

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT – SIG Fall '00

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Couples Research and Therapy Newsletter

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Notes from Joanne & Jean-Philippe

Greetings everyone! We look forward to seeing you soon at the AABT Convention in New Orleans. We've spent this past Summer and Fall getting things ready for the convention (OK, not the whole summer and fall, but parts of it!) and we're happy to say that SIG members have a lot of exciting conference activities to look forward to. While our Graduate student Co-Presidents, Natalie Monarch and Debra Larson, provide the full details of the myriad SIG-related activities this year in New Orleans (see p. 6), here are some highlights:

1. SIG Special Event – Thursday, November 16th, 6-9pm, Newberry Room.

This year's SIG Special Event session features a combined program of methodology and theory dealing with individual variables in couples research and therapy. Joanne Davila will chair the event. The presenters and titles are: Ben Karney, "Using multi-level modeling to examine stable (or not so stable) individual differences in relationships," Joanne Davila, "Enduring vulnerabilities in relationships: Intrapersonal risks for interpersonal dysfunction," Cathy Cohan, "Hormone function and marital adjustment," and Douglas Snyder, "Tailoring Couple Therapy: When Do Individual Differences Make a Difference?" Steve Beach and Don Baucom will serve as commentators.

2. **SIG Poster Exposition and Welcoming Reception – Friday, November 17th, 6:30-8:30pm, Grand Ballroom.** We've got 5 fabulous posters that will represent the exciting work being conducted by SIG folks.

3. **Annual SIG Business Meeting – Saturday, November 18th, 4-5pm, Eglinton & Winton Room.** We will catch up on SIG business, make decisions about future SIG goals and activities, collect dues, and present the Graduate Student Poster Award. Don't miss this important meeting.

4. **Graduate Student Poster Award – Presented at the Annual SIG Business Meeting.** Join us as we recognize and celebrate the very important contributions being made by students to research on couples.

5. **River Boat Cruise – Saturday, November 18th, ...** You won't want to miss the fun as we head out on the Steamboat Natchez at 7pm (board immediately following the AABT **Presidential Address**). The Natchez shoves off at 7pm sharp. A \$25 deposit (made out and mailed to Jean-Philippe Laurenceau; jlaurenceau@miami.edu) is required. Thanks to Gary Birchler for his work on organizing this event!

6. Don't miss the Master Clinician Series, Workshops, Clinical Roundtable, Symposia, and Posters offered and presented by our Couples SIG members.

We look forward to an academically and socially enriching conference—see you all soon in the "Big Easy"!

Joanne Davila, Ph.D. & Jean-Philippe Laurenceau, Ph.D., SIG Co-Presidents

KUDOS!

BIG WIGS:

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE:

Tammy Scher - Illinois Institute of Technology

Linda Roberts - University of Wisconsin-Madison, Human Development & Family Studies

Congratulations! You two are now officially part of the Big Wigs group!

NEWER PROFESSIONALS:

Annmarie Cano – Eastern Michigan University.

Congratulations to Annmarie to putting together the list of couples/family graduate programs for our SIG! This document will soon be posted on our website at:

<http://www.aabtcouples.org/>

GRADUATE STUDENTS:

Janice Jones – UCLA. Graduate Student Recipient of the NIH National Research Service Award

COUPLES SIG POSTER EXPOSITION WINNERS:

William Fals-Stewart, Gary Birchler, & Timothy O'Farrell.

Congratulations on your poster entitled, "Use of Abbreviated Behavioral Couples Treatment for Married Drug Abusers."

KUDOS TO YOU ALL!

DUES

Please remember that dues will be collected at the *Annual Couples SIG Business Meeting – Saturday, November 18th, 4-5pm, Eglinton & Winton Room.* Dues are \$20 for faculty members/professionals and \$5 for students. If you plan to remain a member but are not going to the meeting, please mail your dues to our treasurer, Kieran Sullivan, by November 19th at:

Kieran Sullivan, Ph.D.
Department of Psychology
Santa Clara University
Santa Clara, CA 95053

Editor's Comments

Shalonda Kelly, Ph.D.

Hello fellow Couples SIGers! There are four exciting aspects of the current newsletter that I would like to highlight. First, the newsletter provides all of the information that you need to plan for the upcoming conference in New Orleans. Our fun-loving graduate student co-presidents, Natalie Monarch and Debbie Larsen have done a wonderful job of laying out all of the couples-relevant conference events in New Orleans. In addition, our fearless leaders, Joanne Davila and Jean-Philippe Laurenceau have given the details for the "must do and see" events pertaining to our SIG. Jean-Philippe also informed me that there are on-site recreation and fitness facilities, including a fitness center, putting green, pool, jogging and walking tracks, basketball, racquetball, squash and tennis courts. If anyone wants to play tennis or racquetball after a long day of conferencing, give me a call!

Second, the contributors to this newsletter have shown us that there are many new and marvelous works in our field that we need to read! We have not one, but two reviews of Kim Halford's new book by Bob Weiss and Dan O'leary, a review of a self help book by Jim Thorp, and our usual abstracts of the in-press scholarly works that our colleagues have written. If you do not feel like networking, and if you do not play sports, never fear! Just bring an article or two to read at the conference!

Third, we have two contributions regarding situations through which couples researchers and therapists need to know how to navigate. As part of our Clinician's Corner column, Jean-Philippe has provided crucial information that one needs to know if one works with Hispanic couples. This article is part of a two part series, so look for my contribution in the next newsletter regarding the factors to consider when working with African American couples. I hope that we receive additional contributions to this series from those of you who have expertise in working with couples from other important groups. For those of you who are the only couples researchers in your departments or institutions, Annmarie Cano has provided helpful tips on how to collaborate and make your life easier amongst our individually oriented colleagues.

Finally, this newsletter includes a new Kudos section, which provides a forum to show off our accomplishments. As the Couples SIG is composed of many dynamic and distinguished persons, I hope to receive many more Kudos announcements for the next newsletter! Happy reading, and goodbye for now!



Professional Book Review

Brief Couple Therapy: Helping Partners Help Themselves, by W. Kim Halford

Reviewed by **Dan O'Leary, Ph.D.**

Psychology Department
State University of New York at Stony Brook

The review of the couple therapy literature in the first three chapters of this book is alone worth the price of the book. The review is an excellent summary of the literature, and it is written in a clear, practical fashion. I will routinely recommend it to graduate students and practicing therapists.

