

DISCERNMENT COUNSELING FOR “MIXED-AGENDA” COUPLES

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This article describes discernment counseling, an approach to working with couples where one partner is leaning toward divorce and the other wants to preserve the relationship and work on it in couples therapy. These “mixed-agenda” couples are common in clinical practice but have been neglected in the literature. The goal of discernment counseling is clarity and confidence regarding the next steps for the relationship, based on a deeper understanding of each partner’s contributions. Sessions emphasize individual conversations with each partner. An analysis of 100 consecutive cases found that about half of the couples chose to start couples therapy in order to reconcile, with most of the rest choosing the divorce path. Longer term follow-up information is also presented.

An everyday experience for couples therapists is the couple where one partner is interested in staying married and presents as eager to do the therapy, while the other partner is leaning toward divorce and is ambivalent about trying couples therapy. Whether formally married or in a committed long-term relationship, these couples are a neglected group in the field of couples therapy. Most models assume that both partners present for treatment with at least a basic motivation to preserve and improve the relationship. This article describes a model for “discernment counseling” for couples who are divided on the future of their relationship. Discernment counseling aims to help couples develop clarity and confidence in deciding on the next steps in their relationship, including whether to embark on couples therapy or move toward divorce. We present a description of 100 consecutive couple cases seen in the Minnesota Couples on the Brink Project.

BACKGROUND

Although therapists regularly deal with mixed-agenda couples (one “leaning out” of the relationship and reluctant to work on the relationship in therapy, and the other “leaning in,” wanting to preserve the relationship and begin therapy), there has been strikingly little clinical literature on how to work with these couples. Crosby’s (1989) edited book, aptly titled *When One Wants Out and the Other Doesn’t*, is the chief exception. L’Abate and Hewitt’s (1989) chapter described a polarized bind that many of these couples face: either “extricate through the magic of divorce” or “keep the status quo” (p. 152). Echoing the clinical advice of many of the other chapter authors, Russell and Drees (1989) recommended slowing down the decision making process and negotiating for a number of sessions. Jurich (1989) proposed six sessions of assessment rather than moving directly into couples therapy. Despite the thoughtfulness of these chapter authors, the clinical advice they provided was fairly general. None offered a detailed protocol for working with mixed-agenda couples.

Other clinically oriented studies describe the phenomenon of “mixed-agenda” couples without using the term specifically. For example, Kanewischer and Harris (2015) interviewed 15 women who had contemplated divorce but received marital therapy and eventually decided to remain married. The study goal was to determine the impact of couples therapy on their decision making

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process. In each case, only one partner was interested in pursuing divorce to solve marital problems. Similarly, Gurman and Burton (2014), in addressing the potential pitfalls and problems with providing individual therapy for couple problems, maintained that many who present individually for relationship-oriented therapy are there alone because of “partner-generated” refusals to engage in conjoint therapy. Some of this partner-generated refusal may be related to mixed agendas within the couple relationship.

As with the clinically oriented literature, there is limited empirical research on this topic. We identified only five peer-reviewed clinical studies. In a groundbreaking study, Doss, Simpson, and Christensen (2004) found that divorce concerns were the third largest reasons for entering therapy, and, strikingly, that there was little overlap within couples on this and other reasons to seek couples therapy. In Doss et al.’s sample of 147 married couples, more than a third fit our criteria for being a mixed-agenda couple. The authors called for much more attention to different goals spouses have for couples therapy.

In a subsequent study, Tremblay, Wright, Mamodhouseen, McDuff, and Sabourin (2008) identified three directions couples therapy can take: interventions to improve the relationship, ambivalence interventions to address commitment issues in at least one spouse, and separation interventions. Although these researchers did not assess for ambivalence at intake (they offered improvement interventions to all couples), they did find that 20% of cases turned into ambivalence interventions. The particulars of the ambivalence intervention were not described.

