. A different set of rules apply from what they are
accustomed to. Psychologists are taught that truth is reached by hypotheses and demonstrated on a probability level. In court, guilt and innocence or judicial decisions are determined by a trial, which is a structured procedure that follows a set of rules to determine the truth. Two attorneys passionately present legal arguments and call witnesses in an attempt to demonstrate who is right and who is wrong. Many psychologists are concerned that if they do not unequivocally support a position their opinion will be discounted. That is, we must testify to the certainty of something or our testimony will be seen as unreliable (Stromberg, et al., 1988).

Attorneys prefer that witnesses follow their lead and respond to questions with “yes” and “no” answers. They prefer to only ask questions to which they already know the answers. They prefer that you do not give an explanation to a question, or elaborate on your answer unless they direct you to do so. Attorneys are concerned that if you stray from the prescribed course, there is a greater possibility that you will give too much information, providing the opposing side an opportunity to open a different line of questioning, or you will give an answer that they are not prepared for. When testifying in court, the easiest course is to follow the attorney’s lead and answer questions with a “yes” or “no” answer. If some information is misunderstood the attorney questioning you or the other attorney will have the opportunity to provide a clarification or correction. This course of action makes some psychologists uneasy. They are concerned that their testimony will be twisted or misinterpreted. In addition, there are ethical considerations about what we can say.

In addition, there are ethical considerations about what we can say. (Remember, each attorney has the best interests of their client in mind – not yours.). An example of these concerns occurred during the first substantial case in which I testified. I treated a father and his children over a lengthy summer vacation. The central issue in the court case was whether the mother had interfered with the father’s visitation and his relationship with the children. The father’s attorney subpoenaed me to testify. I had written a detailed letter to this attorney explaining what I could and could not testify to. When I discussed the case with the attorney on the day of the trial, the attorney repeatedly pushed me to say that the father was a better parent then the mother. I explained over and over again that I could not testify to that since I had not met the mother; but the attorney would not accept this information. Finally, the attorney accepted my objection to this. When I discussed the case with the attorney on the day of the trial, the attorney repeatedly pushed me to say that the father was a better parent then the mother. I explained over and over again that I could not testify to that since I had not met the mother; but the attorney would not accept this information. Finally, the attorney accepted my objection to this line of questioning and did not ask about this issue during the trial. However, we spent so much time on this subject we did not get to other issues we should have discussed.

When testifying, whether you are a fact or expert witness (Gould, 1998; Bartol & Bartol, 2004) can be confused. If a psychologist is subpoenaed as fact witnesses they only testify to facts, behavior they directly observed, and are paid a small amount of money. Whereas, expert witnesses are allowed to state their opinion and interpret facts. They are entitled to be paid their hourly rate. For example, during treatment a patient would frequently raise his voice and pound his fist on the table when talking about his wife. The fact witnesses should not make inferences about this observation while expert witnesses can make inferences and reach conclusions in their area of expertise. Many times a psychologist is subpoenaed as a fact witness and then asked expert questions. You can object to this.

So you have been called to testify in court. Now what do you do? The following survival guide was prepared to assist the treating psychologist who will be testifying in court. The major part of this material was taken from (Barsky & Gould, 2002; Brodsky, 1991).

1. Be prepared in testifying with a list of your education, training, and any relevant special skills.
2. Consider meeting with the attorney who will be doing the direct examination (the attorney who called you) before and discussing what questions will be asked.
3. Answer questions honestly according to the facts that you know.
4. When asked a question, have a short pause before answering it in case the opposing attorney wants to object to the question.
5. You can direct the answers to the attorney’s questions to the judge or jury.
6. Readily admit limits of your knowledge and avoid going beyond that. If a judge orders you to go beyond clearly state the limits of your knowledge and its scientific basis.
7. Convey a matter of a fact attitude when asked a potentially embarrassing question.

8. If you say something you think is wrong or foolish, let go of distress and move on to the next question.

9. If a question is unclear, ask for it to be rephrased.

10. If an attorney tries to attack or intimidate you:
   a. Answer in a low and calm voice
   b. Restate what was asked in more neutral terms, “So what you are asking me is that …..” This gives you time to think and gives you more control.