Halford provides the specific ingredients of a therapeutic approach, and he suggests how you may combine the elements in a clinical setting. At the same time, he is fully aware that practitioners often are only minimally influenced by published research in choosing the therapeutic approach they wish to take. In my own opinion, they are likely to be influenced by books like this and perhaps even more importantly through workshops based on material like that in this book. The choice of one's general therapeutic approach is most likely determined by one's graduate training. Given that this book review appears in a behavior therapy publication, one could expect the reader is a behavior therapist of some ilk. As behavior therapists who have seen an number of summaries of the marital literature or who may have had to take a continuing education course to retain a license or certification, they may wonder what is new that they can use to be more effective therapists. Halford makes clear that behavioral couple therapy is a powerful intervention with large effect sizes (.9 to 1.0). However, Halford also presents evidence that relatively wide variations of couple therapy like emotion focused therapy, insight oriented couple therapy, and self-regulatory couple therapy also have

empirical support, with most support having been provided for the emotion focused therapy. One then wonders how this book may influence practitioners, especially since Halford argues that our ability to be effective in marital therapy has not changed for many years. I believe that practitioners change in small increments as they incorporate a new idea or a new emphasis into their practice. This practitioner was most influenced by the emphasis on getting the clients to take responsibility for the goal setting and the change, the central theme of this book.

Halford "has a schematic assessment tool to help make a decision about the kind of intervention that may be needed in a specific case."

Couples often resolve their own conflicts, and this book's approach is to capitalize on the ability of individuals to bring about their own changes. Halford cites the 1970's work of Kanfer and Karoly as a basis for his application of behavioral self-control theory. The central concept of the approach is that partners, not therapists, produce long term change in couple relationships. This emphasis on self-change has been promoted by many therapists of different persuasions for many years, but the emphasis has not been brought to the marital therapy context in as bold a form as it has herein.

The review correctly states that various forms of marital therapy have

demonstrated their efficacy in controlled trials, but that the presumed mechanisms of change may not account for the changes reported by the clients. Given that the causal mechanisms of therapeutic change have yet to be demonstrated, Halford believes that the assessment and goal setting used often in the initial sessions of therapy may account for changes seen in therapy. He reports two studies of brief, three-session interventions that were successful in changing relationship satisfaction. Given the changes found in the two studies, an argument is made for brief marital therapies. In addition, two national surveys of couple therapy, one in Australia and one in Germany, found that the mean number of sessions attended was low relative to the number of sessions reported in efficacy studies. Further, the number of sessions was unrelated to the magnitude of change in relationship satisfaction.

The assumption that couples with significant marital distress can change a great deal in short order is one that many would question. In fact, the view that therapy can be very brief is one that was promoted by behavior therapists in the 1970s, but it is a view that is now challenged in many quarters, especially where the clinical problem has been shown to be quite stable, e.g., schizophrenia, bipolar disorder, conduct disorders, attention deficit disorders, and various forms of aggression in adults, to name just a few. Halford certainly does not assert that all couples can profit from brief therapy, but he does believe that many can within three to four sessions.

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Professional Book Review

“Catch a Falling Star” A Review of *Self-Regulation Couples Therapy* by W. Kim Halford

Reviewed by Robert L. Weiss, Ph.D.

Psychology Department
University of Oregon

In our professional lives as marital therapists and researchers we sometimes lose sight of the optimism, the promise, the fulfillment that relationships can bring. Mostly we see intimacy gone wrong; anger, disappointment and hostility replace optimism, hope and fulfillment. Kim Halford has taken major steps in helping us catch this falling star. Those of us familiar with Halford's optimism, warmth, and unflappable support for committed adult relationships—seen in his numerous papers and conference presentations-- will also see these same characteristics racing through the pages of this therapist's manual. In his view, couples' therapy is a personal undertaking (for therapist and spouses alike). This might explain why, in breaking with tradition, he asked me --one of the persons to whom he has dedicated his book-- to review it for SIG members. Like many others in this field, I count myself among Kim's friends and loyal supporters. Clearly, the responsibility for not misleading you is mine, but a reviewer is never objective; reviews are by nature evaluative, judgmental, and reflect the opinions of the reviewer. Objectivity in this sense is less important than the credibility of the reviewer.

Behavioral Couples Therapy (BCT) is no longer a technology for imposing relationship change. Jacobson and Margolin's original BCT manual (1979) foreshadowed some of this change (e.g., notions of collaborative alliances). Baucomb and Epstein's *Cognitive Marital Behavior Therapy* (1990) was a clear mold breaker focused on the role of

individual cognitions. And now, allegedly still within the behavioral arena, Jacobson and Christensen's *Integrative Couples Therapy* (ICBT) (1999) has turned us sharply to the right, making “acceptance and change” largely an individual matter. There are also notable developments in non-behavioral arena as well. Greenberg and Johnson's emotionally focused couples' therapy, which stresses couple vulnerabilities and attachment issues, belies current interest in the role of individual variables in couples' therapy. Not yet a mainstream form of couples' therapy, Miller and Rolnick's *Motivational Interviewing*, is a clinically generic application of humanism-with-a-kick. It also puts the onus of change squarely within the individual. The confluence of these seemingly diverse approaches to couples is here in Halford's *Self-Regulation Couples Therapy*. For here there is far less emphasis on teaching the usual mutual change techniques; instead we learn how best to utilize each spouse's experiences in helping them develop self-regulation meta skills. Had I been asked I would have named the book “Mr. Rogers Visits the BCT Neighborhood.”

As if we didn't have plenty of acronyms! To the list of BMT, BCT, CBT, TBCT, ICBT, we now have SRCT. In *Self-Regulation Couples Therapy* Halford makes explicit his views on “better living through inward technology” in a caring, detailed, personalized, highly readable, systematic, “how to” manual that is filled with the knowledge and techniques gleaned from numerous empirical studies.

How to negotiate goals, how to assess their attainment, and how to determine that one is on course are all richly described and carefully explained. This is not marital therapy by the numbers: as a manual it is not technique driven. Refreshingly, it is strategy driven.

New marital therapists sometimes fail to get the big picture early enough in training. This manual will solve that problem. There is a wealth of information about making intervention-informed assessment decisions. We are urged to include the broader contexts of family life in our assessments (e.g., those given by employment, health, life stresses).

