

Couples Research & Therapy *Newsletter*

The Newsletter of Couples Research & Therapy AABT–SIG Fall/Winter '04

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Counsel from the Co-Presidents

Couples Research Addressing Comorbidity in Relationships

Erika Lawrence and Gregory Stuart

We are all anxiously counting down the days until the big event. No, not the presidential election on November 2nd, but the AABT conference in New Orleans! All of the officers have been hard at work for the last several months planning a variety of events of our SIG, including the pre-conference meeting, the annual members meeting, the SIG poster exposition at the Friday night AABT cocktail party, and our traditional Saturday evening SIG social event.

We are thrilled to see how well represented our SIG is at this year's conference. There are multiple couples-related symposia, Master Clinician's Seminars, Institutes, and Poster Sessions continuously throughout the conference. (Please see the detailed list of all of the couples events included in this newsletter.) A huge thank you is due the SIG members who served on the AABT Program Committee this year, and special thanks are due Joanne Davila and Trish Long, who served as Program Committee Chairs this year.

The theme for the AABT annual convention this year is Comorbidity: The Reality and Challenges of Clinical Practice and Research. We are pleased about the abundance of research and clinical work that our SIG Members are conducting that is consistent with the theme. This research covers a broad spectrum of factors that are relevant to individual psychopathology and relationship discord. Research that will be presented by our members at the conference addresses the classification, assessment, etiology, prevention, treatment, and maintenance of comorbidity in couple relationships.

The one down side to our productivity is that, as in past years, it has been impossible to schedule the SIG meeting during a time that does not conflict with some members' presentations. After several attempts, we settled on holding the meeting on Friday, 2:30-4:00 pm, in the Fountain room on the third floor (no, it's not on the map in the conference book but it is actually in the hotel, Bob, we promise). Importantly, there are about 10 couples-related posters in the poster session (PS 6B) occurring at the same time (even though the session is titled Child Externalizing Disorders and Developmental Disabilities). If the students presenting in that poster session would like to also present those posters at the SIG Exposition and AABT cocktail party on Friday, November 19, 6:30 to 8:30 pm, please let either of us know and we will likely be able to arrange it. That way, your posters will have the chance to be seen by our members.

As you all know, there has been a lot of enthusiasm over the last few years to focus one of our pre-conference meetings on research on sex in intimate relationships. Despite our diversity and productivity as a group, we do not have any experts in this area. We are happy to report that, after several years of trying on the part of current and past SIG presidents, we have been able to fulfill this request. On Thursday, November 18, 4-6pm, in the Cambridge Room, Amy



Couples SIG Newsletter

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Editors' Note

In our last newsletter, Greg and Erika wrote about the importance of disseminating couples interventions. Following in that vein, we requested an article on dissemination for this newsletter, and Nicole Pleasant, Howard Markman, and Scott Stanley have responded with a thoughtful and informative discussion of different aspects of dissemination. As leaders in the field of premarital couples interventions, they are especially qualified to provide insight into the dynamics of disseminating our research, and I hope that we will all find their article to be useful in our own careers.

As Greg and Erica illustrated in their note in the last newsletter, these issues are becoming increasingly important. In the field of psychology in general, there is open debate about how to empirically test the efficacy and effectiveness of treatments and even over the value of such testing. These debates have obvious relevance to our specific area within the field as they influence such things as funding for research and for the clinical use of these treatments. It might actually be fortunate if these were the only concerns that we had in our field; however, we also have to consider that, as couples therapists and researchers, we are addressing concerns that do not even have a formal diagnosis. More positively, there is also legislation that has been proposed at the federal level for millions of dollars to be set aside for research into effective marital and premarital interventions; it remains to be seen whether this will be passed. We highlight this information to echo and re-emphasize the message that Erika and Greg communicated in the last newsletter. In our field, it has become apparent that we do need to focus more of our energies into the area of public relations and dissemination. Because of this, we

Wenzel will lead our pre-conference workshop entitled "The Study of Sex in Intimate Relationships." She is currently on the faculty at the University of Pennsylvania, and has published numerous articles on the role of sexuality in close relationships. Indeed, she just published an edited book with John Harvey titled "Sex in Close Relationships." Amy will present an overview of the research in this area, as well as a brief description of her own relevant research. Her presentation will be followed by time for questions and discussion. Most importantly, Amy typically attends AABT but had not joined our SIG, and we have managed to convince her to become a member.

Finally, there has been increasing debate over the last several years among our members regarding the Saturday night SIG dinner. As we have increased in numbers, so has our dinner group increased in numbers, making it almost prohibitive to organize and costly for the student members who attend each year. At the last several SIG meetings, the possibility of switching to a SIG cocktail party has been raised. So this year we have decided to try that plan and see how it goes. Rather than the Saturday night dinner, we will be holding a SIG cocktail party Saturday, November 20, 6:00 to 8:00 pm, in the Elmwood Room. We will have a bar (not an open bar, sorry) and some light food, and attendees will be asked to pay \$5 at the door. A special thanks is due Susan Stanton, who did the leg work and organized this cocktail party. Those who want to go to dinner after the cocktail party in smaller groups can still do so, obviously. Let's see how this plan works.

Finally, we want to personally thank Kathy Eldridge for her juggling talents as the Treasurer, which allowed us to hold all of these events without having to file for Chapter 11. We look forward to seeing you all in New Orleans!

