Couples Research & Therapy *Newsletter*

The Newsletter of Couples Research & Therapy ABCT–SIG Fall/Winter '05

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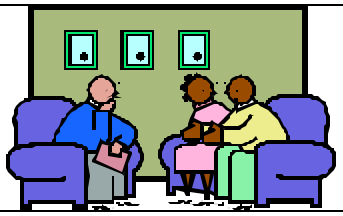

Couples SIG *Newsletter*

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Counsel from the Co-Presidents

Formalized Opportunities to Advance Science and Promote Couples Research and Intervention Efforts

Gregory Stuart and Erika Lawrence

As ABCT rapidly approaches, these are exciting times for the Couples SIG. We have made extensive progress on a number of important fronts that we wish to call to your attention. We also want to take the time to thank the many members of our SIG for their extraordinary efforts and generosity over the past two years.

As usual, there is an abundance of couples-related research slated for presentation at this year's convention (see the list of couples-related presentations detailed in this issue). We thank Joanne Davila for her tireless efforts as ABCT Program Chair, and we thank all of the SIG members who assisted Joanne by serving on the Program Committee. Our SIG will be well-represented, and Joanne clearly did an amazing job trying to prevent overlap among couples-related presentations – an extremely difficult task!

One of the most rewarding aspects of our tenure has been the development of active, organized committees to allow the beliefs and practices of the SIG to reach beyond our walls. The chairs of the committees formed at last year's conference – The Best Practices Committee, The Dissemination Committee, and the Interpersonal Processes in the DSM-V Committee – have been hard at work identifying their committee members and formalizing their missions and plans of action. We have been encouraged by this flurry of activity, and look forward to having them update all of you at the conference.

We have several planned SIG events to mention. First, the theme for the ABCT annual convention is "Building Bridges: Expanding our Conceptual and Clinical Boundaries," and our **SIG pre-conference event** has been designed to fit within that theme. At last year's SIG business meeting, Andy Christensen raised the possibility of establishing a "best practices" database and couples research practice network. Within the SIG, we have formed a "Best Practices Committee," co-chaired by Barbara Kistenmacher and Jaslean La Taillade (please see their article in this issue for more information.) With the goal of facilitating the establishment of this network, we have secured Thomas Borkovec, a Distinguished Professor of Psychology at Penn State, as our pre-conference speaker. The title of his workshop is "The Evolution and Promise of Practice Research Networks." The presentation will be on **Thursday, November 17th, from 6:30-8:30 in the East Jefferson Room**. Several of Dr. Borkovec's publications on research practice networks are available on our website (http://www.couplessig.net/borkovec.htm), and you are encouraged to take a look at these articles prior to his presentation.

Editors' Note

This will be the last newsletter for which we serve as co-editors. We say this with mixed feelings. With Farrah's new position at Francis Marion University and Eric's new son, we can certainly use the extra time! Nevertheless, we will miss corresponding with so many good people in the SIG. We have thoroughly enjoyed working with all of you over the last two years to produce the SIG newsletter. We want to thank those of you who have contributed by submitting articles and reviewing books, and we also appreciate all of the advice and support you have given us in preparing for each newsletter. It has been a pleasure getting to know so many of you through this process.

In this issue, we have the pleasure of hearing from a number of different SIGers on a variety of issues. We have updates from the committees on the Couples Research Practice Network and Interpersonal Processes in the DSM-V. We have a cutting-edge article on couples-based interventions for cancers that have unique effects on relationships. We have the old reliable sections of new couples articles and news from our members. And we have articles from our officers updating us on SIG matters as well as giving us a tour of DC and the couples events at this year's conference.

We look forward to seeing you all in DC, and we look forward to meeting our successors. Thank you all for allowing us to serve the SIG.

~ Farrah and Eric

Check out the SIG website for information on the upcoming elections! Find out what positions will be voted on and who has been nominated!

Second, we would like to encourage you to attend the **SIG business meeting, to be held on Friday, November 18th, from 4:30-6:00 in the Conservatory Room**. We have a full agenda of couples-related topics to cover, and will be holding elections for the following offices: Co-Presidents, Student Co-Presidents, Newsletter Co-Editors, and Website Manager. Given the number of elections to be held, we are experimenting with a slightly different approach this year. We have posted descriptions of each office on our SIG website so that those of you considering running for an office can make informed decisions. (You are also encouraged to contact the current officers for more information.) We have also begun collecting nominations in advance and posting candidate descriptions on the website to facilitate the election process. Given that this is the first year that we are trying this approach, we will also collect nominations up until the elections (and during the business meeting). However, we encourage you to let one of us know in advance of your intention to run. In recent years, when multiple people ran for an office, we generally have elected individuals at random by flipping a coin or drawing names froma hat. We can decide at the SIG meeting whether we wish to continue with this approach or whether it is time to institute more formal voting procedures. There should be enough money in the treasury to cover optical voting machines with a printer so that there is a paper trail. There will be no concern about election fraud in our SIG! On a personal note, we have found our term as co-Presidents to be extremely rewarding, and encourage you to consider making a run for an office in the West Wing.

Our SIG cocktail party will be held in the East Jefferson Room on Saturday, November 19th, from 6:30-8:30pm. The Hilton is a bit more expensive than some of the other hotels, so the cost to attend will be $15 for faculty members and either $5 or $10 for students (to be determined). Please be sure to join us for some excellent company and surprise entertainment. A big thank you goes out to Sara Steinberg and Susan Stanton for all of their hard work and diligence making the arrangements for the party. Planning this event is surprisingly involved and requires a great deal of creativity and the juggling of competing needs.