I especially liked the logic of Halford's multistage approach to intervention. Not every couple needs everything we know how to deliver. SRCT is built on three major intervention structures: brief self-guided change, relationship psychoeducation, and therapist-guided change. Each option represents greater therapist involvement. SRCT provides the therapist with a rationale and a strategy for engaging individual self-regulation meta strategies. Similar to other approaches (e.g., motivational interviewing, ICBT, or EFT) being able to empathetically join the spouses on their emotional level is a fundamental therapist skill. Therapists must be able to move spouses from their inflexibly held positions by encouraging self-appraisal, self-goal setting, and self-change, all in a non-confrontational way. (The latter is at the core of motivational interviewing.) One

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Notes From Natalie and Debbie

The Graduate Student Column

34th Annual AABT Conference – Couples' Happenings and So Much MORE!

November 16-19, 2000 - New Orleans

Hello From Your Wild and Crazy SIG Graduate Student Presidents! We hope you are all getting ready to hit the "Big Easy" in a few weeks! Being the diligent graduate students we are, we've done some research to help you get geared up. So here is your very own Nawlins (that's local speak for New Orleans of course) Survival Guide!

1. Well, first things first – what do you pack?! The average temperature for November is 61 degrees, with a high of 70 and a low of 51. November seems to be the driest month in New Orleans but be sure to bring your trusty raincoat and umbrella anyway!

2. Where to go, what to do? This "happening" city has lots to offer so we'll just list a few highlights:

Aquarium of the Americas	504-581-4629	(1 block from the hotel)
Audubon Zoo	504-581-4689	(About 7 miles from the hotel)
French Quarter (duh)		(3 blocks from the hotel)
Mardi Gras World (fun!)	504-361-7821	(1 mile from the hotel)
Riverwalk Marketplace		(Right behind the hotel!)
Tours: Cypress Swamp Tours	800-633-0503	
Louisiana Swamp Tours	888-30-SWAMP	
Cemetery Tours (cool and creepy)	504-588-9357	

Music: Too much to list but check out this website: www.moiono.com There's also this cool concept called the Magic Bus Shuttle (504-314-0710) which picks you up at the hotel and takes you around to cool clubs!

Events: There isn't much in the way of festivals during November but check out this website: www.nolalive.com

3. Oh yeah, the conference! (Conference schedule presented on page 6)

PROFESSIONAL BOOK REVIEW CONTINUED FROM PAGE 3 – DAN O'LEARY, Ph.D.

He has a schematic assessment tool to help make a decision about the kind of intervention that may be needed in a specific case. The schematic provides guidelines for three types of interventions (1) self-change [1-6 Sessions], (2) relationship psychoeducation [7-10 Sessions], and (3) therapist guided change [11-25 sessions]. The proof of the pudding will be outcome results from varied research teams that support or refute the view that significantly distressed couples can profit from relatively brief therapy.

Halford is to be commended for his attention to partner abuse and family violence. In fact, there is more attention to this issue than I have seen in any marital therapy book. He notes research by our research group at Stony Brook repeatedly showing that physical aggression is common in early marriage and in couples seeking

marital therapy. He suggests caution in the assessment of these couples and makes concrete suggestions for self-report inventories that can be used to assess physical aggression against a partner. He does not make any iron clad rules about who could benefit or who should not receive marital therapy if physical aggression is present in the relationship. However, he makes clear that it is important to develop a safety plan and to evaluate the likelihood of risk to a client (usually the female partner). Further, Halford provides a specific illustration of alternatives that should be discussed with anyone in an abusive relationship. The partner abuse area is replete with guidelines for excluding couples for marital therapy when there is a single instance of physical aggression, but such guidelines are not well tied to any

research base on the very high prevalence of physical aggression in young couples. Until we have data to the contrary, the Halford approach makes excellent sense to me. My own preference is to exclude partners when the level of psychological aggression is high, when the physical aggression has existed for a long time, and/or when one partner feels intimidated by the other.

The therapeutic community can look forward to therapy outcomes from clinicians and researchers based on the emphasis on self-change for couples. To paraphrase President Kennedy, a therapist might find the occasion to repeatedly challenge clients early in the intervention with this important theme from the Halford self-change approach: "Ask not what your partner can do for you, ask what you can do for your relationship?"

(End Of Review)

Notes From Natalie and Debbie

The Graduate Student Column, Continued from page 5
34th Annual AABT Conference – Couples' Happenings and So Much MORE!
November 16-19, 2000 - New Orleans

<u>DATE AND TIME</u>	<u>EVENT TYPE</u>	<u>EVENT TITLE</u>	<u>LOCATION</u>
THURSDAY, NOV 16th			
6:00pm – 9:00pm	Couples SIG Special Event	Individual Variables In Couples Research And Therapy	Newberry Room
FRIDAY, NOV 17th			
8:30am – 10:00am	Clinical Roundtable-1	Couples' Researchers as Clinicians: A Look Behind the Curtain	Grand Salon D
9:00am – 12:00pm	Workshop-2*	Behavioral Couples Therapy for Alcoholism & Drug Abuse	Grand Salon 4
9:00am – 12:00pm	Workshop-3*	Treatment of Erectile Dysfunction & Relapse Prevention Strategies	Grand Salon 6
10:15am – 11:45am	Symposium-10	Heterogeneity Among Men Engaging in Intimate Partner Violence: A Focus on Antisociality	Grand Ballroom 10
10:30am – 12:30pm	Master Clinician Seminar-2*	Integrative Behavioral Couples Therapy	Prince of Wales
1:30pm – 2:30pm	Poster Session – 4A	Couples and Family: Couples Therapy and Parenting Issues	Hilton Exhibition Center
1:30pm – 3:00pm	Symposium-18	The Influence of Culture and Context on the Intimate Relationships of African Americans	Jasperwood
2:00pm – 5:00pm	Workshop-12*	Advances in Cognitive Behavioral Couples Therapy: Assessment & Intervention with Behavioral Patterns and Cognitive Themes	Grand Salon 10
6:30pm – 8:30pm	SIG Cocktail Hour	Cocktail Hour and Poster Exposition	Grand Ballroom
SATURDAY, NOV 18th			
8:30am – 10:00am	Clinical Roundtable-6	Cognitive Approaches to Understanding & Treating Couples	Grand Salon 12
9:00am – 10:30am	Symposium-32	Chasing the Trajectory: Advances in the Study of Couples Over Time	Magnolia

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Notes From Natalie and Debbie

The Graduate Student Column, Continued from page 6
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November 16-19, 2000 - New Orleans

SATURDAY, NOV 18th (Continued)