AABT 2004 ~ New Orleans

Couples- Related Events

**Compiled by Sara J. Steinberg and Susan Stanton
Student Co-Presidents**

Pre- AABT Mini-Conference

Thursday, 4-6pm, Cambridge Room

Couples SIG Meeting

Friday, 2:30-4:00 pm, in the Fountain room on the third floor

** Note: This meeting time is different from what is published in the program book

Preregistration necessary for the following events:

Institute 4

Thursday, 1-6 pm,

Treating Comorbid Psychopathology and Relationships Distress in Couple Therapy

Donald Baucom and Jennifer Kirby

Workshop 7

Friday, 1:30-4:30 pm, Grand Salon 6

Cognitive- Behavioral Strategies and Techniques for Revitalizing a Nonsexual Marriage

Barry W. McCarthy

Master Clinician Seminar 8

Saturday, 3:15-5:15 pm, Rosedown

Integrative Behavioral Couples Therapy

Andrew Christensen and Christopher Martell

plan on including more articles addressing these issues in this newsletter; of course, we will also continue to include articles on the abundant quality research that is being conducted in our field. Hopefully, we can find a balance that reflects the popular Boulder scientist-practitioner model that so many academic institutions espouse for clinical psychologists.

On a lighter note, we're going to New Orleans this year! Sara and Susan have been good enough to compile a handy list of all the couples-related events taking place at this year's convention. Judging by the number of events, we have been an industrious SIG! We look forward to attending these events to hear what everyone has to say, and we especially look forward to seeing familiar faces and getting to know new ones. See you in New Orleans!

-Eric & Farrah

TREASURER UPDATE

Hello everyone, I'm looking forward to seeing you all at the convention this year. As an indication of our success as a SIG, our membership continues to grow. We now have 94 nonstudent members and 107 student/postdoc members, for a total of 201 SIG members. Thanks to all of you who have encouraged your students and colleagues to join us.

With growing membership and thus more dues-paying members, many benefits are possible. We can continue to bring in strong speakers for our pre-conference event and encourage budding researchers with the Weiss poster awards.

Our treasury currently contains approximately \$1050, which will be supplemented by dues paid at the conference to pay for all of the SIG expenses in November. I have learned as treasurer that we rely on dues coming in at the convention to pay for the SIG events already planned and billed. If our dues collection is effective this year,

Friday

Symposium 2

8:30-10 am, Grand Ballroom C

Protective Factors in Marital Health: Scientific Advances Informing Interventions

Chair: Scott M. Stnaley

Discussant: Kristina Coop Gordon

Symposium 14

10:45 am- 12:15 pm, Grand Salon 21

Comorbidity Between Psychopathology and Marital Distress

Chair: Mark A. Whisman

Discussant: Frank D. Fincham

Panel Discussion 3

12- 1:30 pm, Belle Chase

Domestic Violence Research in the Community: Collaborating with Agencies and Coping with Co-Occurring Problems

Moderator: Miriam K. Ehrensaft

Panelists: Timothy O'Farrell, Jennifer Langhinrichsen-Rohling, Gregory Stuart

Poster Session 5B

1:30- 2:30 pm, Exhibit Hall

Couples; Psychopathology

Symposium 38

4- 5 pm, Grand Salon 19

Comorbidity of Domestic Violence and Couple Distress: Development over Time and Context, the Role of Psychological Abuse, and Treatment Issues

Chair: Lorelei E. Simpson

Discussant: K. Daniel O'Leary

Saturday

Symposium 42

8:45- 10:15 am, Oak Alley

Toward a Theory of Mindful Relating: Theory, Data, and Implications

Chair: Karen Wachs

Discussant: James Cordova

Symposium 43

9- 10:30 am, Marlborough A and B

New Applications of Dialectical Behavior Therapy

Chair: Alan Fruzzetti

Discussant: Marsha M. Linehan

Symposium 46

10:15- 11:45 am, Grand Salon 4

2- Year Follow-Up Data on a Comparison of Two Couple Therapies

Co-Chairs: Brian Baucom and Andrew Christensen

Discussant: W. Kim Halford

Symposium 57

1- 2:30 pm, Grand Salon 19

Adapting the theme of Comorbidity to the Study of Intimate Relationships

Chair: Erika Lawrence

Discussant: Andrew Christensen

we will be able to ensure more financial security for our SIG by knowing what we can afford in advance as we are arranging speakers, rooms, and events. Our goal is to be able to sponsor some additional costs at next year's convention. Some of the ideas proposed thus far include complimentary nonalcoholic drinks, snacks, and/or alcoholic drinks at our Saturday night SIG cocktail party or refreshments at the pre-conference event.

To secure our continued success as a SIG, I'm asking everyone who plans to attend the SIG meeting to come prepared to pay dues with cash or check.

As usual, dues are **\$20 for faculty members/professionals** and **\$5 for students/1st year postdocs**. I will bring the membership list to our SIG meeting at the conference, so that you all will have a chance to update your contact information and pay dues for the current academic year.

If you will not be at the convention, or want to pay in advance, you may mail a check made out to Kathleen Eldridge, with "AABT Couples SIG" in the memo line, to the address below. I will send you a receipt of payment via mail or email. Please also email me at keldridg@pepperdine.edu with any changes in your contact information and student/nonstudent status.

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See you soon!

-Kathleen

**Don't Forget to
Pay Your Dues!
Our SIG Needs
Your Support!!**

Sunday

Symposium 75

9- 10:30 am, Magnolia

Comorbidity in Couple/Family Work: New Directions in Understanding of the Association of Individual Psychopathology and Marital/Family Problems

Chair: W. Kim Halford

Discussant: Donald H. Baucom

Symposium 86

11am -12:30pm, Magnolia

Positive Behaviors in Close Relationships: Can We See the Good as Well as the Bad?