Finally, we would like to thank the other officers with whom we have worked over the last two years. A big thank you must go out to Kathy Eldridge and Shalonda Kelly for their hard work as Treasurers/Membership Chairs during our tenure. The job of Treasurer is indispensable if we wish to continue holding our pre-conference events, inviting guest speakers to our SIG, awarding the Robert L. Weiss Student Awards, and holding Saturday night social events. We also thank Farrah Hughes and Eric Gadol for the outstanding job they have done on the SIG newsletters. Gathering thought-provoking columns and getting everyone's materials in on time is a challenging task and they have done a beautiful job. Finally, we thank Brian Baucom, our Website Manager, for all of his patience, time, and expertise. His work has allowed us to hold SIG votes online, prepare for the upcoming elections, archive the newsletters, and generally function more efficiently as a group in between the annual conferences. If you have not visited our website recently, please take a look!

In conclusion, we wish to thank all of the SIG members for your advice, wisdom, and assistance over the last two years. This position has afforded us the opportunity to work closely with many of you and we are grateful for all of your support, guidance, and enthusiasm. We are currently in the process of securing a site for our Presidential Library, and will keep you posted.

Please contact either of us (Gregory_Stuart@Brown.edu and Erika-lawrence@uiowa.edu) if you have any questions, suggestions, comments, etc. We look forward to seeing all of you in Washington, DC!

TREASURER UPDATE

Dear SIGers,

Currently, our treasury balance is $1610. We have 95 members, of which 50 are full members, and 45 are student members. Membership fees are $20 for faculty members/professionals and $5 for students/1st year postdocs. At the conference, I will be able to receive dues at the Pre-Conference event on Thursday evening, at the SIG meeting on Friday, and at the cocktail party on Saturday evening. **If you don't plan to attend the conference, or won't be able to make these events, please put "ABCT Couples SIG" in the memo line of your check and make it payable to me at the address below.** If you have ever wondered where your dues money goes, here is a break down of our actual (or in some cases, typical) receipts and disbursements:

RECEIPTS

$1610	Current balance
$ 675	Cocktail Party payments at the door (was ~95 people @ $5 each, but this year we are going to ask professionals [~25] to pay $10)

$2285

DISBURSEMENTS

$ 300	Weiss poster awards
$ 50	Special occasion awards/plaques
$ 550	Pre-Conference speaker (honorarium and Thursday hotel and meals)
$ 320	Cocktail party cash bar and bartender (need $650 minimum revenue)
$1052	Cocktail party appetizer, such as nachos (75 people @ $12 each, plus tax and gratuity)

$2272

Each year, our money gets spent at the conference, and then the dues that we take in at the conference and throughout the year bring in enough funds to pay for the expenses of the next conference. We received $920 in dues at the 2004 conference, and $744 at the 2003 conference, for an average of $832 received at conferences. Typically, 90%+ of our dues are received at the conferences. We have found that having the dues envelope present at all the SIG events increases our revenue, as do individual reminder emails to each member of any of the past three years (either before or after the conference). I will also use both methods this year as well, so please look out for my dues email! **In past years, we have not had problems with paying for any aspects of the events above, however, this year we found that the cocktail party expenses are much higher than before, despite similar food orders. Given this, please know that your dues payments and attendance and payment at the cocktail party are essential to the continued success of our SIG.**

Finally, I want to give a special thanks to Casey Taft as the only SIG member who responded to my request to sponsor a student/reclaim another member for our SIG since May. Thanks, Casey!

Take care, and I hope to hear from many of you soon!

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Don't forget to pay your dues!
The SIG needs your support!

KUDOS

- Doug Snyder received an award from APA's Division 43 (Family Psychology) for Distinguished Contribution to Family Psychology. As stated in *The Family Psychologist* Summer 2005 newsletter, "Dr. Snyder's research is always grounded in good practice and it is invariably aimed at improving the difficult work of couple therapy. Many clinicians, couples researchers and clinical psychology students have benefited greatly from his achievements, and he richly deserves this award."
- The Program for Strong African American Marriages (Steve Beach, Frank Fincham, Lily McNair, and Velma Murry) has received a second grant award. This program examines the efficacy of a culturally specific version of PREP in a large sample of African American couples.
- Jean-Philippe Laurenceau has moved to the Department of Psychology at the University of Delaware, where he was promoted to Associate Professor in Fall 2005.
- In January 2006, Lauren Papp will begin her position as an Assistant Professor in the Department of Human Development and Family Studies at the University of Wisconsin-Madison. There she will join Linda Roberts, a fellow SIG member who was involved in the formation of the Couples SIG.
- Congratulations to Eric Gadol and his wife, Amy, who gave birth to a son on September 19th! Elijah Mackert Gadol, their first child, was 6 lbs, 14 oz at birth (and is nearly twice that now!).
- Farrah Hughes began her position as Assistant Professor in the Department of Psychology at Francis Marion University (in Florence, SC) in August.

A Summary of Two Meta-Analyses of Moderators of Psychosocial Interventions for Breast and Gynecological Cancer Patients

Tanja Zimmermann, Technical University Braunschweig

Tanja Zimmermann, Dipl.-Psych., is a research scholar at Christoph-Dornier Foundation Braunschweig, Germany. Her clinical and research interests revolve around marital and health dynamics associated with couples and cancer.

Breast (BC) and gynecological cancers (GC) are the most commonly occurring cancer among women worldwide. Approximately 32% of women in the United States, Germany and other European Countries will develop breast cancer over their lifetimes. Breast cancer is the second leading type of cancer leading to death in the US and the first in Germany; ovarian cancer is the fourth leading type of cancer in both countries. The relative 5-year-survival rate for breast cancer patients in the United States is 88% and in Germany 76% (American Cancer Society, 2004). Even though the vast majority of women with early stage breast or gynecological cancer survive, their cancer experiences represent considerable challenges. Common initial symptoms experienced by women subsequent to diagnosis involve shock, impaired concentration, emotional numbness, insomnia and nightmares, restlessness and heightened arousal, and increased levels of depression and anxiety. Adjustment disorders are among the most frequently diagnosed mental disorders after the cancer diagnosis. For most women, the severe initial distress eventually decreases and their mood returns to normal levels 6- to 12-months after treatment; however, approximately 20% of women continue to suffer from significant anxiety or depression for up to 10 years after diagnosis, and up to 20% may also experience symptoms similar to those in posttraumatic stress disorder.