10:30am – 12:00pm	Symposium-34	Overcoming Roadblocks in Cognitive Therapy (Incl. Couples Research)	Grand Ballroom B
12:45pm – 2:15pm	Symposium-47	Understanding Validation: Theory, Assessment and Relation to Psychopathology (Incl. Couples Research)	Belle Chase
1:00pm – 2:30pm	Symposium-49	Characteristics of Partner-Aggressive Women	Grand Salon D
2:30pm – 4:00pm	Symposium-52	Private Practitioners in Clinical Trials: The Example of Marital Therapy Research	Rosedown
2:30pm – 4:00pm	Symposium-53	From Courtship to Divorce: Life Span Perspectives of the Association Between Marital Discord and Depression	Belle Chase
4:00pm – 5:00pm	Meeting	Couples' SIG Meeting	Eglinton & Winton
5:00pm – 6:00pm	AABT Presidential Address		
7:00pm – 9:00pm	Couples SIG Dinner!	The Steamboat Natchez casts off at exactly 7pm for the two hour river cruise. It is located at the RiverWalk central dock, a 5-minute trolley ride or 15 minute walk (5-6 blocks) from the Hilton Conference Hotel. A Happy Hour with bar and buffet are available starting at 6pm on the Steamboat Natchez.	

SUNDAY, NOV 19th

8:30am – 10:00am	Symposium-58	Multi-Site Clinical Trial of Couple Therapy: First Findings	Grand Ballroom D
8:30am – 10:00am	Symposium-57	Cheaper, Faster, Cleaner? Contributions and Limitations of Web-Based Methodologies to Behavioral Research (Incl. Couples Research)	Grand Ballroom C
10:15am – 11:15am	Poster Session-14A	Couples and Family: Abuse and Violence	Hilton Exhibition Center

* = Requires Fee and Registration

Well, that about covers it for now. So, pack up and get ready for a weekend to remember!
And laissez les bon temps rouler! (I'm working on my Louisiana Lingo – we don't get much of that out here in Denver!)

Your Graduate Student Presidents, Natalie Monarch and Debbie Larson

Clinician's Corner

Hispanics in Couples Therapy

Jean-Philippe Laurenceau,

Ph.D.

Why is issue of Hispanic culture an important one to consider in couples therapy? First, the world is becoming more diverse culturally, particularly in the US, where a widely publicized projected statistic is that Hispanics will comprise the largest "minority" group in the US, accounting for approximately 25% of the population by the year 2050 (US Census Bureau, 2000). This statistic implies that the opportunities for psychologists to work with members from this sector of the population will only continue to increase. Second, there is some data to suggest that marital/couples problems are among the most frequent problems raised by Hispanic clients of mental health professionals (Lopez & Hernandez, 1987). Third, many couple interventions, because of their focus on an active, short-term, and skills-oriented approach, have much to offer to this group if they can be delivered in a culturally-sensitive way (Rosado & Elias, 1993).

What is Hispanic Culture?

Before attempting to raise selected issues and suggest some guidelines when working with couples in which one or both members are Hispanic, I will provide the definition of culture that will form the basis of this piece. Culture refers to "the values, beliefs, and practices that are frequently shared by groups identified by variables such as ethnicity, gender, and sexual orientation" (p. 370, Lopez et al., 1989). Thus, as suggested from the definition, differences between members of different cultures often reflect underlying differences in

values and beliefs. It should be noted, however, that differences discussed in this piece may not hold for the specific spouse or couple that may come before a couples therapist.

Hispanics, or Latinos, are an identified cultural group for several reasons because individuals in this group, or their descendants, are from countries where the commonly shared language is Spanish. Moreover, as will be discussed below, members also largely share in the values of *marianismo*, *machismo*, and *familismo*. Nevertheless, while these factors are common among all Hispanics, there is tremendous diversity within the Hispanic cultural groups, reflected in a mixture of races, countries of origin, socio-economic histories, emigration factors, and customs.

While I will be invoking a cognitive-behavioral couples framework for discussing how traditional Hispanic values can influence both couples processes as well as processes of couple therapy, these issues likely generalize to other couple therapy approaches.

“Hispanic sex-role values tend to be organized around the constructs of *machismo* and *marianismo*.”

Hispanic Cultural Values

The role of values in therapy cuts across therapists of all orientations and modalities. Nevertheless, the effects of therapist values on psychotherapy may be particularly potent in the delivery of marital treatments because spouses must struggle to incorporate interventions into their relationship patterns while simultaneously attempting to

maintain the stability of their relationship (Lakin, 1988). Values that are potentially transferable in marital therapy include opinions and stances on potent issues such as: the indicators of the quality of marital relationships; attitudes towards conception, pregnancy, and abortion; marital fidelity and extramarital relationships; sex-roles; religious beliefs; and child rearing and discipline practices. Furthermore, marital and family therapists may hold strong and, at times, contradictory positions on these issues with respect to their clients. This discrepancy may influence whether the therapist may consider the spouses' views as privy to adjustment or correction (Bergin, 1980; Lakin, 1988).

As an example for the current discussion, there appear to be sex-role values within Hispanic families that may present challenges to the marital therapist, and particularly the BCT therapist, when attempting to engage in therapy with these clients. Hispanic sex-role values tend to be organized around the constructs of *machismo* and *marianismo* (Garcia-Preto, 1996).

For Hispanics, traditional sex-roles are average cultural norms that play a central part in marital and family functioning. Overall, men assume the role of the dominant authority figure in the Hispanic family, embodying qualities that fall under the code of behavior known as *machismo*: masculinity, physical strength, respect, and dominance (Comas-Díaz & Duncan, 1985; Paniagua, 1994). Among Hispanic fathers, *machismo* is reflected in the demonstration of respect and submissiveness from family members, including his wife and children.

The female counterpart for this construct is known as *marianismo* (Paniagua, 1994). This construct is derived from the cult of the Virgin Mary, in which women are considered to be morally and spiritually

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CLINICIAN'S CORNER, CONTINUED FROM PAGE 8

superior to men. Women are expected to take care of children at home, devote daily activities to cooking and cleaning, and engage in activities that benefit the children and husband. Because of their moral and spiritual superiority, women are able to sacrifice themselves by enduring suffering for the good of the family and husband. However, in accepting and acknowledging a husband's authority and dominance, women usually assume power at home (Boyd-Franklin & García-Preto, 1994). Unlike the current trends in the U.S., "role flexibility is not rewarded in Hispanic communities. The father is the head of the family, the wife takes care of the children, and children must behave according to the father's rules (p. 41, Paniagua, 1994)."

In addition to the adherence of sex-roles based on *machismo* and *marianismo*, perhaps the most significant value that all Hispanics share is that of *familismo* (Garcia-Preto, 1996). *Familismo* refers to the utmost importance that is placed on family unity and cohesiveness. This value reflects the belief that the goals and needs of the group (i.e., family) come above and beyond the goals and needs of the individual.