11. If asked for an expert opinion, state that you are not an expert and that you have not been called to testify as an expert. Then compare and contrast your knowledge in this situation to that of an expert.

12. General Principles:
   a. Do not be afraid to say, “I don’t know.”
   b. Have humility.
   c. Use narratives and smooth flowing responses.
   d. Vary the format of your answers.
   e. Speak slowly and vary the loudness and tone (your voice should be dynamic).
   f. Maintain civility, do not get provoked into angry answers.
   g. Do not try to save or protect your patient.
   h. Maintain credibility with honest, neutral, and humble answers.

13. Power and control—an attorney may try to get power and control over a witness. This is done by their controlling the tempo of the testimony and sometimes establishing a response set. You can attempt to regain control of the tempo, e.g., by repeating the question being asked and avoiding answering “Yes” and “No.” In answering a question, you can qualify your answer as long as you do not pause as a sign you give a response. A pause can be taken as you have finished your answer and the attorney is free to start the next question.

References
Student Member Events and Opportunities at the APA Convention

The annual APA convention offers a unique and exciting opportunity to meet and network with other students and professionals in the field of family psychology. As your student representative, I would like to let you know about student member events at the upcoming convention. We will be offering a Student Social Hour/Roundtable Panel Discussion directly prior to the Family Psychology Social Hour and President’s Reception on Friday evening. This event offers the opportunity to meet fellow students interested in family psychology, to hear prominent professionals in the field present on important student topics, and to ask questions about training opportunities and professional development.

WHAT: Student Social Hour/Roundtable Panel Discussion
WHEN: Friday, August 12th, 3:30-5:00 pm
WHERE: Division 43 Hospitality Suite

Discussion topics to include:
- Finding internships and post-doctoral fellowships
- Clinical practice
- How to start a family psychology practice
- Academic careers
- Careers in medical settings
- Continuing education opportunities

Invited panel members include:
- John Thoburn, Ph.D., ABPP
  * President, Division 43, The Society for Family Psychology
  * Past President of the American Academy of Couple and Family Psychology
  * Board member, American Board of Couple and Family Psychology
  * APA Fellow
  * Associate Professor of Clinical Psychology, Seattle Pacific University
  * Clinical private practice, Seattle, WA
  * Licensed psychologist, State of Washington
  * Licensed Marriage and Family Therapist, State of Washington
  * Diplomate in Couple and Family Psychology, American Board of Professional Psychology

- Anthony Chambers, Ph.D.
  * Secretary, Division 43, The Society for Family Psychology
  * Core Faculty of the Marriage & Family Therapy Program, Center for Applied Psychological & Family Studies, Northwestern University
  * Staff Licensed Clinical Psychologist, The Family Institute at Northwestern University
  * Assistant Clinical Professor, Department of Psychology, Northwestern University
  * Teaches undergraduate and graduate courses on marriage and research methods
  * Conducts research on and writes about African American couples/marriage, couples therapy, and psychotherapy process and outcomes
• Marianne Celano, Ph.D., ABPP
  ● Treasurer, Division 43, The Society for Family Psychology
  ● APA Fellow
  ● Associate Professor, Department of Psychiatry & Behavioral Sciences, Emory University School of Medicine
  ● Diplomate in Couple and Family Psychology, American Board of Professional Psychology
  ● Supervisor for pre-doctoral internship and post-doctoral fellowship programs at Emory University School of Medicine

• Erika Lawrence, Ph.D.
  ● Vice President for Science, Division 43, The Society for Family Psychology

* Maintains an active clinical practice of 30 couples per week

* Associate Professor, Department of Psychology, Department of Psychology, University of Iowa
* Clinical Assessment and Therapy Supervisor, University of Iowa Seashore Clinic
* Clinical private practice, Couples therapy

I highly encourage you to join us for this event, as well as other social and academic events offered by Division 43 (see your convention schedule). Networking with other students and professionals is one of the best ways to promote professional growth and development. Please contact me (kcj@spu.edu) if you have any questions about APA events or if you would like to learn about other opportunities for student involvement with Division 43. I look forward to meeting fellow students in August!