The third study on this topic addressed whether similar or different partner agendas affect outcomes. Owen, Duncan, Anker, and Sparks (2012) found striking differences in outcomes between couples where both wanted to improve the relationship (two thirds of the sample) and those couples (23%) where one wanted to improve the relationship and the other wanted to “clarify whether the relationship should continue.” (In another 9% of couples, both partners wanted to clarify the relationship.) At 6 months posttherapy, 45% of the mixed-agenda couples had separated, compared to just 8% of the couples where both wanted to improve the relationship.

Two more recent studies explored the nature and role of “commitment uncertainty” in couple therapy. According to Owen, Rhoades, et al. (2014), commitment uncertainty “reflects a rupture or strain in the sense of couple identity [where] partners are likely to experience a shift in the ways they view we-ness or a shared sense of identity with their partner” (p. 209). This concept seems related to the idea of mixed-agenda couples. In a research study, Owen, Keller, et al. (2014) provided therapy to 30 couples who had varying levels of commitment uncertainty to see the therapeutic effect of therapy on these couples. The study showed different outcomes for couples who started couples therapy with more commitment uncertainty. The authors recommend that “changes in commitment uncertainty should be considered as a . . . target of intervention for many couples” (p. 237).

The other clinical study we found was also on the topic of commitment uncertainty. Luebeck et al. (2014) studied three couples in a multiple case design to track couples’ responses to clinical interventions. Two of the couples experienced higher levels of commitment uncertainty than the third. Results suggest that a couple’s openness to certain interventions is dependent on the couple’s level of commitment uncertainty. This exploratory study provides further evidence of the importance of addressing the specific needs of mixed-agenda couples in order for therapy to be successful.

In sum, the limited literature available on mixed-agenda couples suggests that everyday clinical experience is correct: that these couples represent a meaningful subset of couples presenting for therapy (30% might be a reasonable estimate), that there is a dearth of protocols available to work with these couples, that mixed-agenda couples respond differently to therapeutic interventions than couples with the same agenda, and that they are at high risk for divorce.

ORIGINS OF THE DISCERNMENT COUNSELING PROTOCOL

The protocol described here was inspired by the work of family therapist Betty Carter who developed (but never published) an original way to work with mixed-agenda couples. Using individual conversation, she helped each partner work on divergent goals: for the leaning out partner, the goal of making a good decision about staying married or divorcing; and for the leaning in

partner, the goal of maximizing the likelihood that the marriage will be preserved and strengthened. The first author heard Better Carter give a clinical presentation on this approach in the 1980s and later adapted and expanded it in his couples therapy practice.

In 2008, the first author began a research and intervention project with a family court judge and a group of collaborative divorce attorneys who recognized that their profession also lacked systematic ways to assess and work with ambivalence about divorce and interest in reconciliation among their clients. The prevailing assumption was that by the time people engaged the services of a lawyer, both spouses believed, or would soon accept, that the marriage was irretrievably broken down. On the contrary, the research study coming out of this court project showed high prevalence of divorce ambivalence and mixed agendas among couples who had already filed for divorce (Doherty, Willoughby & Peterson 2011).

Based on this research, the group of lawyers and the first author developed a “divorce ambivalence” protocol in which the lawyers assessed for ambivalence and mixed agendas. They began to have conversations with clients about taking a “time out” from the divorce process to consider the options for the marriage. However, many of these couples had undergone couples therapy and at least one of the partners was not motivated to try again. At this point, the first author told his attorney colleagues about his protocol for working with mixed-agenda couples—a “precouples therapy approach” that assumed the presence of a leaning in partner and a leaning out partner. The attorneys said that this was the kind of service they wanted for their clients and believed their clients would be interested in it. A name for this approach was needed, and the group came up with “discernment counseling” as the goal was for couples to work through the complexities of their situation and come to a decision on the future direction for their marriage. The first author offered to create a full protocol that could be taught to other couples therapists. This article describes the discernment counseling protocol and presents information on a sample of 100 consecutive couples treated by three discernment counselors who have together refined the model in The Minnesota Couples on the Brink Project.