Understanding the central function that sex-roles play in Hispanic couples and families is crucial to conducting successful and effective marital therapy with members of this ethnic group. Consider the hypothetical case of a recently immigrated young Colombian family who has been referred to a marital therapist because of marital tension. As the initial sessions unfold, the wife expresses depressive symptoms and bodily complaints in response to the tremendous responsibility for providing caretaking and nurturance to family members: mediating disputes between the husband and children, finding schooling for the children, shopping, cleaning the home, cooking for the family, and supporting her husband in his transition to a new occupation. Fulfilling the expectations of her role as mother has also

contributed to resentment toward her husband and children. Without an understanding of the traditional roles the men and women play in Hispanic families, a BCT therapist may take this opportunity to highlight and problem-solve around a clear discrepancy in husband and wife responsibilities in the hopes of establishing greater sex-role equality. This attempt would be in line with the thinking of marital therapists who suggest that marital therapy presents a unique occasion for the modification of inequities in sex-roles (Gurman & Klein, 1983; Jacobson, 1983; Rampage, 1995). Yet, such an attempt may go against the couple's values on sex-roles.

In the preceding clinical situation, direct attempts toward suggesting that the couple's sex-role standards and expectations are dysfunctional and should be changed may be experienced by the couple as too premature, simplistic, and devaluing (Boyd-Franklin & Garcia-Preto, 1994). Such an intervention does not recognize that the wife's role as the family anchor, while consisting of self-sacrifice and compromise, can also be highly valued and regarded in Hispanic communities. In this case, maintaining the stability of the family supersedes the wife's individual goals and needs. Instead of initially suggesting more equality and sharing of familial responsibilities, a marital therapist might encourage the husband and the wife both to express their respective levels of satisfaction and dissatisfaction with their family roles. This type of intervention may allow the wife to identify what she would like to change in the marital relationship and who else in the family may also be utilized in future interventions (Boyd-Franklin & Garcia-Preto, 1994). In addition, the unacceptability of the values of *machismo*, *marianismo*, and *familismo* in the U.S. can also be a major source of tension for Hispanic families in this country. Attempting to change these values can lead to disruptions in extended family and community dynamics, both being large sources of social support for Hispanic families (Paniagua, 1994). Moreover,

encouraging the wife to be more assertive in her request for help with family responsibilities may be counter-therapeutic. As Paniagua (1994) asserts, "If during the first session a therapist recommends that a Hispanic wife should have the same freedom and independence as her (Hispanic) husband, this recommendation would be an error, which could lead to attrition, and a sign of lack of understanding of that particular value upon the family (p. 45)."

Cultural Values & Couples Behavior Change

Culture can be viewed as a set of variables that have an important influence on behavior, and thus may enter couple therapy as part of a functional analysis (Hayes & Tomarino, 1995, Tanaka-Matsumi & Higginbotham, 1996). The following are a set of steps involved with conducting a functional analysis of behavior utilizing a culturally-sensitive perspective:

1. Gather information regarding the client's presenting problem. This involves asking when the problem began, defining the problem in behavioral terms, identifying the antecedents and consequences, asking when is the problem not a problem, asking what the couple has done to cope with the problem, asking how significant others and family feel about this problem.
2. Have the couple describe *their* view of the problem. Determining the norms for the problematic behavior in question requires the therapist to be familiar with the culture's values and how the values may create a context for the identified problem. Consulting with members of that particular culture may help.
3. The therapist discloses *his/her* therapeutic model for explaining or understanding the problem.
4. Compare/contrast the two models.

5. The therapist works with the partners to come up with a mutually acceptable "story." The story should encompass each partner's perspective, identify what the target behaviors will be, and pinpoint suitable criteria for problem improvement.

(Continued on next page)

CLINICIAN'S CORNER, CONTINUED FROM PAGE 9

6. Lastly, discuss what interventions can be used to change the target behaviors. These interventions can include: skills acquisition (e.g. communication and problem solving training), monitoring and changing maladaptive relationship cognitions (e.g., self-statements and beliefs), developing adaptive emotion regulation strategies, developing rules for conflict management, and enhancing intimacy through positive activity scheduling. In addition, ensure that the client understands and agrees with the rationale of how the interventions will lead to change.

Judging which norms for behaviors are to be applied when assessing problems is the balancing act that the culturally sensitive therapist must perform (see #2 above). Multicultural approaches of psychological assessment refer to the *etic* vs. *emic* distinction (Draguns, 1981). *Etic* refers to universal norms for behaviors while *emic* refers to group-specific norms for behaviors. It is also important for the therapist to be aware of and assess individual and couple norms for behavior.

When working members of couples with culturally diverse backgrounds, the couple therapist should be cognizant of potential type I and type II errors. The first type of error involves ignoring or being unaware of cultural issues when they are at the crux of the presenting problems. The second type of error involves assuming that cultural issues are at the crux of the presenting problem when it is not the case. Thus, when applying norms of

behavior, clinicians can be susceptible to err on the side of minimizing clinically significant problems or err on the side of overlooking clinically significant problems (Lopez and Hernandez, 1986). For example, a therapist may suggest a Hispanic wife try to be more accepting of her husband's ongoing infidelity, keeping in mind that her culture appears to accept men's extramarital affairs (a potential manifestation of the Hispanic value of *machismo* and *marianismo*). While some Hispanic wives may view affairs by men as within norms and acceptable, many Hispanic women don't. Moreover, the view that all Hispanic males embody "macho" attitudes may bias the therapist from entertaining the hypothesis that important needs are not being met through the relationship leading the husband to attempt to meet these needs elsewhere.

Concluding Comments

Be aware that much of our research on cultural differences addresses group differences, while clinical work with couples is done at the individual level. Thus, a therapist must entertain both cultural hypotheses as well as alternative hypotheses as explanations for presenting problems. Moreover, some identified couples problems may be related to clashes between cultures (both within the couple, or between the culture of the couple's country-of-origin and the culture of the U.S. majority). In these cases, one goal of therapy is to facilitate the development of a couple's shared bicultural identity on several dimensions upon which partners and cultures can differ. This includes independence and interdependence in relationships, gender roles, the role and involvement of extended family members, expressions of intimacy and closeness, balancing power, and parenting styles.