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**Division 43, Family Psychology**

**Preliminary Hospitality Suite and Event Schedule**

**American Psychological Association Convention**

**August 12 - 15, 2010**

**San Diego, California**

<table>
<thead>
<tr>
<th>8am-3pm (suite)</th>
<th>Division 43 Executive Board Meeting</th>
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<tr>
<td>3:30-5pm (suite)</td>
<td>Student Social Hour. Contact: Kendra Jones</td>
</tr>
<tr>
<td>6-6:50pm</td>
<td>Division 43 Social Hour held at: Marriott Hotel Torrey Rooms 1 &amp; 2</td>
</tr>
<tr>
<td>8-10pm (suite)</td>
<td>Presidential Reception and Division Awards Ceremony</td>
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**Welcome to YOUR Division 43 Hospitality Suite!**

*Feel free to join us as Suite events are open to all, not just division members! For additional information contact Hospitality Suite Chair: Amanda Edwards-Stewart, Ph.D. at aedstew@u.washington.edu or (425) 273-4548. For more up-to-date schedule details, visit the division web site prior to convention.*
To: All Fellows of the Society for Family Psychology

As a Fellow of Division 43, you may have already received a certificate from APA when you were elected. At the behest of Dr. George Hong, the Division Board recently voted to issue an additional certificate from the division which will specifically recognize the contribution of our fellows to the field of Family Psychology.

However, we have been informed that APA does not have record of a person’s year of election as a division fellow. In order for us to prepare the division certificates, we need you to provide this information to Dr. Hong, who will be printing the certificates. If you would like to receive one, please email him now <ghong@exchange.calstatela.edu> to indicate:

- Your name as it should appear on the certificate:
- Year of Election as Division 43 Fellow:

Congratulations to the new Fellows of the Society for Family Psychology

The following members were elected as Fellows of the Society for Family Psychology, 2009. Each of these psychologists have demonstrated significant and distinctive contributions to Family Psychology in one or more of the following areas: scientific achievement, professional practice, leadership and administration, and teaching and training. They have all been recognized for their excellence, and their election further corroborates their impact on our field.

John V. Caffaro, Ph.D.  
jvc@caffaro.us

Deborah Capaldi, Ph.D.  
deborahc@oslc.org

Myrna L Friedlander, Ph.D.  
MFriedlander@uamail.albany.edu

Jerry Grammer, Ph.D.  
jerrygrammer@sbcglobal.net

John E. Northman, Ph.D., ABPP  
northman@roadrunner.com

Michelle D. Sherman, Ph.D.  
Michelle-Sherman@ouhsc.edu

Elizabeth A. Skowron, Ph.D.  
easl4@psu.edu

Gregory L. Stuart, Ph.D.  
gstuart@utk.edu
Florence Kaslow Ph.D., ABPP, will receive the American Board of Professional Psychology’s highest honor, the Russell J. Bent Award, at the San Diego APA conference. The ceremony will be on Saturday August 14th.

There are few psychologists who represent the heart and soul of psychology, especially family psychology, or are more dedicated to specialization through the ABPP process, than Dr. Kaslow. I first met Dr. Kaslow as my Professor at the University of Pennsylvania. I found her to be exceptional in that she not only assiduously made certain that we knew and understood theory and basic concepts, but also took great pains to demonstrate their application to clinical practice. After receiving my doctorate, I met up with her at my first APA convention and without skipping a beat she introduced me to key psychologists and helped me gain access to key committees and projects. She also encouraged me to write in specific journals and guided me in selecting relevant topics. Later, she offered me co-authorship in some of her own works, which aided me in developing future writing ventures.

As I became more active in APA, I watched as Dr. Kaslow mentored other psychologists in writing and professional activities, and more importantly, as she steadily maintained and expanded her own publishing and committee work. Whether in the Society for Family Psychology, the American Board of Couple & Family Psychology (ABCFP), or the American Academy of Couple and Family Psychology, she has been consistently active in advancing key projects, including the careers of others, and following through with the more mundane day-to-day work whether as President, Committee Chair, or dedicated colleague. Her willingness to take the initiative, collaborate in careful planning and do the hard work required to successfully achieve a goal have made her a model to literally hundreds of her colleagues.

