

# HOW TO USE THE COUPLES INVENTORY

My couples inventory is designed to help couples evaluate the state of the relationship across the eight primary arenas of a partnership and parenthood. It is not used just to find the areas that need more attention and shoring up, but to also recognize and celebrate what is going well in the relationship; one couple I worked with was able to see the majority of their relationship was actually quite good and that they just needed to shore up a few communication hitches. Ideally, it is to be used at the beginning of treatment as a baseline, during treatment plan reviews, and at the end of treatment. Have each person fill them out separately and then review them together.

Following are several ways the inventory can be used:

1. How do the issues rank for me in terms of priorities? Mark them one through eight accordingly (e.g., communication as number one, healthy lifestyle as number two, parenthood as number three, etc.). Then the couple can see how well or not their priorities line up. If there is a great disparity in priorities, it would be in everyone's best interest to discuss each person's rationale and influences for their ranking (e.g., parenthood is number one because my parents were very strict and growing up in their house was oppressive, money is very important as I grew up poor always felt ashamed of being poor).
2. How well do you manage each issue as a couple? Do you fight about this a lot? That would make it lower on the scale, probably under five. If we are doing great with it, that would probably be the eight and above. If there is a large difference between how each person views how well it is managed, then it would be helpful to look at why that is the case (e.g., a man may scale the household at an 8, while the woman scales it a 3 because she does 60% of the domestic work while working full-time, whereas the man

does 40%, which is 50% less). For highly conflictual topics, it's good to spend time exploring values and history of the topic for each person to better understand the source of the issue (e.g., is part of the difference a temperament issue, or related to problems in past relationships, or a discrepancy in their belief systems and expectations, or represent some overwhelming stress dynamic in the current relationship?).

3. If the numbers are low across the board that is obviously not good news. In this case, there should be a negotiation about which three issues to address initially. Have each person either pick one of the more easy ones to work on so that some positive momentum can be established, or tackle one of the topics that will make the most difference overall. Then have them negotiate the third goal. Do not allow more than three at a time.

4. Utilizing a strength-based approach can help a lot (e.g., "So, you both agree you are at a 4 on communication, what keeps it from being a 3?"), but you need to gauge their response to see if that fits where they are at - a somewhat insightful means they are game, but a terse response means you should probably shift gears. If their responses are split, it tells you something about their respective attitude that you will be able to use to conceptualize their relationship better. For the treatment plan, you can ask "So, you both agree you are at a 4 on communication, what will need to happen to make it a 5?" Likewise provides intel on their perspectives - are they expecting their partner to change exclusively or do they talk about how they themselves need to change? Ultimately, I encourage patients to develop strategies that benefit the partner, but sometimes people are just not capable of such largess yet.

5. Having positive orientation is great, but properly gauging the level of animosity or resentment at the start of treatment is even more critical to have realistic expectations of your patients being successful in treatment; it's a tough balancing act allowing the built-up bile to be openly shared without the other person feeling like treatment about getting beat up each week. Being able to recognize the role of insecurities and

defensiveness, gender role expectations, and behavioral health diagnoses like anxiety, depression and ADHD are necessary in order to frame the contexts properly.

Couples work is tough as both parties expect you to be on their side. If the issues between the partners have been entrenched for years or decades, I stress patience and highlight any positive or change in the right direction, and talk about the need to pay attention to recognize any positive or change in the right direction, and share them in session. There is a lot of balancing to accomplish in sessions. I hope you found this handout helpful.

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