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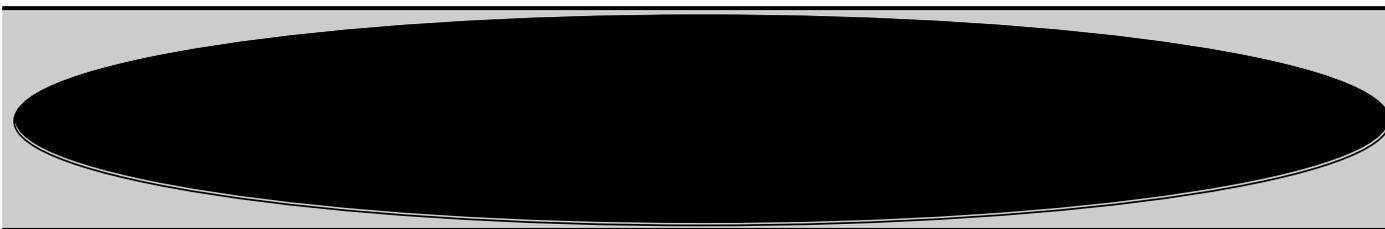
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Annmarie Cano, Ph.D

Since earning my doctorate in 1998, I have been a faculty member at two different institutions. In each department, I was the only faculty member with couples research and therapy training. I will describe the advantages and disadvantages of this situation and to encourage all of you to do more networking.

Advantages & Disadvantages Of Being The Only Child

There are advantages to being the only couples researcher in a department. One advantage is that the department probably recruited you to do couples research and therefore, you are a highly valued member of the department. Another benefit is that relationships researchers often get to pick the best students because our area of study is intrinsically interesting. Last, relationships research dovetails nicely with a wide variety of other research areas that may be represented in the department: child behavior problems, psychopathology, behavioral medicine, social cognition, aging, to name a few. The internal research collaborations can be rewarding for you and your students.

“we can’t just go next door and chat about couples research issues with a colleague. This is where the AABT listserv and annual conventions come in very handy!”

However, there are some disadvantages to being the only couples researcher in a department. First, although the department wanted you there, they are not

always sure what to do with you once you are there. Believe it or not, some faculty still view couples research as a fad area in which nothing can be operationalized. Although I have not received direct comments referring to couples research as “fuzzy” science, I have heard my share of jokes about what it must be like for my husband to be married to a couples researcher or therapist! Colleagues in situations similar to mine have also mentioned the possibility that overly sensitive faculty members may become resentful of couples researchers’ abilities to attract great students, sometimes from their own labs. Because students want to work with us and it is easy to develop good collaborative relationships with others, we also have the possibility of getting over-extended. Finding good mentors and just saying no graciously is key. Last, we can’t just go next door and chat about couples research issues with a colleague. This is where the AABT listserv and annual conventions come in very handy!

Networking & Collaborating



I have found collaboration to be particularly key in terms of being the only couples faculty member in a department. Although I will focus on collaborating for new projects, I believe that some of my suggestions

also apply to collaborations in which you are able to add a couples dimension to already on-going projects. I usually start by finding answers to the following questions: Does my collaborator value a couples focus? Will my collaborator and/or I be expected to learn a new literature? How much work will my collaborator and I each contribute at all stages of the project? Can I get along with this person? What will be the outcome of the project (e.g., publications, presentations) and how will authorship be divided? Expect to spend a great deal of time just figuring out what you can do together, knowing that sometimes after all that reading and meeting, a joint project may not be feasible. I am currently collaborating with another clinical psychologist in my department who is interested in the quality of life of bone marrow transplant (BMT) survivors and treatment issues involving this population. My piece of the project will generally involve BMT survivors' marital functioning. We first had several casual lunch meetings to throw around ideas followed by more formal meetings where we actually outlined our expected contributions. My collaborator has provided me with a few key articles that are most relevant to my contribution to give me a quick picture of the state of the field. At this point, it looks like this will be a fruitful collaboration.

There are many reasons why attempts at intradepartmental collaboration can fail (e.g. dissatisfaction with roles, other obligations). This is when networking outside the department can be rewarding (and surprisingly easy to do!). When I first moved to the Detroit area two years ago, I had lunch at least three

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The Only Couples Researcher, Continued from page 11

times per month with different people I called out of the blue as well as contacts provided by other faculty members. Everyone I contacted was interested in having at least one lunch meeting to discuss how my areas of interest (i.e., marital problems and depression, marriage and health) might fit into their programs. My lunch dates included university faculty members from the College of Nursing, College of Education, and Departments of Sociology and Social Work as well as members of Departments of Family Medicine, Community Medicine, Consultation-Liaison, Neurology, and Psychiatry at area hospitals. I also attended grand rounds several times even when the topic was not relationship-specific. Granted, these lunches and meetings took a lot of energy but several of these lunch meetings resulted in workable research relationships: two in family medicine departments, two in pain clinics, and one in nursing. One of these collaborations has resulted in an NIMH-funded grant on the interrelationships between marital functioning, depression, and chronic pain adjustment. During these networking meetings, I asked the same questions I noted earlier. I also marketed the couples field by educating my contacts about how the couples literature relates to their areas of expertise. Once you agree to work together, several other questions need to be answered: How familiar are your collaborators with controlled research? Are your students welcomed in the collaboration? Your collaborative relationships can benefit students by exposing them to a variety of professionals, providing an "in" when it comes to finding clinical placements, and teaching them how to market couples research in various settings. What were my contacts interested in? In general, the family medicine departments and departments of social work were interested in issues of family violence assessment. Pain clinics seemed to be most interested

in issues of family support and cost analysis of psychological treatments. The consultation-liaison physicians and psychologists were recommending individual and couples research in Gastroenterology and Urology clinics. Other possibilities across universities include Departments of Communication, Criminology, Human Development, Anthropology. The possibilities are endless. It just means that you have to pound the pavement to find out who lives in your neighborhood. I have found these meetings quite rewarding and I truly believe that these collaborations have helped me in terms of project conceptualization and implementation. So, call a few people, shake some hands, have some lunch. Trust me, it's worth the effort.



“Catch a Falling Star” Book Review, Continued From Page 4

must learn how to move from “You’re the problem!” to “What can I do in my behavior to make us function better?” From a “stages of change” perspective, Halford agrees that not every spouse is initially at the “change” stage. Ambivalence, poor efficacy expectations, and poor affect regulation are among the likely impediments to change. We learn how to enhance spouses’ interest in self-regulation meta competencies and then how to help them self-assess whether they have the necessary skills. If skills are lacking then psycho-education and then, subsequently, therapist guided self-regulation become appropriate. Even the more experienced among us will benefit from the numerous illustrations.