The location of breast and gynecological cancer in those body parts most intimately associated with sexuality and femininity often leads to problems with body image, feelings of femininity, sexual functioning and intimate relationships in both men and women. The medical treatment often leads to side effects like induced early menopause, infertility, vaginal dryness, pain during intercourse, reduced sexual desire, and reduced orgasmic capacity. During treatment and recovery, many cancer patients also experience disruptions in their family roles, which then affect the partner and broader family. For that reason, the diagnosis of breast and gynecological cancer poses great challenges to patients and their families, such as facing death and undergoing extensive medical treatment. Therefore, emotional distress and adjustment problems occur also in the spouses of these women. Given the psychological impact of cancer on patients and their families, a variety of psychosocial interventions have been developed in recent decades. The effectiveness of psychosocial interventions in significantly improving patients' individual emotional distress have been demonstrated in several meta-analyses (e. g. Meyer & Mark, 1995). The effect sizes, however, vary considerably across studies depending on the interventions employed and the foci of change.

The present paper summarizes the results of two separate meta-analyses of moderators in psychosocial interventions for breast and gynecological cancer patients (Zimmermann, Heinrichs, & Baucom, submitted for publication; Zimmermann & Heinrichs, submitted for publication). The goal was to shed light on potential moderators of intervention efficacy for breast (Study I, BC) and gynecological cancer (Study II, GC) patients and goes beyond the question of the overall effectiveness of psychosocial interventions. We examined a set of more specific questions with the following moderators:

(1) We investigated whether different *types of interventions* are equally efficacious. For example, are cognitive-behavioral interventions (CBT) more effective than other intervention types? We distinguished according to Fawzy, Fawzy, Hyun and Wheeler (1997) between education, CBT, supportive interventions, and relaxation interventions. Educational interventions primarily provide information about the nature of the cancer and its medical treatment (e.g., information about side-effects of chemotherapy). CBT focuses on teaching individuals various active coping strategies and on changing specific thoughts or behaviors with procedures like cognitive restructuring, problem-solving techniques, coping-skills training, or communication training. Supportive interventions included studies in which professionals or nonprofessionals (e.g., other patients or family members) provided non-cognitive and non-behavioral supportive or general counseling and crisis intervention. Relaxation referred to procedures primarily providing relaxation techniques (e.g., progressive muscle relaxation, imagery, and biofeedback).

(2) We assessed whether the effect sizes vary depending on the *type of cancer*. From the data pool we obtained a homogenous group with only breast cancer (in Study I) or gynecological cancer (in Study II) patients and a heterogeneous group in which breast or gynecological cancers were only a minority and were mixed with other cancer types like lung cancer, colon cancer, and leukemia. It has been suggested that the type and stage of cancer cause different psychological threats (Baum & Anderson, 2002). That finding poses the question whether homogeneous groups achieve higher effect sizes than heterogeneous patient groups.

(3) We considered whether effect sizes vary depending on which *profession* conducted the intervention. In essence, we explored whether there is a matching effect between professions and the interventions they provide. For example, are professions specializing in medical education more effective offering cancer education? Are CBT interventions more efficacious when offered by a psychologist because psychologists are the professionals typically trained most extensively in cognitive-behavioral therapy, a frequent intervention approach with cancer patients?

The sample for both meta-analyses was drawn from the population of psychosocial interventions for breast and gynecological cancer patients, respectively, including published studies in English or German.

The findings of Study I (BC) with 52 randomized-controlled trials for breast cancer patients showed the observed overall effect size of d = .28. For Study II (GC) we identified 20 randomized-controlled trials with at least one participant diagnosed with gynecological cancer. The overall effect size was d = 0.42. Both results confirmed our first question that psychosocial interventions have a positive effect on adult cancer patients. The heterogeneity of the effect sizes suggested that there may be other variables moderating effect size in these sets of studies.

Type of intervention. For BC, we found small but significant beneficial effects (.08 for supportive, .29 for relaxation, and .35 for CBT). Educational interventions resulted in a moderate but not significant effect size (.75) due to the small sample size (n = 3). CBT and relaxation interventions seem to be equally effective in breast cancer patients with both being better than supportive interventions. For GC, we identified moderate effects for CBT (.53) and small effects for relaxation (.37). Educational interventions showed again large but nonsignificant effects (.82) due to the small sample size (n = 2), whereas the effects for supportive interventions were equal to zero (-.01). Thus, CBT interventions seem to be the best choice for gynecological cancer patients but not necessarily for breast cancer patients, or at least not in the present form.

Although educational interventions did not reach a significant level in both studies due to the small sample sizes, it seems to be important to include educational components in the intervention because of the seemingly large results. Psychosocial interventions with a combination of different strategies might be more powerful than interventions comprised of a single approach.

Type of cancer. This moderator emerged in Study I as the most important moderating variable for breast cancer patients. If the sample of patients consisted only of breast cancer patients the overall effect size decreased. The same pattern was found across interventions, that is, within cognitive-behavioral and relaxation interventions. Existing psychosocial interventions, especially cognitive-behavioral treatments, seem to be less effective with breast cancer patients despite the possibility in homogenous treatment groups for tailoring the treatment to the specific challenges associated with this particular type of cancer. Below are five possible explanations for this finding.

(1) Several researchers have raised the question of whether the normal response to breast cancer warrants interventions at all because of a favorable natural psychological recovery from the disease (e.g., Coyne & Kagee, 2001). However, a significant proportion of women with breast cancer show extensive problems on a continuing basis, so this explanation is possible but not a completely convincing argument. Also, there is no reason to assume that breast cancer patients have a more favorable psychological adjustment in general than other cancer types, and this assumption is necessary to explain the differential effect sizes in the present study.