DESCRIPTION OF DISCERNMENT COUNSELING

As described earlier, the need for discernment counseling stems from the challenge of implementing standard relationship-improvement strategies of couples therapy with couples where at least one partner is ambivalent about staying in the relationship and about trying to address the relationship in therapy, and the other partner generally wants to preserve the relationship and try couples therapy. This scenario creates special challenges for the therapeutic alliance and makes for halting progress at best in couples therapy, with early dropouts and therapist frustration common in clinical practice (Doherty, 2011). Discernment counseling is appropriate for couples who are married or in a long-term committed relationship where breakup is a real possibility but where the leaning out partner has not made a final decision. The protocol is not appropriate for “closure counseling” where one party only wants to help the other partner constructively accept a divorce decision.

The goal of discernment counseling is to help couples have greater clarity and confidence about a direction for their relationship, based on a deeper understanding of their relationship and each person’s contributions to the problems. (We intentionally use the term “counseling” rather than “therapy” in order to connote that immediate relationship improvement is not the focus, and to make it less threatening to leaning out partners who are reluctant to embark on couples therapy.) The immediate decision to be “discerned” is framed as three alternative paths rather than as a dichotomous decision between staying together or divorcing. Path one is to stay the course—stay married as things have been and not do couples therapy. This is the “status quo” path. Path two is separation or divorce. Path three is a commitment to six months of couples therapy (and sometimes other services) with divorce off the table, in order to see whether they can create a healthier, more mutually satisfying relationship. After six months, they can evaluate whether to make a permanent commitment to the relationship or end it, either way based on having made a full effort to reconcile. If the couple chooses path three, discernment counseling transitions to couples therapy with an explicit demarcation that discernment counseling has ended and couples therapy has begun.

Discernment counseling is short term, involving 1–5 sessions with a special structure that differs markedly from traditional approaches to couples therapy. Although the partners come together for sessions, the intensive work occurs in separate individual conversations, with carefully orchestrated interactions when both people are together in the room. No couple interventions (e.g., attempts to facilitate connection and intimacy) are attempted with both partners present in the room, and couples are encouraged not to expect changes in their relationship problems during discernment counseling. The reasons for this approach are that, first, there is no contract for relationship-improvement interventions, and second, that the partners have divergent goals at the outset.

One emphasis during the individual conversations is on self-differentiation and self-responsibility, and how growing in these areas can contribute to a better process of determining the future of the relationship. This focus encourages both partners to take responsibility for their part in the decline of the health of the relationship, which benefits them whether they enter couples therapy or choose divorce. If they decide to enter couples therapy, they benefit by having moved past expecting change to come only from the other spouse. If they decide to divorce, they benefit because learning about the self in relationship can prepare each for a healthier next intimate relationship. (One of the sayings in discernment counseling is, “You can’t divorce yourself.”) The other emphasis during individual conversations is on helping the spouses see their joint interactional patterns or “dances.” Simply hearing about their interaction pattern is a new experience for most couples. Once the pattern is described, the members of the couple are often more open to seeing their own role in the relationship challenges and are sometimes more inclined to try path three, couples therapy.

The discernment counselor works with each partner differently during the individual conversations. With the leaning out spouse, the focus is on the decision making process concerning the three paths (including why past attempts to solve relationship issues may have failed) and on learning about one’s own contributions to the problems. With the leaning in spouse, the special focus is on hearing what the partner is saying about the relationship, constructive efforts to salvage the relationship during a time of stress, and using this crisis as a wake-up call to learn about self and develop goals for personal change. We have found the work of Weiner-Davis (2002) particularly useful in working with leaning in partners to avoid alienating their partners by avoiding showing more distress through such things as pursuing, pleading, or scolding. In both cases, each spouse comes to understand his or her own role in the problems and potential solutions, rather than focusing on changing the other. As stated, we emphasize using this crisis as way to make positive changes in self, whatever the outcome for the marriage.