One of the pressing questions for couples’ work is deciding if and when a case is *not* a marital therapy

case. SRCT is uniquely positioned to answer this question because the couple is involved behaviorally in assessing progress at every stage. The couple is fully engaged in the decision process. Continued failure of a couple to acquire and use the necessary self-regulation meta skills is a sure signal that marital therapy is not indicated.

Like so many other manuals for therapists, I found that this one does not deal very completely with individual psychopathology. We generally acknowledge how individual behavioral disorders are not uncommon in this work, but there is not a lot of “how to” when it comes to working with these in the context of marital therapy. I suspect that the more difficult folks (e.g., those with borderline issues) would opt out of this marital therapy since it requires more inner resources than they have initially. Nonetheless, individuals besieged with depressive disorders might well benefit from this approach.

In training clinicians over the years I often suggested that my role is to show them how to string --in a different manner-- the beads of clinical skills they already have. Halford has gone beyond this by offering us a somewhat different and compelling string as well.

(End of Review)

**DON'T FORGET
THE SPECIAL SIG
EVENT - IT ISN'T
IN THE BOOK!**

***Thursday, November
16th, 6-9pm, Newberry
Room.***

This year's SIG Special Event session features a combined program of methodology and theory dealing with individual variables in couples research and therapy.

Self-Help Book Review

Can We Be Saved? Relationship Rescue and the Bashing of Couple Therapy and Theory Steven R. Thorp, University of Nevada, Reno

Relationship Rescue (2000; \$22.95), by Phillip McGraw, Ph.D., reached number one on the New York Times national bestseller list and the author has been a guest on The Oprah Winfrey Show. The book was also lauded in the October 13, 2000 issue of the popular magazine Entertainment Weekly.

Dr. McGraw declares that he will not use “psycho-babble” and promises to give the reader “straightforward, no-nonsense answers that work...” (p. 1). However, he then introduces “that part of you that I call your core of consciousness,” (p. 2) and proceeds to use that same phrase six more times before the next page has ended. He later encourages the reader to put the relationship on “Project Status,” internalize his “Personal Relationship Values,” and eliminate “bad spirits” ad nauseum.

Dr. McGraw’s writing implies that his book is the only true path toward a quality relationship. What is most troubling, however, is that he consistently derides the profession and theory of couple therapy, while failing to provide any evidence to demonstrate that his approach helps couples. At the outset, he tells us of his design to eschew the “crap” dispensed by the profession of couple therapy over the past 50 years. He disparages generic communication skills and “textbook therapies and psychological theories” (p. 9). He shuns “active listening” (p.

7), tells us that the need for empathy is “a crock” (p. 40), and recoils from the common therapist’s advice to use the “skills” of problem-solving and “conflict resolution” (p. 45, quotation marks in original). Dr. McGraw assures us that he will not rely on theory in his text, but rather he will teach us the truth. In that pursuit, the research of the past 50 years has apparently escaped him. We are provided with no hard data. Dr. McGraw fails to mention that others, for years, have noticed that couple therapy has much room for improvement (Jacobson & Christensen, 1996), and he does not cite anything from the vast literature on couple interventions that work (see Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998, for a review).

Dr. McGraw dispenses some face valid advice. He states that individual change is often more fruitful than trying to change one’s partner. He also makes the key point that people are rarely taught relationship skills. He implicitly shares the zeitgeist of the profession toward pragmatic approaches that emphasize acceptance as well as change strategies (e.g., Jacobson, Christensen, Prince, Cordova, & Eldridge, 2000). His seven steps to salvation are: (1) assessing the relationship; (2) correcting distorted thinking; (3) eliminating individual “bad spirits” (ineffective behaviors); (4) learning “Personal Relationship Values;” (5)

learning the ‘formula’ for success (relationships should meet the needs of both partners and be built on friendship); (6) reconnecting to each other; and (7) maintaining the gains imbued by the book.

He writes that self-righteousness, personal attacks, insecurity, and complacency are bad. Conversely, “I statements,” specific self-disclosures, patience, honesty, and diplomacy (AKA communication skills) are good. Doing something for one’s partner that is positive and observable, such as an affection note (AKA “behavioral exchange”) is good. Specific written definitions of goals, with timelines, specific steps needed, accountability, and clear outcome data (AKA problem solving) are also good. He says, “The best relationships involve a thorough understanding of the other person” (p. 138; AKA empathy).

Dr. McGraw states that “the measure of success must be results” (p. 162) and he “encourages us to look at outcomes” (p. 170). I could not agree more. In the end, how do we know that this self-help book actually helps couples? I enjoyed the anecdotes, but show me the data! Sadly, Dr. McGraw provides us with no psychometric properties to support his assessments and no research (let alone randomized controlled studies) to support his treatment method. I recommend that our clients spend their money elsewhere.

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What's In Press Kick-Off!

Attachment Security And Marital Satisfaction: The Role Of Positive Perceptions And Social Support

Cobb, R. J. & Davila, J., In-Press.

We examined how positive perceptions about partners' attachment security predicted supportive behavior and satisfaction in newlywed marriage. We tested a mediation model in which positive perceptions were associated with adaptive support behavior, which in turn predicted increases in marital satisfaction. 172 couples completed self-report measures of attachment security, perceptions of partner's attachment security, and marital satisfaction within six months of marriage and again one year later. Social support behavior was assessed by videotaped interactions at the initial session. Structural equation models indicated that positive perceptions served a relationship enhancing function that was enacted, in part, through couples' supportive interactions.

Refining The Association Between Excessive Reassurance Seeking & Depressive Symptoms: The Role Of Related Interpersonal Constructs.

Davila, J. Journal of Social and Clinical Psychology, In-Press.

Two studies examined the validity of Joiner and colleagues' (e.g., Joiner, Alfano, & Metalsky, 1992) measure of excessive reassurance seeking, and specifically examined whether the association between excessive reassurance seeking and depressive symptoms was better accounted for by conceptually related interpersonal variables also known to be associated with depression (e.g., sociotropy, attachment insecurity). Results from cross-sectional and longitudinal analyses in college student samples generally supported the validity of excessive reassurance seeking and its association with depressive symp-

oms. The implications of these findings for the role of excessive reassurance seeking in depressive vulnerability are discussed.

Social Support In Marriage.

Dehle, C., Larsen, D., & Landers, J.E. American Journal of Family Therapy, In-Press.