Dr. Kaslow is one of the most well-rounded psychologists and prolific authors in the field. She is a master clinician, widely sought-after for her couple and family work, especially for her emphasis on family businesses. She has been a consultant to many corporate, nonprofit, academic, professional, and government organizations. She has been an academic Dean and Professor at distinguished universities, and is known for her concise, affable, and informative style as a public speaker. She has worked internationally in dozens of countries, and regularly hosts foreign psychologists at APA conventions. One of her most valuable and notable contributions is working with both survivors of the Holocaust and families of the perpetrators. I am constantly amazed at the breadth of her writing and involvement in nearly every area of family, forensic, clinical,
training, and many of the subspecialties of psychology. She writes originally, simply, and perceptively, as sole author and also with noted authors and early career professionals.

Dr. Kaslow is a Diplomate in Clinical, Couple & Family, and Forensic Psychology, and a current Board member of ABPP. She has consistently been either President or a member of the ABCFP since its inception, served as its regional coordinator and examiner, and contributes regularly to its bulletin. She has undoubtedly been responsible for more of its diplomates than any other individual, and believes that Board certification is essential to specialty practice, constantly inventing creative ways to bring new members into the process.

Her activities in APA include Fellow in six divisions, past President of three divisions, member and chair of multiple committees, and she currently serves on the Council of Representatives. She has presented regularly at summer ABPP and APA continuing education seminars and has been an invited speaker by AAMFT and other many professional organizations and universities. She has also had a popular radio show broadcast internationally on psychological topics of general interest. She is well known for all of the qualities mentioned above, and every one with whom she comes into contact knows that Dr. Kaslow will speak thoughtfully and incisively and participate actively in a most collegial manner. I know of no other psychologist more deserving of this award than Dr. Kaslow.

—Terry Patterson, Ed.D., ABPP

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As you will see from what is written below, Dr. Kaslow is not a ‘do what I say’ kind of person, but a ‘do what I do’ kind. Her work ethic is second to none and her output in the field is prodigious. Dr. Kaslow is currently in practice as a psychologist, family business consultant, and coach in Palm Beach County, Florida where she is president of Kaslow Associates. She is director of the Florida Couples and Family Institute, and a visiting professor of psychology at Florida Institute of Technology in Melbourne. In 2007, she was appointed clinical professor in the Department of Psychiatry and Behavioral Sciences at Mercer University Medical School, Macon, Georgia.

Dr. Kaslow has been a board member of APA Division 41, Psychology and Law, and she is past president of both Division 43, the Society for Family Psychology and Division 46, Media Psychology. Dr. Kaslow is board certified in clinical, family, and forensic psychology by the American Board of Professional Psychology and was president of both the American Board of Forensic Psychology and the American Board of Family Psychology. She is a fellow of seven American Psychological Association divisions and of the American Association for Marriage and Family Therapy (AAMFT).

Dr. Kaslow established many firsts in the field. She was among the handful of pioneering psychologists who, in 1984, established Division 43 of the American Psychological Association, the Society for Family Psychology and served as its third president, establishing the Journal of Family Psychology during her tenure. She established and served as the first president of the American Board of Forensic Psychology, a specialty of the American Board of Professional Psychology. She served as president of the International Family Therapy Association (IPTA) and was instrumental in the adoption of the Journal of Family Psychotherapy as its official journal. She initiated and was co-director of the Ph.D./J.D. program in psychology and law that Hahnemann co-sponsored with Villanova Law School.

Dr. Kaslow has authored or co-authored extensively; her books include, "Voices in Family Psychology, Volumes. One and Two; Projective Genogramming; Handbook of Relational Diagnosis and Dysfunctional Family Patterns; Painful Partings: Divorce and Its Aftermath; Handbook of Couple and Family Forensics: A Sourcebook for Mental Health and Legal Professionals; Together Through Thick and Thin: A Multinational Picture of Long-Term Marriages; Comprehensive Handbook of Psychotherapy; Welcome Home: An International and Nontraditional Adoption Reader; Handbook of Family Business and Family Business Consultation: A Global Perspective; and the Handbook of EMDR and Family Therapy Processes."