(2) Gender could be a confounding variable. Breast cancer is typically diagnosed in women because only few men will develop breast cancer, whereas other forms of cancer are represented in both males and females. It could be that studies examining women experiencing cancer achieve smaller effects. Whereas gender could explain some of the difference, it likely is not the only variable of importance in our study because in 94% of the studies considered in this investigation the majority of patients were women, whether with breast cancer or otherwise.

(3) The stage of cancer could be connected with patients' distress. Patients with early stage cancer could be less distressed than patients with advanced cancer and therefore could benefit less from interventions. For this explanation to be supported in the present study, fewer patients in the heterogeneous group should be diagnosed with early-stage cancer than in the homogeneous if we assume that advanced-stage patients benefit more from interventions because of being more distressed. In fact, 35% of the homogenous group was diagnosed with advanced-stage disease compared to 25% in the heterogeneous group. Only 21% of the studies in the heterogeneous and 74% in the homogeneous group reported the stage of cancer. Based on these available data, we conclude that variations in cancer stage are not responsible for the differences we obtained. In addition, a

study comparing early- and advanced-stage breast cancer patients in their treatment uptake and efficacy found worse results for advanced than for early stage (Scholten et al., 2001).

(4) Another speculation about the higher effect size in the heterogeneous group could be that breast cancer patients do not benefit from psychosocial interventions as much as patients with other types of cancer, independent of the composition of the sample. This assumption cannot be tested with the present data, but researchers could focus on this aspect in future studies by analyzing their data separately for different cancer types.

(5) Despite a decline of general emotional distress during the first 12 months following the diagnosis, patients and spouses report that family functioning deteriorates over the first year after diagnosis. Moreover, many couples face a number of sexual problems, even as overall individual functioning improves. Many women feel less attractive, sexually desirable, or feminine after medical treatments for breast cancer. Body image and sexual functioning are particularly susceptible to impairment in these instances. The spouses are most frequently concerned about the survival of the women and about managing the demands of care giving. Many of them are uncertain about the best ways to be supportive. In addition, maladaptive interaction patterns between women and their partners negatively impact couples' relationship functioning and are tied to poorer individual adjustment of the women as well. Thus, cancers associated with sexual organs pose not only challenges for women and their partners individually, but also for them as a couple. And these challenges are not only likely to persist beyond the completion of treatment but may in fact not become obvious during the treatment phase due to the acute burden of the diagnosis and treatment these couples have to deal with. The strong intimate interpersonal implications of breast cancer might necessitate different interventions.

As a consequence, the weak effects of current interventions for breast cancer might be due to their neglect of body image, sexual functioning, and relationship factors (Scott, Halford, & Ward, 2004). This conclusion is consistent with research in related areas. Many investigators have strongly recommended the development of new interventions focusing on these relationship issues. A large body of empirical literature demonstrates that in a variety of settings, cognitive-behavioral interventions for couples can significantly improve both individual adjustment and relationship functioning. Furthermore, in dismantling the effective components of psychosocial interventions for cancer populations, concrete skills could be identified to be among the centerpieces of successful and effective interventions. As such, brief cognitive-behavioral couple-based approaches seem to be promising. Women with cancer who are in committed relationships express a great need for their partners' support, even more so than for other persons' support. Yet many female cancer patients feel disappointed about their interactions with their husbands when addressing cancer. The close association between the site of breast cancer, body image, and sexuality might make couple-based interventions particularly appropriate.

A randomized-controlled trial assessing the efficacy of a couple-based cognitive-behavioral, coping skills training for women with early stage breast or gynecological cancer showed large effects (d = .91) of the couple-based intervention relative to medical information education on increasing positive functioning, such as enhancing couple coping communication and body image, improving sexual adjustment and quality of life, and reducing coping effort (Scott et al., 2004). A German version of a couple-based intervention for breast and gynecological cancer patients showed large effects on reducing emotional distress and depression as well as on enhancing quality of life in both partners (Zimmermann, Heinrichs & Scott, under review). In facilitating adaptation to cancer, the couple-based intervention appeared to be more efficacious than individual interventions. Breast cancer patients and their spouses may benefit more from these strategies than from individual approaches, yet much more intervention research is needed to clarify the best way to be of benefit to women with breast cancer. What is clear is that existing interventions for women with breast cancer are less than optimal.

For study II with gynecological cancer patients similar effect sizes were found for homogeneous (only gynecological cancer patients) and heterogeneous groups (gynecological cancer patients as a minority and mixed with other cancer types). Therefore it seems that homogeneous as well as heterogeneous patient groups benefit to a comparable extent from the offered interventions. In this meta-analysis the type of intervention, as described earlier, emerged as the most important moderating variable.

Profession of the practitioner. Another moderator that was examined was the profession of the practitioner of the intervention. In both studies psychologists achieve higher overall effects than non-psychologists. A sub-analysis according to the type of interventions was only possible for breast cancer studies due to the small sample size of gynecological cancer studies. In study II, 83% of the interventions offered by psychologists were CBT. In study I, the effect sizes increased for cognitive-behavioral interventions if the intervention was led by a psychologist. We anticipated these results because psychologists should be specialists for cognitive-behavioral interventions. In contrast, for educational interventions, the effect size decreased if the intervention was led by a psychologist. It seems that psychologists are not the best choice for cancer education. Some

speculations about possible explanations for this finding could be that psychologists have a lack of knowledge about medical aspects of cancer, and therefore, their implementation of the intervention is less than optimal or, even if they have adequate knowledge, it might be that psychologists lack credibility in delivering cancer education compared to patients' confidence in more medically-related disciplines. Overall, the findings indicate that certain expertise and/or credibility are needed to deliver treatments effectively, and psychologists should be part of the treatment team if CBT is offered. Interdisciplinary teams may be more flexible in offering various types of interventions with the level of expertise available for each intervention. At the same time, it should be noted that for supportive interventions, no specific expertise seems to be necessary. The present results may inform disease management programs in that, for breast and gynecological cancer patients, a multidisciplinary team is likely the optimal means for providing evidence-based practice.