The current study examines the role of perceived adequacy of social support provided by spouses for both marital and individual functioning. Married individuals (N = 177) recorded the adequacy of specific supportive behaviors provided by the spouse on a daily basis for seven days using the Support in Intimate Relationships Rating Scale (SIRRS). Support adequacy was defined as the match between the support received and the support desired. Spouses who reported inadequate levels of social support from their spouses also reported lower marital quality, more depression symptoms, and perceived the stresses in their lives as more uncontrollable and unpredictable. Further, hierarchical multiple regressions indicated that perceived support adequacy accounts for significant unique variance in marital quality, depressive symptomatology and perceived stress, even after controlling for social desirability. Discussed limitations of the study and implications of the findings for clinical work with couples.

The Effects of Negative Racial Stereotypes & Afrocentricity on Trust & Relationship Quality within Black Couples.

Kelly, S. & Floyd, F. J. Journal of Family Psychology, In-Press.

Racism may cause Blacks to internalize negative racial stereotypes and become mistrusting and distressed in intimate heterosexual relationships. In addition, theory and evidence conflict as to whether or

not Afrocentricity is positively associated with couple outcomes, and clarity is needed regarding how negative stereotypes and Afrocentricity combine to impact couple relationships. Contrary to predictions, questionnaires completed by 73 Black couples revealed that internalized negative stereotypes alone generally did not predict relationship problems. However, the combination of internalized negative stereotypes and high Afrocentricity for men was associated with lower reports of partner dependability, an aspect of relationship trust, as well as decreased dyadic adjustment for both partners. In addition, Afrocentricity was associated with less perceived partner dependability and satisfaction for the couples. Only the women's socioeconomic status was associated with the predictors, and controlling for socioeconomic status failed to alter the associations between predictors and couple outcomes. Findings suggest that racial issues are important constructs to study within Black couple relationships, and that complex and conflicting racial attitudes held by Afrocentric Black men may cause deterioration in Black couple relationships.

Daily Experiences of Intimacy: A Study of Couples.

Lippert, T. & Prager, K. J. In-Press.

The present study examined people's working definitions of intimacy, which emerge through daily interactions that are perceived as intimate by the participant. We proposed that working definitions should be reflected in a set of interaction characteristics that prompt relationship partners to label their interaction as intimate. Participants were 113 cohabiting couples who completed questionnaires and kept diaries of their interactions for a week. Inter-

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**WHAT'S IN PRESS KICK-OFF,
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action characteristics explaining perceived intimacy were interaction pleasantness, disclosure of private information, the expression of positive feelings, the perception of being understood by one's partner, and the disclosure of emotion. Further, more satisfied couples perceived their interactions as more intimate and showed stronger associations between interaction intimacy and partner disclosure than did less satisfied couples. Findings indicated that couple characteristics are more salient than person characteristics as predictors of intimacy in interactions.

Religion In The Home In The 1980s And 90s: Meta-Analyses And Conceptual Analyses Of Links Between Religion, Marriage And Parenting. Mahoney, A., Pargament, K. I., Tarakeshwar, N. & Swank, A. B. Journal of Family Psychology, In-Press.

We reviewed 94 studies published in journals since 1980 on religion and marital or parental functioning. Meta-analysis was used to quantify religion-family associations examined in at least three studies. Greater religiousness appears to decrease the risk of divorce and facilitate marital functioning, but the effects are small. Greater Christian conservatism is modestly associated with greater endorsement and use of corporal punishment with preadolescents. Findings suggest greater parental religiousness relates to more positive parenting and better child adjustment. The scope, meaningfulness, and potential strength of findings are restricted due to reliance on global or single-item measures of religious and family domains. To facilitate more conceptually and methodologically sophisticated research, we delineate mechanisms by which the substantive and psychosocial elements of religion could benefit or harm family adjustment.

Correlates of Intimate Partner Violence Among Male Alcoholic Patients. Murphy, C.M., O'Farrell, T.J., Fals-Stewart, W., & Feehan, M. Journal of Consulting and Clinical Psychology, In-Press.

Factors associated with male-to-female partner violence were investigated in 303 heterosexual couples with a treatment-seeking alcoholic male partner. Partner violent (PV) male alcoholic patients (N = 183), when compared to non-violent (NV) male alcoholic patients (N = 120), had higher levels of antisocial personality characteristics, greater alcohol problem severity, greater use of other drugs, higher levels of relationship distress, and stronger beliefs in the link between alcohol consumption and relationship problems. Demographic factors did not account for these group differences. Analysis of unique and shared associations revealed that: (1) after controlling for the patient's antisocial personality characteristics, relationship adjustment and drug use remained significantly associated with partner violence, whereas alcohol problem severity did not; (2) relationship distress and alcohol problem severity had independent associations with partner violence; and (3) beliefs in the link between drinking and relationship problems were associated with partner violence independent of antisocial personality characteristics, alcohol problem severity, and relationship distress.

Understanding the Relationship Between Religiosity and Marriage: An Investigation of the Immediate and Longitudinal Effect of Religiosity on Newlywed Couples. Sullivan, K.T. Journal of Family Psychology, In-Press.

The association between religiosity and marital outcome has been repeatedly demonstrated. However, a complete understanding of this relationship is hindered by theoretical and methodological limitations. The purpose of the current study was to test three explanatory models by assessing two samples of newlywed

couples. Findings indicate that religiosity is associated with attitudes toward divorce, commitment, and help-seeking attitudes cross-sectionally. Longitudinal effects, however, are most consistent with a moderating model, wherein religiosity has a positive impact on husbands, and wives' marital satisfaction for couples with less neurotic husbands, and a negative impact for couples with more neurotic husbands. Overall, the impact of religiosity is weak over the first four years of marriage. Theoretical propositions are offered to guide future research in delineating the types of marriages that may be most affected by religiosity.

Attendance Enhancing Procedures in Group Counseling for Domestic Abusers. Taft, C.T., Murphy, C.M., Elliott, J.D., & Morrel, T.M. Journal of Counseling Psychology, In-Press.

A quasi-experimental design was employed to examine the effectiveness of motivational enhancement techniques in increasing session attendance and reducing dropout among 189 men undergoing group domestic abuse counseling. The treatment retention procedures were associated with significantly greater session attendance and lower dropout rates even after controlling for demographic factors. Increased session attendance was associated with lower post-treatment relationship violence and criminal recidivism among those who received the treatment retention intervention. The intervention appeared to be particularly effective with ethnic minority clients. Findings indicate that supportive treatment retention procedures during the course of therapy can reduce the high dropout rates commonly reported in counseling programs for male domestic abuse perpetrators, and can help ameliorate race differences in session attendance.



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