Chair: Susan Stanton

Discussant: Richard E. Heyman

Couples SIG Meeting

Friday, 2:30-4:30 p.m.

Fountain Room on the third floor

Note the change!

This room is not on the map, but it's really there!

Cocktail Party

Saturday, 6-8 p.m.

Elmwood Room

\$5 entrance fee

Don't miss it!



Must-Reads

Ever wonder how the experts got to be so good? Well, maybe it's because they've read these books. We asked the SIG to recommend what books are Must-Reads when it comes to Couples Research and Therapy, and here's a list of the recommendations we received.

Epstein, N. B., & Baucom, D. H. (2002). *Enhanced cognitive-behavioral therapy for couples: A contextual approach*. Washington, DC: American Psychological Association.

Snyder, D. K., & Whisman, M. A. (Eds.). (2003). *Treating difficult couples: Helping clients with coexisting mental and relationship disorders*. New York: Guilford Press.

Jacobson, N. S., & Gurman, A. S. (Eds.). (1995). *Clinical handbook of couples therapy*. New York: Guilford Press.

Fowers, B. L. (2000). *The myth of marital happiness*. San Francisco: Jossey-Bass.

Clunis, D. M., & Green, G. D. (2000). *Lesbian couples: A guide to creating healthy relationships* (3rd ed.). Toronto, Canada: Publishers Group West.

Fisher, H. (2004). *Why we love: The nature and chemistry of romantic love*. New York: Henry Holt and Company.

Schnarch, D. (1998). *Passionate marriage: Love, sex, and intimacy in emotionally committed relationships*. New York: Henry Holt and Company.

Halford, W. K. (2001). *Brief couple therapy: Helping partners help themselves*. New York: Guilford Press.

Disseminating a Marriage Education Program: The PREP Experience

Nicole D. Pleasant, Howard J. Markman, Scott M. Stanley
University of Denver

There is a growing recognition of the importance of marriage education within both the federal and local government. Examples can be seen in the Administration's increased attention to strengthening families as well as state run initiatives to strengthen marriage such as the ground breaking working being done in Oklahoma as part of the Oklahoma Marriage Initiative (see OKmarriage.org). Much of this push for strengthening marriage is due to the growing evidence that marital distress and family fragmentation are associated with a broad spectrum of risks for adults and children (e.g., NICHD, 2004). In addition, there is evidence that couples can learn skills and principles thought to underlie healthy and stable marriages in a variety of settings (e.g., group classes) and by a variety of service providers (e.g. counselors, clergy, community leaders) and that couples who have learned these skills can maintain them over time and may have increased chances for a stable, healthy marriage (see Markman et al., in press, for a review).

We have been fortunate to be involved in the development of programs to disseminate relationship education on a large scale through our research, work with the Armed Forces, and more recently the Oklahoma Marriage Initiative. In the sections that follow we will present some of our experiences disseminating an empirically based relationship education program, the Prevention and Relationship Enhancement Program (Markman, Stanley, Blumberg, Jenkins & Whitely, 2004). From that experience we will highlight the factors we feel are most important to disseminating a relationship education program effectively and end with some specific recommendations we have drafted for working with low-income clients as these are the clients that many marriage education efforts are trying to reach.

The Prevention and Relationship Enhancement Program (PREP) is empirically based, adhering to the "best practices" model with regard to educating couples (Halford, Markman, Kline, & Stanley, 2003). There are three core aspects of the empirical basis for the model: (1) content of the program informed by research on couples and families, (2) strategies and curricula tested in outcome research, and (3) regularly refining program content and delivery options based on ongoing scientific gains in the field (Stanley et al., 2004). We have spent years testing the efficacy of PREP as implemented by our university based staff; in the last several years we have progressed to effectiveness trials to test the impact of PREP when utilized in natural, real world settings.

In the midst of publishing some of our early findings on the effectiveness of PREP in the early 1980s we were contacted by Bill Coffin, a prevention specialist with the Navy (now with the Administration of Children, Youth and Families). He was (and still is) strongly committed to the dissemination of empirically supported interventions to large populations through community agencies. Bill approached us about training Naval Chaplains and social workers to deliver PREP to sailors and marines, thus launching our dissemination efforts. However, from the beginning of our work we had a vision of developing, evaluating, and disseminating a program for *preventing* (as opposed to more costly treatment) marital distress and divorce. We are fortunate to share this vision with people like Bill in the private, public and military sectors who care about children, couples, and families and recognize the importance of using research based interventions to promote healthy families in the larger community through prevention and education programs like PREP. We also recognized that through offering prevention and education programs in the community in general and in religious organizations in particular, it would enable us to reach community members who might not see services from traditional mental health providers.

Thus, our research team is committed to "spreading the word" about research-based intervention programs that hold promise for amelioration of preventing important social problems. One of the take home messages in this article will be that though we know enough to act now, there is still much we need to learn about how to get these interventions into the hands of people who can put them to use (Stanley, 2003). What follows is a brief summary of some of what we have learned so far.

Dissemination of PREP within Religious Organizations

In 1996 we embarked on the Family Stability Project, which is a large-scale community based prevention trial of PREP delivered in religious organizations (ROs) to premarital couples. The program is designed to lower risk factors and raise protective factors for marital distress and associated mental health problems. Targeting ROs as a delivery system is important as ROs already serve a less stigmatizing resource for prevention and counseling for many people who will not seek services from a mental health professional and ROs provide an opportunity to enhance already existing "natural" interventions in the community (premarital counseling). This project involved recruiting couples from ROs and randomly assigning them to three tracks: (1) to receive PREP

training by our university staff; (2) to receive PREP training through their own RO; or (3) to receive the natural occurring relationship education provided by their RO. Two of the main objectives of this project are to longitudinally assess the effectiveness of PREP and to track the dissemination of PREP through ROs. The focus of the sections that follow are on the dissemination portion of this project (see Markman, et al, 2004 for a full review).