In summary, the present meta-analysis supports Baum and Andersen's (2002) statement that the type (and stage) of cancer influences the individual's well-being, which might then necessitate alternative interventions. Given the theoretical groundings of a couple-based approach and the promising findings of Scott et al. (2004), more investigations of couple-based interventions for breast and gynecological cancer are warranted. Instead of attempting to broaden an individual's social network to increase social support, the women's needs may be better met by targeting the couple's relationship. Despite these recommendations, very few intervention studies with cancer patients have even included partners or focused on the relationship as a resource for positive adjustment to cancer. Therefore, further research and practice should address the broader family context, such as spouses, significant others of separated, divorced, widowed, or unmarried women, children, and partners in same-sex relationships. The type of cancer and the type of intervention play an important role for psychosocial services. Therefore, we conclude that for breast and gynecological cancer, it seems that moving away from an individual perspective towards more couples- and family-based interventions might be a promising approach to promote mental health in these women and their partners.

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Interpersonal Foundations of Psychopathology

Reviewed by Athena Yoneda

Horowitz, L. M. (2003). *Interpersonal foundations of psychopathology*. Washington, DC: American Psychological Association.

ISBN: 1-59147-081-1. 394 pp. $49.95 ($39.95 for APA members/affiliates).

Interpersonal Foundations of Psychopathology emphasizes the role of interpersonal motives in explaining psychopathology. This volume is based upon the notion that psychopathology is intimately linked to interpersonal processes, and Horowitz uses this basis to outline an interpersonal approach to therapy. Throughout the five parts of this book, Horowitz

illustrates both the power and the significance of interpersonal motives in the development and maintenance of psychopathology. Findings from various areas of psychology, including developmental, social, and personality psychology, are organized into a theoretically integrative interpersonal approach. As a graduate student and novice therapist, I found this book very helpful, as it provides a thorough review of theory and empirical research and offers concrete, substantive case examples. Literary and visual art are also incorporated into the text to illustrate various themes, adding interest to an already fascinating book.

Throughout the book, Horowitz highlights the importance of social processes in numerous disorders, revealing the interpersonal subtleties and nuances required in treatment. All ten personality disorders are covered, with particular interpersonal motives used to help organize the criteria of each. Syndromes and several Axis I disorders are also reviewed, and their similarities and differences with Axis II disorders are highlighted. Case examples of several disorders are also provided, clearly demonstrating the role of interpersonal processes.

Throughout this volume Horowitz utilizes graphs that provide a clear visual representation of interpersonal motives. The characteristics of the graphs evolve with the author's developing discussion. The graphs are useful in depicting the relationship of different interpersonal motives to one another, as well as displaying research findings and highlighting different interpersonal motives for various mental disorders. I found the graphs to be very useful tools, as they provided pictorial images of interpersonal functioning and assisted my understanding of the main thesis of the text.

In the first section of the book, Horowitz outlines the basic principles of an interpersonal approach. He first discusses interpersonal motives in detail, breaking them down into a hierarchy, with a *motive* designating a high level of abstraction; the two broadest motives are *communion* and *agency.* A communal motive is a motive to participate in a larger union with other people, whereas an agentic motive emphasizes the person's own performance as an individual. Agency and communion are then broken down into narrower categories, with more specific motives. An important concept that the author highlights is that the same goal may have different motive hierarchies. In addition, he illustrates how the same symptom may have a different meaning for two people in distress, and thus we may be unable to treat a disorder unless we understand its meaning for that particular person. Throughout this section, I found the author's examples to be interesting and useful illustrations of more abstract, theoretical concepts.

Horowitz then applies agentic and communal motives to several disorders, highlighting the roles that these frustrated motives may have in psychopathology. He then reviews attachment theory, as well as risk factors that are associated with psychopathology beyond an insecure attachment style. He also discusses infant attachment and its importance as the earliest expression of the communal motive, as well as the stability of attachment styles and attachment in adult relationships. He incorporates empirical studies examining adult attachment, psychopathology, and other risk factors. Horowitz also describes the interpersonal model, with an emphasis on the motive behind the behavior and the type of reaction from a partner that would either satisfy or frustrate that motive. He organizes interpersonal behaviors on a two dimensional graph and plots various behaviors on this graph to depict their levels of agency and communion and their relation to one another. This visual representation makes for a very useful and concise reference. The principles in this section, which are illustrated graphically, are then used to describe different forms of psychopathology. These principles are important considerations in treatment planning, as interventions need to address the person's goal and/or motives. Lastly, the self-image and its development over time is discussed in this section, as well as the influence that interpersonal interactions have on this development.

Part two of the book applies the principles from the first part to four personality disorders, all of which reflect an agentic deficit, or vulnerability. Horowitz begins by defining a personality disorder as it is defined in the DSM-IV-TR. He highlights that personality traits in and of themselves are not "pathological;" it is only when they cause subjective distress or impair one's functioning that they are considered "bad." With personality disorders, the organizing strategies used to satisfy the motive are often described by personality traits, which leads the author to review some of the controversies associated with the concept of a trait. He then resolves them in ways that justify using traits as a construct, stating that a trait is more than a summary of frequent behaviors: It needs to describe internal experiences as well. The author notes that using a descriptive trait as a motive to explain behavior adds nothing to the understanding of the mechanism; therefore, he formulates the motive that drives the disorder when describing personality disorders. The author then examines dependent and avoidant personality disorders. He lists the features of the personality disorders with respect to where they fall on communal and agentic motives, and includes case examples of each disorder. The sections on these personality disorders are concluded with formulations, in which their interpersonal motivations are posited. Then, Horowitz discusses obsessive-compulsive and paranoid personality disorders, for which he again provides thorough reviews and formulations.