If the ultimate decision is to try to reconcile (path three), the therapy phase begins with a written agenda of changes each partner wants to make in self in order to be able to have a healthier relationship. Generally speaking, the therapist doing the discernment counseling becomes the couples therapist, although there can be situations when a referral to a more specialized couples therapist can be appropriate, for example, when someone with more advanced sex therapy skills might be appropriate. There may be other services in the reconciliation plan, such as an alcohol assessment, couples retreat weekends, or personal therapy. If the ultimate decision is to divorce (path 2), the discernment counselor helps the couple articulate guiding principles for how they both want to act during the divorce process (such as being respectful to one another or putting the needs of the children first) and connect with divorce professionals and other resource providers who will support them in having a constructive, cooperative divorce. If the decision is to not decide on either divorce or reconciliation but to stay together (path one), the discernment counselor offers to be a resource in the future.

In the discernment counseling protocol, the first session is 2 hr and the subsequent sessions are an hour and a half each. (The first session is longer because of time needed to get background information.) Both parties decide at each session whether to have a subsequent discernment counseling session or to be done with the process. This approach is designed to invite buy-in from the leaning out spouse who has a say in whether or not to continue in the discernment counseling process. The flow of the sessions is as follows: couple time at the beginning (very brief after the intake session), followed by an individual conversation, a brief summary to the partner of what that individual has learned in the individual time, then a conversation with the other spouse, followed by

that person's summary, and concluding remarks by the discernment counselor. As stated before, the intensive work is with each partner individually, along with carefully structured sharing of what each has learned in the individual conversations.

A key issue with combining individual and couple conversations is how to handle confidentiality. The discernment counselor does not share what clients say during individual conversations, but does selectively share impressions and reactions drawn from the individual conversations. For example, the discernment counselor would not say, "Your husband said he still loves you," but might say, "I am sensing love going both ways in your relationship, even if it's hard to see right now." Secrets such as affairs are held in confidence during discernment counseling, but they would generally have to be shared as part of a plan to embark on path three couples therapy.

INFORMATION ON ONE HUNDRED CASES

We examined records of 100 consecutive cases to generate preliminary data on the kinds of cases seen and the outcomes of discernment counseling. The three leaders of The Minnesota Couples on the Brink, who together have refined the protocol and conducted trainings, conducted the discernment counseling with the 100 consecutive cases covered in this evaluation. They used a written protocol and had regular case consultations but did not use formal adherence-to-protocol measures; a treatment manual is still under development. The evaluation covered the following questions: (a) What were the characteristics of couples referred to the project? (b) How were they referred to the project? (c) What was the average number of sessions? (d) What were the initial outcomes in terms of the "paths" chosen? (e) What factors predicted the path taken, and (f) What were the longer term outcomes of couples who chose the different paths? Data came from intake forms completed by the couples, detailed case write-ups by the discernment counselors using a standard format, state divorce records, and follow-up contacts with couples and referral therapists.

Couple Screening

Couples who contacted the project were screened in separate partner telephone interviews to establish eligibility for discernment counseling. There had to be one partner leaning out of the marriage but not yet finally decided on divorce, and the other had to be leaning in, wanting to preserve the relationship. Before the phone interview, potential participants were asked to read a website description of discernment counseling. Leaning out status was determined by how they answered an open-ended question about how discernment counseling could be of use to them. Specifically, spouses were assigned a leaning out role when they said that they wanted help in deciding whether to stay in the relationship or divorce. Leaning in status was assigned to partners who said they hoped to avoid divorce and improve the relationship. In every enrolled case, divorce was an immediate possibility and the leaning out spouse was reluctant to embark on a course of couples therapy. We screened out a handful of potential participants who indicated that they had already made a final decision to divorce and wanted to have a forum to help their partner accept that decision. We also screened for coercion and intimate partner violence risk. Following conversations with both partners, an initial appointment was scheduled.

Intake Measures

Three assessment instruments administered at intake were used to examine potential predictors of which path the couple would take at the end of discernment counseling. They were not repeated at the end of discernment counseling or at long-term follow-up.