There were three key elements that guided us in our dissemination of PREP to the community that were derived from diffusion theory (e.g. Rogers, 1995): a) considering the target adopters carefully; b) maximizing the transferability of the PREP curriculum to the community of ROs, and 3) allowing those who may adopt the curriculum the opportunity to try it first with little obligation.

Considering adopters. The compatibility of an relationship education curriculum with the existing practices, needs, past experiences, and values of the target community is one of the most important predictors of whether curricula are adopted (Rogers, 1995). Thus, it is important to assure that marriage education is seen as relevant to the practitioner's work with couples. The goals of PREP are very much in line with the goals of religious leaders to help couples have lasting, healthy marriages. Seventy-five percent of first marriages occur in ROs, with most being very committed to delivering premarital services and ROs are deeply embedded in the culture of couples who are the targets of such services (Stanley, Markman, St. Peters, & Leber, 1995).

Transferability. Transferability is the degree to which an education curriculum can be adapted to the needs of particular community organizations. As long as the basic integrity of the curriculum is maintained, modifications may be necessary to maintain effectiveness across different settings. Providers who know the target audience are likely to make adaptations that enhance the extent to which a curriculum addresses the client's needs in their community settings. One way to build this transferability is to give providers clear flexibility in choosing which aspects of a multifaceted curriculum they deem most important to use with their target audience. Providers should have the flexibility to use different formats to place more or less emphasis on various modules, and to use examples, stories, and metaphors that are most relevant to the couples they serve.

The practitioner is the focal point of transferring the intervention to the community. Practitioners know the needs and culture of their couples best and should make modifications based on this knowledge in order to transport university-validated relationship education to the community. In our experience, clergy and lay leaders, who represent a passionate group of practitioners with significant access to many couples for marriage education, are unlikely to read scientific journals, but they are highly receptive to summaries of relevant research. Thus, we made the translation of empirical findings into material that is usable to practitioners a priority.

Trialability. Adoption of an intervention is influenced by the extent to which it can be tried out while it is implemented on a limited basis. The opportunity to give a new curriculum a test run, without making a major financial or time commitment, tends to lower the uncertainty of its effects and increase rates of adoption. The leaders who were trained in PREP made a relatively small time investment of approximately 12 hours at no charge to them.

The results to follow are the major dissemination findings based on the 8-years of continued use of PREP by the trained clergy and lay leaders who were originally trained as part of our research project (this is an update from the Markman et al., 2004 paper referenced above). The major finding in this study was that most religious organizations offered at least some parts of PREP in premarital training with couples even after the recruitment phase of the effectiveness portion of our study was over. In fact, 31% of the couples who received some form of PREP within their religious organization over the eight year period were married. Another critical finding was that PREP was used with 2,087 couples, which is much larger than the 225 couples who received PREP premaritally as part of our ongoing effectiveness study. This highlights the radiating effects of training practitioners in organizations that have preexisting, ongoing access to couples: Rather than establishing new systems to deliver empirically based services, disseminating such interventions through organizations that already serve couples in the community may be a more efficient method of reaching large numbers of couples.

Another interesting finding was that the 3-day training of PREP principles appeared to be adequate in order to give leaders confidence using the curriculum. It is another empirical question whether a shorter training period could have been equally effective. In addition, we found that leaders used certain components of PREP more than the full PREP. Most frequently used modules were those on increasing positive communication and reducing destructive conflict and leaders reported making considerably less use of PREP components associated with increasing protective factors, such as the modules on expectations, core beliefs, and religious practices. Providing practitioners with a range of potential intervention formats with differing time requirements may be important to maximize transferability of the intervention to their existing practice. Future research is needed to clarify how adaptation of PREP by community leaders impacts its effectiveness. There is also a need to assess whether some PREP modules are more useful or effective than others, and what factors, including gender, might mediate or moderate the effectiveness of specific modules.

The broad implications of this dissemination study were that there is acceptance of empirically based strategies by religious and community leaders and these leaders are effective in reaching young couples and other

couples that might not seek out services through traditional mental health services.

General recommendations

The bulk of our experience disseminating PREP has been in the context of collaborating with organizations that already serve couples whether that is religious organizations, the military, or the state of Oklahoma. We believe that the general recommendations that follow are applicable in a number of circumstances whether a practitioner is being contacted to consult with a community organization that is interesting in providing research based relationship education or a research group that has an empirically supported intervention that they want to disseminate to the larger community.

If at all possible, work with an organization that is already serving couples in the community. The dissemination process is greatly accelerated and maximized when the intervention can be incorporated into an existing infrastructure. In addition, existing organizations will likely already have in place comprehensive service delivery systems. Ideally a marriage education curriculum will be delivered as one of many services available to couples. In any case we feel it is important to provide participants with a referral document that provides information on local resources as many participants may be struggling with issues that go beyond marital education such as aggression and individual functioning (e.g., mental health problems, substance abuse)¹.

Consider the needs of those who will be disseminating the intervention and design programs that are easily transferable to community practice. The way we have done this is to make it easy for practitioners to learn and systematically deliver the key components of the intervention by breaking the materials into modules and then manualizing the information. We provide practitioners with a range of potential intervention formats with differing time requirements that allow them to customize the intervention to their needs. We feel this point is particularly important when you consider that most practitioners working with couples and families are not using research-based approaches (Markman, et al., 2003), perhaps due to the lack of attention to translating research findings into tools and principles that practitioners can easily integrate into their practice.