In part three, Horowitz discusses the interpersonal foundations of syndromes. The same syndrome may develop for different reasons in different people, highlighting the interpersonal motive behind the syndrome. Several syndromes are used as examples to illustrate this importance, and the ambiguity that surrounds these syndromes is addressed. In the first chapter of this section, the Axis I disorders discussed are major depression and panic disorder, both of which are syndromes that reflect a loss of control over one's emotion. Syndromes that reflect a loss of control over impulses, thoughts, or behaviors are discussed next. The theoretical analysis of these disorders is then applied to the treatment of these disorders.

In part four, Horowitz discusses disorders that involve an identity disturbance yet have interpersonal consequences. The histrionic personality disorder is examined, with its emphasis on communion at the expense of having a vague identity. The diffuse identity is later used to explain prominent features characteristic of histrionic personality disorder, as well as characteristic problems that follow from the person's identity diffusion. Such problems may include: a lack of long-term goals; appearing shallow or unreliable because of forgetting promises and commitments; coming off as needy and experiencing rejection due to a need for connection; and isolation, which may lead to feelings of loneliness or depression. Two Axis I disorders, conversion disorder and somatization disorder, are then reviewed as examples related to the histrionic personality disorder. Two interpretations of antisocial personality disorder are covered next, followed by a discussion of the role of attachment and biological factors in this disorder. Another type of identity disturbance, the "split" identity, is covered next, and it is applied to both the borderline personality disorder and the dissociative identity disorder. This section ends with reviews of narcissistic personality disorder and schizophrenia interpreted in terms of the diathesis-stress model.

Part five summarizes the major themes of the book. Horowitz begins this section by discussing personality disorders. He notes that for most personality disorders, the criteria, as noted in the DSM-IV-TR, explicitly mention a specific vulnerability that falls into one of the following categories: the fundamental vulnerability; strategies that the person uses to satisfy that motive; negative affect that occurs when the motive is frustrated; or ways in which the person tries to regulate the negative affect. He then reviews the personality disorders and Axis I disorders that typically reflect a Person x Situation interaction, helping to explain why diagnostic categories are not concise, precise definitions. He concludes by emphasizing that whenever clinicians formulate a case, it is necessary to address what the person is attempting to achieve interpersonally and how the motives have come to be frustrated.

Overall, I found this book to be extremely helpful for conceptualizing various disorders. The text was concise and the author consistently provided clear examples. Many of the chapters contained summaries at the end, tying the information together in a brief, organized way. I plan on referring to this book frequently throughout my graduate studies and beyond.

Athena C. Yoneda is a second-year graduate student in clinical psychology at SBU Stony Brook. Her advisor is Joanne Davila, Ph.D. She is interested in same-sex and heterosexual romantic relationships, as well as inter-racial relationships. Her research interests revolve around the influences of attachment representations on romantic relationship functioning, as well as the relationship between mood reactivity and relationship functioning.

Assessment of Family Violence: A Handbook for Researchers and Practitioners

Reviewed by Tara M. Neavins

Feindler, E. L., Rathus, J. H., & Silver, L. B. (2002). *Assessment of family violence: A handbook for researchers and practitioners*. Washington, DC: American Psychological Association.

ISBN: 1-55798-900-1. 580 pp. $59.95 ($49.95 for APA members/affiliates).

As the field of family violence continues to expand rapidly, this text is a timely resource to give researchers and clinicians alike a brief overview of the major tools used to measure family violence. This work is best viewed as a reference to call upon when one desires to assess a particular dimension of family violence and to select from several alternatives. Individuals primarily interested in a theoretical discussion of family violence tools could benefit from reading the first section of the book but would largely be disappointed by the remainder of the text, which strategically outlines specific measures. This book may be especially useful for investigators early in the research process (or for individuals new to the field of family violence) to browse through in order to get a sense for which family violence topics are currently well-measured and which areas still need to develop proper assessments. In using this reference, one needs to be aware that the authors have defined *family violence* as abuse (emotional/psychological/verbal, physical, and sexual) and neglect occurring between children and parents as well as within the family as a unit. Intimate partner violence is addressed in a companion text (*Assessment of partner violence: A handbook for researchers and practitioners,* by Rathus and Feindler).

In terms of the structure of the book, *Assessment of Family Violence* is divided into four parts. Part I considers general concerns, history, diversity factors, and ethical issues (with particular emphasis on APA Ethical Principles) in measuring family violence. Special emphasis is given to the need for multimodal assessment. This section provides a comprehensive review of the current state of family violence research and an introduction (or welcome review) of psychometric concepts, such as issues pertaining to reliability and validity. Part II addresses the assessment of maltreated children and adolescents. Part III explores the assessment of parents and caregivers. Finally, Part IV is concerned with the assessment of family interaction. In addition to commencing with insightful introductory sections, Parts II, III, and IV contain the following subsections: interview methods, self-report inventories, and behavioral observation/coding and analogue methods. The inclusion of the last section provides a unique perspective on family violence assessment which might contribute to greater generalizibility of research findings. The authors explain that observation in natural settings, per se, is not included in a separate section, given that this type of assessment tends to be both unstandardized and unstructured.

For each measure, the following factors are detailed: title and author, development and description of the assessment method, target population, equipment needed, format, administration and scoring, psychometric evaluation, advantages, limitations, primary reference, scale availability, related references, and general comments and recommendations for practitioners and researchers. Using this identical format for all measures remarkably aids the reader in comparing the different assessments and helps the reader more readily absorb a vast array of information. I especially enjoyed the development and description section, which tended to give a real flavor of the assessment tool and enough information to clearly determine whether the measure would be useful for a given purpose. I found the authors' listing of sample items (under the "format" section) to be very relevant and useful. Including the exact address from which assessment devices can be obtained was very helpful. Inserting phone and fax numbers, as well as e-mail addresses of authors of these measures, also would have facilitated the reader's ability to access the instruments. To further assist the reader, there is an invaluable list of measures (including their acronyms and their authors) in the beginning of the book as well as both author and subject indices to assist in quickly locating measures of interest.