Couple relationship adjustment was measured by the brief version of the Dyadic Adjustment Scale (Sabourin, Valois, & Lussier, 2005). This four-item scale has demonstrated reliability and validity as a brief way to assess dyadic adjustment and distinguish clinical and nonclinical populations and predict relationship dissolution. Scores can range from 0 to 21, with a marital distress cutoff score of 13 corresponding to the 100 point cutoff for the full Dyadic Adjustment Scale (Sabourin et al., 2005).

Referral sources were determined via self-report of participants responding to a question about how they found out about the project.

Contact with a lawyer was assessed by asking clients during the phone intake about where they were in the divorce process, including whether they had contacted a lawyer. In addition, we gathered demographic information on length of marriage and educational levels.

Outcome Measures

The main outcome was the path taken by each couple. Path three was a decision to try to reconcile through six months of couples therapy, with divorce off the table. Path two was separation/divorce. Path one was a decision to stay on hold, neither pursue reconciliation nor divorce. These paths were a central focus of the discernment counseling, and the choice of path was recorded by the discernment counselor in each couple's file after the final discernment counseling session. There were no missing data.

We also gathered data on longer term outcomes via three sources: county divorce records, individual follow-ups with couples, and contacts with therapists for couples who were still in therapy. The follow-up period after discernment counseling averaged 28 months, with a minimum follow-up period of 12 months. The outcomes of 99 of the 100 couples were determined, and one couple was lost to follow-up. We coded outcomes into five categories: divorced, pursuing divorce (filed and in the divorce process), reconciled, pursuing reconciliation (mostly still in therapy), and on hold (neither pursuing divorce nor in therapy to reconcile).

FINDINGS

Couple Characteristics

The couples in the sample included 97 heterosexual married couples and three same sex couples who considered themselves married. (Same sex marriage was not yet legal in the state at the time.) Couples had been married an average of 15.5 years (ranging from 1 to 44 years). In terms of relationship adjustment, this was a highly distressed group, as expected. The average marital adjustment score was 6.98, compared to the marital distress cutoff score of 13 for the brief version of the Dyadic Adjustment Scale. In fact, couples in the present study averaged a full standard deviation below the mean (10) of clinical sample reported by Sabourin et al. (2005). About half of the couples (51%) had seen a divorce lawyer prior to beginning discernment counseling. Demographically, this was a well-educated group, with nearly all having a college degree or graduate education.

Referral Sources

Self-referrals were the largest source of referrals (48%). Self-referring couples found out about the project from friends and contacts, from reading articles, searching the Internet, or other media. The second largest source was from therapists and social service agencies (34%), followed by lawyers and judges (11%), a direct mailing to divorcing individuals (4%), and a parent education course (4%).

Number of Sessions

Discernment counseling is intended to be brief, and that is what we found. The mean number of subsequent discernment counseling sessions received per couple was 3.61 ($SD = 1.75$).

Main Outcome: Paths Taken

After the last session, the discernment counselor recorded the immediate outcome of the direction (path) the couple chose to take. Forty-seven percent of the sample decided to move to path three: working on reconciliation in couples therapy. Forty-one percent chose path two: move toward separation/divorce. And 12% chose path one: stay together and neither divorce nor embark on therapy. See Figure 1 for an outline of the findings.

Predictors of Path Taken

Only one intake variable measured at intake was found related to path taken by the couple. Prior contact with a divorce lawyer was associated with a lower likelihood of choosing path three (reconciliation effort) and a higher likelihood of choosing path two (divorce)