If at all possible, use practitioners who already have expertise with couples. In some settings this may be a luxury but there are several characteristics of a leader who is delivering an intervention in an educational format that is important. One, they would ideally have some training and knowledge in a field that emphasizes the understanding and educational strategies helping couples. This includes psychology, clergy, social work, nursing, public health or education. We have also found that

leaders who are in touch with the community they are serving and can provide vivid personal examples taken from their own experiences to supplement the materials being provided are among the most effective. Clergy make excellent presenters since we find that comfort in public speaking is important for presenter effectiveness.

Train more leaders than you think you will need. One of the barriers to religious organizations disseminating the intervention was that members of the organization who were trained in the intervention left and there was no one to take their place. When establishing an intervention within an organization it is important to consider having a number of people trained to ensure continuity in program delivery.

Modules are important. In order to achieve the goal of reaching a diverse population through training leaders it is important to recognize that leaders will not always use the full curriculum. Thus the PREP program is comprised of 14 modules that leaders can use in a variety of orders and formats. From a public health perspective, providing a million couples with a smaller dose of an effective intervention could have a much wider societal impact than providing one thousand couples the full dose. One approach to mitigating the issue that others may not do the intervention as you would is to have those approved to conduct the intervention be trained by you or work under the direction of those trained by you. In addition, it is important to orient presenters of the intervention to the most pertinent parts of the curriculum so they know what to keep or cut when trimming down is necessary. The bottom line is that we think it is more important to risk a loss of some control in favor of greatly expanding the impact with many couples, populations, and the organizations that serve them that an empirically supported intervention can potentially have.

Track the dissemination of the intervention program. In order to begin to answer questions about the critical components of most effectively delivering an empirically based intervention program to the community we must more closely document how it is delivered and the factors that affect how effective the delivery may be. Some important questions yet to be answered are how does adaptation of an intervention impact its effectiveness? Which sections or modules of an intervention are most effective compared to others? May factors such as gender mediate or moderate that effectiveness?

Collaborate with community leaders in diverse populations and collaborate with them to produce training materials that are more relevant to their population. We strongly believe that delivery of relationship education is ideally done when the deliverer of that curriculum is someone the participants can relate to and when the deliverer can provide examples and illustrations that are pertinent to their lives. It has been our experience that those deliverers are among the existing leaders in the community you are trying to reach. Because such individuals know their community best, they are invaluable contributors to producing materials that are going to be relevant to their community.

¹ A copy of our referral document and other resources can be found at www.PREPin.com

Recommendations for working with low-income couples and the organizations who serve them

Most relationship education curricula grew out of experiences with mostly middle income couples. However, several factors have led to an increased likelihood that very low income people will receive various forms of relationship marriage education: (1) the growth of the marriage movement, (2) the new and growing interest among government policy officials to address issues related to family formation and family fragmentation, (3) the specific emphasis with the welfare reform law enacted in 1996 to promote marriage and two parent families, and (4) the current proposals in welfare reform reauthorization to provide substantial funding for healthy marriage promotion programs and activities (Stanley, Markman, & Jenkins, 2004). Increasingly, marriage education is being provided to people who have not typically been the recipients of such services. Not only are there these public policy forces promoting marriage and marriage education but low-income couples express a strong desire to become married and a willingness to participate in marriage education (Stanley, Amato, Johnson, & Markman, 2004).

In our ongoing experiences training trainers who work with diverse populations in both research, clinical, and community settings and our general recognition that there is a need to disseminate marriage education to populations traditionally underserved by such services, we have created a set of broad guidelines we feel are important to consider when offering such services to low income couples. These general ideas may be helpful for those who are in a position where they are either looking to modify an existing program or collaborate with community organizations and other institutions who are trying to develop their own programs (for a more thorough review of these guidelines please see Stanley, Markman, & Jenkins, 2004)

Know your audience. It is important to understand the types of relationships your audience is in. Couples may be at various stages of commitment (married, planning to marry, not sure they will marry) with or without co-parenting responsibilities. In order to give examples, metaphors and stories that are relevant for them in teaching key concepts it is useful to know what they are up against in supporting themselves and their loved ones.

Develop a broad understanding of what "marriage education" is or can be for your audience. Marriage education can be many things. It can be about helping someone understand the benefits of marriage, develop realistic expectations about marriage, and understand some of the key risk factors for marital and relationship distress. Depending on the commitment level of the couple or individual, marriage education can also be about helping someone learn ways to manage conflict more constructively within their relationship or the next time they enter into a relationship.

Consider the various types of low-income clients, and how you can best serve them. You may want to provide

services to clients who are at various levels of commitment and relationship status when working with a low-income clientele. Some individuals may be married; others may want to work on improving their relationship with a co-parent they are no longer intimately involved with where others will want to learn skills so they will feel more confident the next time a potential romance comes into their lives. One may also want to provide services to high school age clients and young adults who are just beginning to engage in romantic relationships.

Help your clients be aware of and link to a broad range of services that may be of additional help. When working with a low-income population, marriage education is ideally presented as part of a more comprehensive group of services. Clients should be made aware of marital, relationship and family therapy services, mental health services, as well as financial support, domestic violence, and substance abuse treatment.