The above, for which Dr. Kaslow has received many honors over the years from APA, APF, and ABPP, are all significant achievements and a worthy legacy, but Dr. Kaslow’s real legacy is not so much in what she has created, but in whom she has invested - her zealous commitment to mentoring the next generation of psychologists in family, forensics, and international work. The men and women she has trained and influenced are now in key leadership positions in media, international, family and forensic research, practice, education and policy making. She has a knack for bringing out the best in the people around her, mainly because she asks no less than the best and she doesn’t ask anything of anyone that she isn’t willing to do herself. I can think of no person who has given more service to the profession, who cherishes our field more and in doing so has helped countless numbers.

—John Thoburn, Ph.D., ABPP
This issue of *The Reference Corner* includes reviews of two books by our past and present editors, addressing what has often been considered the “dark underbelly” of couple therapy - sexual difficulties and affairs. The reader will certainly find something of interest among these volumes, which consist of up-to-date information about enhancing intimacy and sexual satisfaction (*Discovering your couple sexual style*) and treating affairs (*Helping couples get past the affair: A clinician’s guide*).

If you are interested in serving as a reviewer for *The Reference Corner*, please email me your areas of interest. Contributors retain a complimentary copy of the book. If you are the author or editor of a new or upcoming book in family psychology that seems appropriate to review in this column, then please send a copy to me to be considered for review as closely as possible to the publication date. Send books and galleys to: Marina Dorian, Ph.D., The Reference Corner Column Editor, Alliant International University, California School of Professional Psychology, 10455 Pomerado Road, San Diego, CA 92131; E-mail: mdorian@alliant.edu.


Reviewed by Marina Dorian

Barry and Emily McCarthy have undoubtedly provided a much needed self help book for all couples wishing to enhance their sexual satisfaction at any stage of their relationship and as a supplement to therapy. This book also emphasizes primary prevention by urging couples to develop a strong and resilient sexual style rather than relying on unrealistic concepts of sex. It is useful for young, new couples and those in middle age and above who need help developing a new couple sexual style to adjust to developmental changes. This book offers a non judgmental, myth busting approach to sex within a committed relationship with the goal of couples discovering their own unique sexual style and reviving their relationship. *Discovering Your Couple Sexual Style* is written in an honest, tasteful, and easy to read manner. Although this book is written by a heterosexual married couple and depicts a heterosexual couple in varying sexual styles on the cover, the text is not inherently heterosexist and could possibly be applied to same sex couples and any committed romantic relationships. Barry McCarthy shares great insights, cases, and stories from his years of clinical practice which offer real life examples. McCarthy ascertains that the challenge of a successful sexual style is to find balance between individuality and connectedness and challenges partners to take personal responsibility for their sexuality. He debunks the myth that more intimacy is always better for a sexual relationship. Couples need the right balance of intimacy and eroticism according to their sexual style.

Part one of the book aims to aid the couple in developing a healthy couple sexuality first through dispelling myths about sex and establishing positive and realistic sexual expectations. The authors offer exercises and assessments to identify partners’ expectations about sex. The authors initially offer
three core guidelines for sexual satisfaction: 1.) developing positive, realistic sexual expectations; 2.) having sensual and sexual options; and 3.) communicating sexual desires. Learning to accept realistic expectations of your partner is a core element of relationship satisfaction. The authors suggest that sexuality plays approximately a 15-20% role in a relationship. Although this book focuses primarily on intimacy and sexuality, many of the concepts can be applied to the relationship in general.