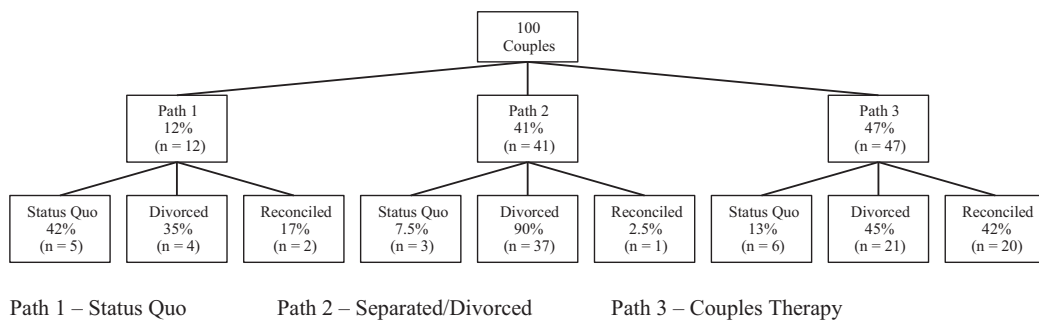


Figure 1. Immediate and long term outcomes of 100 discernment counseling cases.

($\chi^2 (2, N = 100) = 8.45, p = .015$). Of those with lawyer contact, 55% chose path two and 31% path three. Among those without lawyer contact, 27% chose path two and 52% chose path three.

Longer Term Follow-Up

As the discernment counseling aimed at helping couples choose an immediate direction for their relationship, we present the relationship status outcomes in terms of what happened to those who chose different paths at the end of discernment counseling. For the relatively small number ($n = 12$) who chose path one (relationship status quo or stay the course) at the completion of discernment counseling, three couples were divorced, one was pursuing divorce, one was reconciled, one was pursuing reconciliation, and five were on hold—neither pursuing divorce nor engaging in further reconciliation efforts.

For couples who chose path two (divorce), 90% were divorced at follow up. This figure combines the 80% with finalized divorced and the 10% with divorces in process. One couple was reconciled, and three couples were on hold.

For the couples who chose path three (reconciliation effort in therapy), 36% had reconciled, 6% were pursuing reconciliation, 28% had divorced, 17% were in the divorce process, and 13% were on hold. Folding the couples pursuing divorce and pursuing reconciliation into the broader categories of divorced and reconciled, the findings for path three can be summarized this way: Similar proportions of path three couples had reconciled (42%) or divorced (45%), and the remainder were on hold. Interestingly, having seen a lawyer did not predict long-term outcome for those who chose path three.

DISCUSSION

The purpose of this article was to make the case for a special way to work with mixed-agenda couples on the brink of divorce, to describe the protocol for discernment counseling, and to present initial data from a project aimed at refining discernment counseling as an intervention tool. It is important to mention that because there was no control group, no conclusions can be drawn about the efficacy of discernment counseling for preventing unnecessary divorces, averting premature divorce decisions, or fostering more constructive divorces. The objective at this point was a careful description of a sample of consecutively treated couples.

In discussing the findings of this study, it is important to keep in mind that this was a highly distressed sample even for a couples intervention study, with marital satisfaction scores well below norms for clinical samples. The prospect of imminent divorce was on the table for all couples, and half had already contacted a divorce professional. Many had tried some type of couples therapy in the past, and in all cases, the leaning out partner was reluctant at the outset to embark on a course of couples therapy. We presented couples with the goals of achieving more clarity and confidence in their decision making about a direction for the relationship, based on a deeper understanding of what had happened to the marriage and each partner's contributions. The focus of the work was on both individual contributions and couple dynamics, and on three paths: stay the course, move to separation/divorce, or commit to a six-month course of couples therapy with an understanding of the changes to be made by each partner.

The primary outcome was the choice of which path the couple took. Findings showed that about half of the couples (47%) chose the reconciliation path, 41% chose separation/divorce, and the remainder opted for the status quo. When we embarked on developing discernment counseling with this “on the brink” population, we had little idea about how the paths would play out. If nearly all couples chose either immediate divorce or couples therapy, then we would have questioned whether discernment counseling was a superfluous intervention: Why not just proceed to divorce or couples therapy? However, the actual breakdown of chosen paths suggests that there was a true discernment process going on, as opposed to “closure counseling” to facilitate a divorce or an assessment process prior to beginning couples therapy. These couples seriously deliberated over the next step for their relationship.