Pay careful attention to ways you can enhance the educational experience of your clients. When dealing with low-income clients there can be a concern about making changes to the content of the curriculum. We would caution against delivering a watered down version of the curriculum. It is important to focus on literacy, style of teaching and format modifications that may help you retain client interest. Those who work with low-income clients recommend more active and experiential experiences as opposed to a didactic style: use fewer words, use less complicated words, try for less sitting and listening and more doing and activity, and use more visual images to make points. It will also be important to check in with your clients and attend to whether the message you meant for them to receive was actually received. In addition low-income clients may benefit from more intensive services such as more training time, more practice and feedback; and more time for answering questions and applying the concepts to their lives.

Keep in mind the difference between implementing an educational curriculum and a program of services. In implementing PREP we see it as a curriculum that is best used as part of a larger program of services for low-income clients. It will be important to then have a good understanding of what the overall plan of services are available to clients and how your curriculum fits into that plan. This can be different whether you are working with clients in the context of ongoing services or based on a more limited exposure to services. In addition, this may affect how clients are recruited for participation and whether there will be financial costs to participation in your marriage education service.

Recognize the dignity of your clients. When dealing with those who have less economic advantage don't make the assumption that their aspirations and needs are that different from those who have more economic privilege. At the same time, it is important not to underestimate the challenges they face in reaching those aspirations and how you can use that knowledge to be most effective in your educational goals.

Conclusion

Dissemination to the community interventions that have been shown to be efficacious in laboratory research is the next stage in marriage education. Not only is there a need to disseminate empirically based interventions but also to study the effectiveness of that delivery. In our experiences delivering PREP to the community and conducting effectiveness research we have identified several key factors that facilitate dissemination such as designing a curriculum that is transferable through modularity and manualization, using leaders who have experience with couples and the target community, as well as taking advantage of existing institutions that are already serving couples.

In conclusion, this is an exciting time in family psychology with the high demand for marriage education in communities all around the country. At the same time, just as we used theory and research to guide us in our development of marriage education curriculum we must also use theory and research to guide us in delivering that education as effectively as possible.

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Kudos to Jean-Philippe and Linda Laurenceau, the proud parents of
 Kelley Marie Laurenceau, born May 4, 2004, 7 lbs 11 oz!

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Hot Off the Press

In Press and Recently Published Literature

Kistenmacher, B.K. & Weiss, R.L. (in press). Motivational Interviewing as a mechanism of change in men who batter: A randomized controlled trial. *Violence and Victims*.

The present study reports on the potential effectiveness of Motivational Interviewing (MI) in changing the way batterers think about their violent behavior. Thirty-three domestic violence offenders who were court-mandated to treatment were randomly assigned to MI or a control condition prior to attending their first mandated treatment group. Consistent with predictions, the MI group demonstrated generally more improvement on stages of change sub-scales than the control group. Further, the MI group demonstrated a significantly greater decrease in the extent to which they blamed their violence on external factors. Current data indicate that MI has the potential to increase batterers' motivation to change, although validation trials with larger sample sizes and more refined measures are required.

Kelly, S., & Iwamasa, G. Y. (in press). Enhancing behavioral couple therapy: Addressing the therapeutic alliance, hope, and diversity. *Cognitive and Behavioral Practice*.

The strengths and weaknesses of BCT are well documented and disseminated, and it continues to evolve. Newer behaviorally-based approaches share an openness to integration and can enhance the ability of BCT to address three key process-related variables: the therapeutic alliance, hope, and diversity. Similarly, some non-behavioral techniques fit the format of typical BCT sessions and can be integrated into a BCT framework; they can facilitate the couple's ability to benefit from BCT, and function to accomplish the same goals. Examples of interrelated usage of these techniques with a case example and relevant citations provide practical ways to enhance the ability of BCT to address the therapeutic alliance, hope, and diversity throughout treatment.

Atkins, D. C. (in press). Using multilevel models to analyze marital and family treatment data: Basic and advanced issues. *Journal of Family Psychology*.

Couple and family treatment data present particular challenges to statistical analyses. Partners and family members tend to be more similar to one another than to other individuals, which raises interesting possibilities in the data analysis but also causes

significant problems with classical, statistical methods. This article presents multilevel models (also called hierarchical linear models, mixed-effects models, or random coefficient models) as a flexible analytic approach to couple and family longitudinal data. The paper reviews basic properties of multilevel models but primarily focuses on three important extensions: missing data, power and sample size, and alternative representations of couple data. Information is presented as a tutorial with a web appendix providing datasets with SPSS and R code to reproduce the examples.

Atkins, D. C., Eldridge, K. E., Baucom, D. H., & Christensen, A. (in press). Behavioral marital therapy and infidelity: Optimism in the face of betrayal. *Journal of Consulting and Clinical Psychology*.

Infidelity is a common issue with which distressed couples and their therapists grapple. However, there are no data on the efficacy of commonly used therapies to treat couples in which there has been an affair. The present, exploratory study examined the therapy outcomes of a sample of infidelity couples (N = 19) who had participated in a randomized clinical trial of marital therapy (N = 134). Results showed that infidelity couples began treatment more distressed than non-infidelity couples; however, evidence suggested that couples in which there has been an affair and who revealed this affair prior to or during therapy showed greater improvement in satisfaction than non-infidelity couples. Implications for therapy with infidelity couples are discussed.

Stuart, G.L., (in press). Improving violence intervention outcomes by integrating alcohol treatment. *Journal of Interpersonal Violence*.

There is extensive empirical and theoretical support for a link between alcohol use and intimate partner violence. Recent innovations in assessment have shown a strong temporal link between alcohol use and intimate partner violence. The majority of men participating in batterer intervention programs have alcohol problems, and these men are at very high risk for violence recidivism. Research has shown substantial decreases in partner violence among alcoholics subsequent to obtaining alcohol treatment. It is likely that violence outcomes could be significantly improved by incorporating alcohol treatment as a standard component of batterer intervention programs.