Without doubt, this is a much-needed text with many strengths. Feindler, Rathus, and Silver are to be commended for their top-notch research, which is broad and thorough. In addition to providing the current status of the assessments, the authors explain the updates that are underway for many measures and refer to ongoing studies and future investigations pertaining to psychometric validation. The text details the primary, empirically-validated tools for assessing family violence as well as widely-employed (but less psychometrically sound) measures. Attention also is given to assessment tools, both within and outside the field of family violence, that appear to be promising for studying family violence (e.g., *Parenting Sense of Competence* by Gibaud-Wallston & Wandersman). The authors acknowledge that their focus is on behavioral measures, which have received the strongest empirical validation. The painstaking effort the authors have taken to find the most empirically-impressive and useful measures to assess the behavior of children, adolescents, parents, and families as a whole is evident throughout the text.

Another notable strength of this book is the attention the authors pay to detailing salient and practical advantages and limitations for each measure. Clearly, the authors' combined expertise in the field of family violence makes these sections a delight to read and captures critical elements for the reader to consider. Such professional critique is essential in helping investigators and clinicians make well-informed assessment choices.

Although I find this volume very accessible and useful overall, I think that it could be improved in three ways. First, I think that the overall structure of the text could be improved. I found the organization to be much like a cookbook, with a few general sections and then very few subdivisions. Measures are listed in alphabetical order, and each measure seems to be given equal emphasis. Although there are sections on psychometrics and specific commentary by the authors, one can easily get lost, for example, by the 120th self-report questionnaire. Increasing the subheadings likely would have improved my ability to find measures of particular interest for different studies and situations. Doing so also would enable the authors to highlight especially strong assessment tools (e.g., *The Family Environment Scale* by Moos & Moos). In addition, the authors might consider providing information concerning copyright and price for each measure in future editions. Secondly, I believe that the title of this volume could be more accurate. For example, a title such as *Assessment of Violence Among Children, Parents, and Families* could have been used as a way of clarifying that intimate partner violence was not a primary focus of the book. Finally, I saw some room for improvement in the introduction to the section on assessing maltreated children and adolescents. Although I found the "legal and ethical considerations" subsection very compelling, I would have elaborated upon this discussion and included additional prominent research by other investigators, such as Elizabeth Loftus, while expanding upon the brief discussion of noteworthy researchers, such as Karen Saywitz, had I been an author of this volume.

Overall, this is an impressive collection of a wide-variety of assessment tools for exploring child, parent, and family violence. I have no doubt it will prove a welcome addition to the library of both researchers and practitioners. Having so much useful information about such a diverse set of family violence measures, all contained in one volume, is a significant contribution to the field. This text will certainly be a useful research and clinical resource for years to come.

Tara M. Neavins, Ph.D., recently completed a two-year postdoctoral fellowship in the Department of Psychiatry at Yale University School of Medicine. Her clinical and research interests involve the interface of substance abuse/dependence and domestic violence. Currently, she is the day supervisor of the Mobile Crisis Team at River Valley Services in Middletown, CT.

Surf the Internet without guilt!	Visit the AABT Couples SIG website: www.aabtcouples.org/home.htm	Thanks to Brian Baucom for serving as webmaster!

COUPLES RESEARCH PRACTICE NETWORK

An Update from Jaslean and Barb

Several national mental health organizations, including but not limited to, the American Psychological Association, National Institutes of Mental Health, and the American Association for Marriage and Family Therapy, have taken steps towards surveying respective members in attempts to document treatment interventions utilized by both clinical scientists and practicing clinicians, outline and disseminate core assessment batteries, and establish data bases obtained from these assessments to be utilized for evaluating the effectiveness of treatment interventions. Establishment of such Research Practice Networks (RPNs) has been determined to be essential in the development of evidence-based practice and furthering rigorous psychotherapy effectiveness research.

As noted by Andy Christensen, who was central in the establishment of this subcommittee, establishing a Research Practice Network (RPN) within the Couples SIG is very important to our field for multiple reasons. First, the RPN will allow us to learn more about the outcome of couple therapy across diverse clinical settings and populations. Second, this network will lead to the establishment of a database, which members of the SIG can access for research on couples and couple treatment. Third, the RPN will formalize practitioner-to-scientist communication about what is happening in the treatment of couples in "real world" settings. Finally, and we think most importantly, the findings obtained from the RPN will facilitate our efforts to improve the quality of interventions being provided to couples.

During the summer of this year we've had several meetings as co-chairs as well as with Andy Christensen and current SIG Presidents Erika Lawrence & Greg Stuart to discuss (1) the goals of the RPN sub-committee, (2) plans for the upcoming AABT/ABCT conference; and (3) development of a strategic plan to address the RPN sub-committee goals. Through these meetings, we've tentatively outlined the goals for the RPN sub-committee as follows:

1. To establish best-practice assessment procedures for couple therapy that are widely accepted in the SIG, with due consideration of how the field has progressed and continues to strive towards addressing the needs of diverse populations of couples;
2. To create a database of descriptive information about diverse couples (socioeconomic status, race/ethnicity, sexual orientation, etc.), which will inform future research;
3. To establish procedures and set up a Research Practice Network throughout the SIG;
4. To maintain the Couple SIG Research Practice Network and establish principles for publication from the database.

In conjunction with the establishment of the SIG RPN, Tom Borkovec, who has extensive expertise on the creation, maintenance, and evaluation of such networks has agreed to speak at the ABCT 2005 Couple SIG pre-conference workshop on Thursday, November 17th, from 6:30-8:30pm. Needless to say, we are fortunate to have him as a guest speaker this year given the timeliness of addressing this issue. In addition to his talk, we plan to have small group (topic-specific) discussions regarding ideas and strategies for applying the RPN to the SIG. Some of the current members of the RPN subcommittee will help facilitate these small group discussions. These discussions will be followed by a larger group Q&A period. We hope that as many members as possible will attend to provide the committee with feedback to aid our efforts in establishing the RPN.