In determining each couple’s sexual style, the authors offer a questionnaire to assess such dimensions as emotional closeness and autonomy, and gender roles. The first element of a couple sexual style is intimacy, which is defined as the need for emotional connection and desire to maintain emotional closeness. Intimacy allows partners to feel safe in their sexual relationship. The second component is eroticism, which involves fantasizing about feeling desired and desirable, as well as unique sexual expression. The challenge of developing a sexual style is to integrate intimacy with eroticism. The four individual and couple sexual styles described are complementary, traditional, soul mate and emotionally expressive. The strengths and vulnerabilities of each style are outlined. The challenge of a successful couple sexual style is finding the right balance between maintaining individuality and feeling genuinely connected. The metaphor of “gears of connection” is used to conceptualize five dimensions of touch spanning the sensual and sexual range. Like driving a car, partners move from one gear to the next, but it is not always the case that they drive in fifth gear. Following this analogy, first gear is affectionate touch, second gear involves sensual touch, third gear is playful touch, fourth gear involves erotic non-intercourse touch, and fifth gear involves intercourse. Communicating how each partner feels about touch options can be difficult, but is a crucial factor in a couple’s sexual style. The essence of sexuality is giving and receiving pleasure-oriented touching and valuing both the verbal and non-verbal communication. Couples are encouraged to find comfortable ways to share sensuality and sexuality without the all or nothing focus on sexual performance or intercourse. Flexibility is key to vitality and satisfaction.

The final step to developing a healthy couple sexuality involves successful implementation of the couple sexual style. The process of implementation has two components: 1.) playing to the strengths of one’s sexual style and individualizing it to meet each partners needs for intimacy and eroticism and 2.) learning to beware of the dangers of one’s chosen style. Barry McCarthy emphasizes that individual, couple, cultural and value factors trump scientific theory when making couple sexual choices, and encourage couples to view this information as guidelines rather than rules.

Once the couple has discovered and implemented their sexual style, part two describes how to enhance desire and satisfaction, focusing on openness to new experiences and flexibility to the multiple ways of creating and nurturing desire. Having too narrow of a focus on performance and orgasm may limit sexuality. Ways to engage in both planned and spontaneous opportunities for desire, indulge in eroticism and sexual fantasies, optimize intercourse, and enjoy orgasm and after play are all discussed as part of the sexual experience and development of desire.

Part three deals with sexual challenges such as overcoming sexual inhibitions and negative emotions surrounding sex, dealing with illness and sex, utilizing pro-sex medications, and confronting sex within the aging process. Finally, part four helps couples learn to maintain a healthy sexuality by nurturing their sex lives as intimate and erotic friends, maintaining sexual vitality and sexual gains, and preventing relapse. Recommendations and techniques for preventing relapse are given, and couples are encouraged not to take their sexual style and gains for granted.

In conclusion, I recommend this self help book to couples in every stage of their relationship and to therapists as a valuable tool to use with a diverse range of clients. While the subject of sexuality and sexual difficulty is too often overlooked in traditional couple therapy, the McCarthy’s have offered yet another fine resource for couple therapists to use and recommend to their clients.

Marina Dorian, Ph.D., is a clinical psychologist and an assistant professor at the California School of Professional Psychology at Alliant International University, San Diego. She is also the chair of events for The Center for Integrative Psychology at Alliant International University. Her research and clinical interests include couple and family therapy, family stress and resilience, and mindfulness based interventions.

Reviewed by Farrah M. Hughes

Baucom, Snyder, and Gordon have created a masterpiece to guide clinicians treating couples in the aftermath of infidelity. Helping Couples Get Past the Affair eloquently presents their treatment model, including its theoretical basis and preliminary research support. The beauty of this volume is that it is firmly grounded in tried and true couple therapy foundations, including enhanced cognitive-behavioral therapy for couples and insight-oriented approaches (Epstein & Baucom, 2002; Snyder, 1999). So, the authors not only address the unique and complicated issues inherent in dealing with betrayal, but they also closely link their approach to the basics of effective couple intervention.