Divorce is not considered a failure of discernment counseling. We were interested, however, in the longer term outcomes of couples who tried the path of reconciliation with therapy. We found that about 42% had succeeded in reconciliation or were still working on reconciliation. A similar number (45%) had divorced or were in the divorce process, and a smaller subset (13%) was on hold, neither in crisis nor particularly satisfied with their situation. Summarized differently, a little less than half of the couples who tried to reconcile ended up divorced within an average of two years, and most of rest had reconciled.

It is important to emphasize, however, that the data used for the longer term follow-up findings were less precise than for the choice of paths. The length of follow-up varied considerably, and while the outcome categories of divorce decrees and filings were public information, we did not have objective measures for the three categories of reconciled, pursuing reconciliation, and on hold. Outcomes measured objectively based on the number of divorces and divorce filings can be summarized as follows: 49% of the total initial sample of couples were divorced at follow-up, 13% were in the divorce process, and 38% were still married and not in the divorce process.

One of our informal observations doing discernment counseling was volatility and fluidity among these highly distressed, on the brink couples. During the discernment counseling process, some spouses shifted from leaning in to leaning out of the relationship and vice versa. A few leaning out spouses appeared to be trying to use their leverage to get concessions from their leaning in partner, a situation the discernment counselor challenged in the one-to-one conversations by focusing on the leaning out partner’s contributions to the problems and potential solutions. Some leaning in spouses oscillated between eagerness to look at self and blame for the partner for bringing up divorce. This is difficult, intense, but satisfying work.

Another informal observation concerns common mistakes therapists new to discernment counseling make. After several years of training couples therapists in discernment counseling, here are a number of common mistakes we have observed:

- Mistake 1. Making couple therapy interventions and going for too much vulnerability when the couple are in the room together. The intense work in discernment counseling is with each spouse separately, with carefully orchestrated sharing in between individual conversations.
- Mistake 2. Spending too much time unpacking past hurts and conflict without focusing on decisions about the future. Discernment counseling is oriented to what to do now, especially whether to try therapy.
- Mistake 3. Not moving quickly enough to challenge the leaning out spouse on his or her contributions to the problem and thereby focusing only on the leaning in spouse’s contributions. Some therapists fear alienating the leaning out spouse and collude in holding only the other partner responsible.
- Mistake 4. Not preparing the post-individual-time summaries carefully enough. These are crucial to the spouses experiencing each other as having made shifts during discernment counseling.
- Mistake 5. Failing to leverage learning about each partner in conversation with the other, out of fear of breaking confidentiality. The sessions benefit greatly from the discernment counselor’s willingness to share reflections about each partner with the other.

Further protocol development for discernment counseling is continuing, and training of practitioners is giving us a sense of how this intervention can fit into everyday clinical practice. We have observed three ways that couples enter discernment counseling. Some couples can be assessed as mixed agenda prior to the first session because of what they say when contacting the therapist. The therapist then begins with discernment counseling instead of traditional couples therapy. In other cases, the assessment of mixed-agenda status occurs during the first or second session of couples therapy, and then the therapist proposes shifting the focus from therapy clinical work to discernment counseling. Thirdly, in communities (like ours) where discernment counseling becomes publically known as an option for “on the brink” couples, clients sometimes directly request discernment counseling.

In terms of training, we have found that well-trained couples therapists can learn to use some elements of discernment counseling after a day-long training. They can identify mixed-agenda couples, avoid making common mistakes with them, and use together-and-separate conversations as a prelude to starting standard couples therapy. However, like other complex couples interventions, doing discernment counseling with confidence and expertise requires additional training. Information on training opportunities is available at (www.discernmentcounseling.com).

Although we are still learning how to implement this protocol with a wide range of couples, early experience and preliminary data presented here suggest that discernment counseling holds promise as a tool for helping mixed-agenda couples who have presented such a challenge in everyday clinical practice. Instead of offering therapy to couples who differ on their desire for therapy, this protocol takes spouses where they are at—divided about their next steps—and attempts to meet the needs of both.

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