Dehle, C., & Landers, J.E. (in press). You Can't Always Get What You Want, But Can You Get What You Need? Personality Traits and Social Support in Marriage. *Journal of Social and Clinical Psychology*.

The current study examines associations among support recipients' personality traits, social support behavior in marital interactions, and perceptions of partner social support provided during marital interactions. Sixty-six married couples participated in the study. Couples completed two measures of personality traits, and participated in two support-focused interactions. Each spouse completed ratings of satisfaction with the partner's support following discussion of an achievement related stressor. Frequencies of four types of social support behavior were observationally coded for each spouse during his/her turn as support provider. Patterns of associations among personality traits, support behavior provided by the spouse, and satisfaction with support varied across husbands and wives. Husbands with lower levels of emotional stability and/or lower levels of conscientiousness received more esteem support from wives. Husbands with low levels of conscientiousness also received more informational support from wives. In addition, the association between the amount of esteem support provided by wives and husbands' satisfaction with support was moderated by both husbands' emotional stability and conscientiousness. For wives, conscientiousness and emotional stability positively predicted satisfaction with support from husbands. The moderating effect for wives indicated that the association between the amount of informational support provided by husbands and wives' satisfaction with support depended on wives' conscientiousness. Additional analyses indicated that spouses within couples demonstrated similarity in support behavior, but dissimilarity in personality traits. Discussion focuses on the differences in patterns of associations across husbands and wives, and the implications for relevant theories of social support and personality.

Lenzenweger, M. F., Johnson, M. D., & Willett, J. B. (in press). Individual growth curve analysis illustrates stability and change in personality disorder features: The Longitudinal Study of Personality Disorders. *Archives of General Psychiatry*.

Background: The long-term stability of personality pathology remains an open question. Informative analysis of multi-wave data requires the application of statistical procedures, such as individual growth curve modeling, that can detect and describe individual change appropriately over time. subjects ($n = 250$) were examined for PD features at three

different time points using the International Personality Disorders Examination over a study period of four years. Stability and change in PD features over time were examined using individual growth modeling. Fitting of unconditional growth models indicated that statistically significant variation in PD features existed across time in both the elevation and rate of change of the individual PD growth trajectories. Fitting of additional conditional growth models, in which both the individual elevation and rate of change growth parameters were predicted by subjects' study group membership (Normal control vs. Possible Personality Disorder), sex, and age at entry into the study revealed that study group membership predicted both the elevation and rate of change of the individual growth curves. This analysis of individual growth trajectories reveals compelling evidence of change in PD features over time and does not support the assumption that PD features are trait-like, enduring, and stable over time.

Taft, C. T., Pless, A. P., Stalans, L. J., Koenen, K. C., King, L. A., & King, D. W. (in press). Risk factors for partner violence among a national sample of combat veterans. *Journal of Consulting and Clinical Psychology*.

This study identified potential risk factors for partner violence perpetration among a subsample ($n = 109$) of men who participated in a national study of Vietnam veterans. Partner violent (PV) men with posttraumatic stress disorder (PTSD) were compared with PV men without PTSD and nonviolent (NV) men with PTSD on family-of-origin variables, psychiatric problems, relationship problems, and war-zone factors. PV men with PTSD were the highest of the three groups on every risk factor other than childhood abuse. Group contrasts and a classification tree analysis suggest some potential markers and mechanisms for the association between PTSD and partner violence among military veterans, and highlight the need for theory development in this area of inquiry.

Taft, C. T., Murphy, C. M., King, L. A., DeDeyn, J. M., & Musser, P. H. (in press). Posttraumatic stress disorder symptomatology among partners of men in treatment for relationship abuse. *Journal of Abnormal Psychology*.

This longitudinal study examined PTSD symptoms among female partners and former partners ($n = 96$) of men participating in a group treatment program for partner abuse perpetrators. Female partner probable PTSD rates, obtained during time points corresponding with pretreatment, posttreatment, and six-month follow-up for the male clients, were 52%, 34%, and 29%, respectively. Psychological abuse

exposure was more strongly and uniquely associated with PTSD symptoms than was physical abuse exposure. Among psychological abuse ratings, Denigration, Restrictive Engulfment, and Dominance/Intimidation behaviors evidenced the strongest associations with PTSD symptoms. Findings from this study suggest the association between psychological abuse and PTSD is complex and multi-determined.

Laurenceau, J-P., Stanley, S. M., Olmos-Gallo, A., Baucom, B., & Markman, H. J. (in press). Community-based prevention of marital dysfunction: Growth-curve analysis of a longitudinal effectiveness study. *Journal of Consulting and Clinical Psychology*.

The present study is a longitudinal cluster randomized controlled community trial of the Premarital and Relationship Enhancement Program (PREP; Markman, Stanley, Blumberg, 1994). Fifty-seven religious organizations, consisting of 217 couples in total, were randomly assigned to one of three intervention conditions: PREP delivered by university clinicians (U-PREP), PREP delivered by trained religious organization clergy (RO-PREP), and naturally occurring (NO) marriage preparation. Newlywed couples provided assessments of self reported relationship satisfaction and observed negative and positive communication at pre, post, and 1-year follow-up. Trajectories of relationship satisfaction showed no change over time and did not differ across the 3 interventions. Trajectories of negative behavior for RO-PREP wives showed significantly greater linear declines in comparison to NO trajectories. Trajectories of positive behavior for NO and U-PREP husbands and wives showed significant declines in comparison to RO-PREP spouse trajectories. Results are discussed in terms of the effectiveness, transportability, and dissemination of marital distress prevention programs in community settings.