The authors define betrayal as “negative, traumatic events that significantly disrupt spouses’ basic beliefs about their relationships, their partners, or themselves” (p. 12). Thus, their approach to treatment is very much guided by the literature on response to trauma, in addition to its roots in the interpersonal forgiveness literature. Accordingly, the treatment model for interpersonal betrayal developed by Baucom, Snyder, and Gordon parallels the treatment model for addressing individuals’ responses to trauma. Their model has three stages, which serve as the organizing framework for this book: (1) Stage 1 (Impact): characterized by attempts to comprehend the event(s) and by upheaval of emotions, thoughts, and behavior; (2) Stage 2 (Meaning): characterized by attempts to explore and understand reasons for the event(s), as well as to develop coherent narratives to guide recovery; (3) Stage 3 (Moving On): characterized by couples working to put the event(s) behind them and move forward, with or without reconciliation. Several chapters are devoted to the key treatment goals for each stage, and challenges and risks also are addressed in order to prepare the clinician for special issues that can arise. Furthermore, the authors include plenty of tables that highlight key principles and guidelines for therapists. I find these particularly useful and like to use them as summaries of key issues, or as mental “checklists” when making sure I have covered all of the bases.

One important issue, addressed at the outset of the book, is the definition of forgiveness. For these authors, forgiveness “involves moving forward by giving up the right to punish the partner and by committing to move beyond the negative emotions and thoughts about the event that have dominated one’s own life” (p. 18). It is in the third stage of the treatment model that forgiveness, and the implications it has for the partners, becomes most salient.

Regarding the treatment itself, the authors do not provide a manual. Instead, they offer interventions that are firmly grounded in theory and in the foundations upon which this treatment is built (i.e., CBT, forgiveness interventions, and developmental/affective-reconstructive therapies). To help illustrate the applications of their model, they follow three case examples throughout the book, rather than sprinkle excerpts from a variety of cases throughout the volume. This consistent use of a few representative cases allows the reader to focus on the treatment itself once familiarity with the cases has been achieved.

One of the many benefits of the Baucom, Snyder, and Gordon treatment model is that both partners – the injured partner and the participating partner – are the focus of treatment. There can be a fine line between (a) examining both partners’ contribution to the climate that precipitated the affair and (b) blaming the victim. The authors present a model that enables clinicians to work comprehensively with couples in such a way that both partners’ emotional, cognitive, and behavioral difficulties can be addressed in an empathic and meaningful way. Another benefit is that their model examines an array of relational and contextual factors that might have played a role in setting the stage for the betrayal. For example, therapists are guided to consider dyadic variables like conflict resolution, intimacy, and relationship expectations. Therapists also must understand environmental/situational factors such as those that might stem from work, circumstances outside of the couple’s control (e.g., illness, financial concerns), and exposure to supportive influences and/or high-risk situations.

A final praise of this clinician’s guide is that the authors also have created a guide for couples, entitled, Getting Past the Affair: A Program to Help You Cope, Heal, and Move On – Together or Apart (Snyder, Baucom, & Gordon, 2007). It is not essential that couples in treatment have this book, but it easily can be used as an additional resource to facilitate...
work between sessions. In each section of *Helping Couples Get Past the Affair*, the authors point to the parallel portion of their couples guide so that clinicians can seamlessly integrate it into their therapeutic work.

Overall, I highly recommend this volume as an addition to any clinician’s bookshelf. It is accessible to therapists at a variety of training and experience levels, the treatment model is well-grounded and comprehensive, and the clinical interventions are informed by strong theoretical foundations.

References

Farrah M. Hughes, Ph.D., is an Assistant Professor of Psychology at Francis Marion University in Florence, SC. Her clinical and research interests focus on marital and parenting dynamics, the role that psychopathology plays in couple relationships and parenting, and the strengths and struggles of college students who are parents. In the interest of full disclosure, she would like the reader to know that Kristina Coop Gordon was her doctoral advisor, and thus her review if this book is undoubtedly biased. Nonetheless, her praise of it stands, and she is delighted to continue to learn from her mentors long after graduation.

Erratum
We would like to make our readers aware of an issue regarding a previously published book review in The Reference Corner column of “The Family Psychologist.” After the release of the review of “Counseling Military Families” by Lynn Hall in the Winter 2010 issue, we became aware of a problem with inadequately cited research within the book. We have been informed that Routledge will be including an erratum and corrected citations and references in forthcoming editions of the book.