Laurenceau, J-P., Feldman Barrett, L., & Rovine, M. J. (in press). The Interpersonal Process Model of Intimacy in Marriage: A Daily-Diary and Multilevel Modeling Approach. *Journal of Family Psychology*.

This study examined predictions from the conceptualization of intimacy as the outcome of an interpersonal process using daily reports of interactions in marriage. Both partners of 96 married couples completed daily diaries assessing self-disclosure, partner disclosure, perceived partner responsiveness, and intimacy on each of 42 consecutive days. Multivariate multilevel modeling revealed that self-disclosure and partner disclosure

both significantly and uniquely contributed to the contemporaneous prediction of intimacy. Perceived partner responsiveness partially mediated the effects of self-disclosure and partner disclosure on intimacy. Global marital satisfaction, relationship intimacy, and demand-withdraw communication were related to daily levels of intimacy. Implications for the importance of perceived partner responsiveness in the intimacy process for married partners are discussed.

Cano, A. (in press). Pain Catastrophizing and Social Support in Married Individuals with Chronic Pain: The Moderating Role of Pain Duration. *Pain*.

In the current study, 96 married chronic pain patients were recruited from the community to test hypotheses about the roles of catastrophizing and psychological distress in relation to perceived support from close others. It was expected that pain duration would moderate the relationship between catastrophizing and perceived support and between catastrophizing and psychological distress. In addition, distress was hypothesized to mediate the relationship between the pain duration-catastrophizing interaction and support. Hierarchical regression analyses showed that pain duration interacted with catastrophizing such that at shorter pain durations, pain catastrophizing was related to more perceived solicitous spouse responses; however no such relationship existed for patients with longer pain durations. In contrast, catastrophizing was significantly related to less perceived spousal support (i.e., support not specific to pain) in patients with longer durations of pain whereas no significant relationship existed for patients with shorter pain durations. Pain duration did not interact with catastrophizing in relating to psychological distress, which precluded the examination of distress as a mediator between the pain duration-catastrophizing interaction and support. Moreover, psychological distress did not significantly mediate the relationships between pain catastrophizing and perceived support. These findings are discussed in the context of cognitive-behavioral and interpersonal perspectives of pain.

Jeglic, E. L., Pepper, C. M., Ryabchenko, K. A., Griffith, J. W., Miller, A. B. & Johnson, M. D. (in press). Coping with a partner's depression: A caregiving model. *Family Relations*.

To test a caregiving model of depression in spouses, married couples completed interview and questionnaire assessments of depressive symptoms and caregiving activities. Spouses living with a person with depressive symptoms had more symptoms of depression themselves. However, this association was found to be fully mediated by

spouses' perceived level of caregiving stress and burden. Results suggest feelings of stress associated with caring for a depressed spouse can lead to depressive symptoms in the caregiving spouse and should be addressed in treatment.

Johnson, M. D., Cohan, C. L., Davila, J., Lawrence, E., Rogge, R. D., Karney, B. R., Sullivan, K. T., Bradbury, T. N. (in press). Problem-solving skills and affective expressions as predictors of change in marital satisfaction. *Journal of Consulting and Clinical Psychology*.

Specific skills and affective expressions coded from the problem-solving interactions of 172 newlywed couples were examined in relation to 8-wave, 4-year trajectories of marital satisfaction. Effects varied as a function of whether husbands' versus wives' topics were under discussion and whether husbands' versus wives' satisfaction was predicted, but results indicate that skills, affect, and their statistical interaction account for unique variance in rates of change in marital satisfaction. The interaction between positive affect and negative skills was particularly robust, indicating that (a) low levels of positive affect and high levels of negative skills foreshadowed particularly rapid rates of deterioration and that (b) high levels of positive affect buffered the effects of high levels of negative skills. These findings suggest specific targets for intervention in programs for developing marriages.

Lenzenweger, M. F., Johnson, M. D., & Willett, J. B. (in press). Individual growth curve analysis illustrates stability and change in personality disorder features: The Longitudinal Study of Personality Disorders. *Archives of General Psychiatry*.

The long-term stability of personality pathology remains an open question. Its resolution will come from prospective, multi-wave longitudinal studies utilizing blinded assessments of personality disorders (PD). Informative analysis of multi-wave data

requires the application of statistical procedures, such as individual growth curve modeling, that can detect and describe individual change appropriately over time. The Longitudinal Study of Personality Disorders, which meets contemporary methodological design criteria, provides the data for this investigation of PD stability and change from an individual growth curve perspective.

Markman, H. J., Whitton, S. W., Kline, G. H., Thompson, H., St. Peters, M., Stanley, S. M., et al. (in press). Use of an empirically-based marriage education program by religious organizations: Results of a dissemination trial. *Family Relations*.

We present an evaluation of the extent to which an empirically-based couples' intervention program was successfully disseminated in the community. Clergy and lay leaders from 27 religious organizations who were trained to deliver the Prevention and Relationship Enhancement Program (PREP) were contacted approximately yearly for 5 years following training to determine whether they still used PREP and which aspects were used. Results indicated that 82% continued to use at least parts of the program, especially parts dealing with communication and conflict management. Results also showed that clergy and lay leaders extended the use of the curriculum from pre marital couples to married couples. We discuss implications for future efforts toward disseminating empirically-based programs into community settings.

**Comments? Criticism?
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Crazy ideas?
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