Currently, our initial strategies for proceeding with the establishment of the RPN include the following:

1. Build knowledge and consensus for the RPN, beginning with Dr. Borkovec's presentation at the pre-conference workshop;
2. Obtain additional information regarding existing RPNs and their operation;
3. Outline the procedures necessary for establishment and maintenance of the database (e.g., ethical and funding issues, accessibility, confidentiality, etc.);
4. Conduct a web survey of the SIG in order to determine how many members would be interested in participating in the network, obtain information about their clinical practices (e.g., number of couples seen per year, demographic characteristics of clients and treatment providers);
5. Develop a core battery of best practice assessment measures that are brief, can be easily administered by therapists at the end of sessions, and reliably assess pertinent target behaviors (e.g., relationship satisfaction, communication behaviors) relevant to progress in treatment.

We encourage members to contact either Barb Kistenmacher (bkistenmacher@casacolumbia.org) or Jaslean La Taillade (jaslean@umd.edu) for additional information about the subcommittee, to provide suggestions, and/or to join the subcommittee. We are fortunate to already have several SIG members be a part of the subcommittee, and look forward to working with all of you in the future.

2005 ABCT Conference Couples Events

Thanks to the Student Co-Presidents for compiling these events for the Couples SIG.

FRIDAY MORNING

8:30 a.m.	9:00 a.m.	9:30 a.m.	10:00 a.m.	10:30 a.m.	11:00 a.m.	11:30 a.m.	12:00 p.m.
				Family Interventions for Serious Mental Illness, Workshop (Caucus room)			
Couples Poster Session (Exhibit Hall)			Infidelity and Forgiveness, Clinical Roundtable (Cabinet room)		Demand-Withdrawal Communication in Couples, Symposium (Lincoln West)		
					(11:15-12:15) Family-based Interventions with Urban Families, Panel Discussion (Independence room)		

FRIDAY AFTERNOON

1:00 p.m.	1:30 p.m.	2:00 p.m.	2:30 p.m.	3:00 p.m.	3:30 p.m.	4:00 p.m.	4:30 p.m.	5:00 p.m.	5:30 p.m.
Parenting and Families SIG Meeting (Caucus room)			2:45-3:45, Violence and Aggression Poster Session (Exhibit Hall)			Parenting Poster Session (Exhibit Hall)		Award Ceremony (Georgetown room)	
		Conversation with NIMH Administrators, (Internat'l Ballroom East)		Gender Differences in Marriage, Symposium (Jefferson East)		***Couples Research and Therapy SIG Meeting (Conservatory)***			

Friday, 6:30 p.m. -8:30 p.m. All SIGs Cocktail Party, International Ballroom

SATURDAY MORNING

8:30 a.m.	9:00 a.m.	9:30 a.m.	10:00 a.m.	10:30 a.m.	11:00 a.m.	11:30 a.m.
(8:45-10:15) Anger and Partner Abusive Men, Symposium (Cabinet room)				Role of Family in Major Mental Disorders, Invited Address: Jill Hooley (Internat'l Ballroom Center)		
					Recruiting Representative Samples for Family Violence Studies, Panel Discussion (Conservatory)	

SATURDAY AFTERNOON

12 p.m.	12:30 p.m.	1:00 p.m.	1:30 p.m.	2:00 p.m.	2:30 p.m.	3:00 p.m.	3:30 p.m.	4:00 p.m.
(12:15-1:15) Couples Poster Session (Exhibit Hall)						(3:15-4:45) Building Marriage Through Positives, Symposium (Lincoln West)		
(12:15-1:45) Family-based Treatments of Childhood Anxiety Disorders, Symposium, (Cabinet room)								
(12:15-1:15) ABCT members meeting (Jefferson West)			Improving CBT with Difficult Children and Families, Workshop (Monroe East)					
		Cognitive Interventions in CBCT, Master Clinician Seminar (Hemisphere room)						

Saturday, 6:30 p.m. -8:30 p.m.: Couples SIG Cocktail Party
Saturday, 9 p.m.-1 a.m.: ABCT party, International Ballroom

SUNDAY MORNING

8:30 a.m.	9:00 a.m.	9:30 a.m.	10:00 a.m.	10:30 a.m.	11:00 a.m.	11:30 a.m.	12:00 p.m.
(8:45-10:15) Research and Intervention Programs for Intimate Partner Violence, Panel Discussion (Military room)				High Conflict Couples and Custody Issues, Clinical Roundtable (Thoroughbred room)			
	(9:15-10:45) Helping Couples Cope with Chronic Illness, Symposium (Lincoln West)				Couples as Context, Panel Discussion (Cabinet room)		
	Parenting and Family Issues Poster Session (Exhibit Hall)						

TAKE THE ABCT DC TOUR!

Hosted By Susan Stanton and Sara Steinberg, Student Co-Presidents

Hello all!

We are happy to play tour guide for all of you heading to DC for this year's ABCT conference. Most importantly, we put together a guide to all the couples and family talks and events over the course of the convention. We offer special reminders about the Couples SIG *workshop* from Tom Borkovec titled "The Evolution and Promise of Practice Research Networks" on Thursday night, 6:30-8:30 p.m. in Jefferson East; the Couples SIG *business meeting* (lots of elections!) on Friday 4:30-6:30 p.m. in Conservatory, and the Couples SIG *cocktail party* on Saturday night 6:30-8:30 in Jefferson East ($15 for faculty, $10 for students, paid to Shalonda, Sara, or Susan anytime Thurs., Fri., or Sat. before the event).

For the few minutes that you are not kept busy by already scheduled conference events, below are some suggestions for fun places in DC. As a quick orientation, the hotel is in the heart of the DuPont Circle area of DC, right on Embassy Row. DuPont Circle is popular for professionals and government workers, boasting so many bars and restaurants you won't even need to jump on the Metro (the closest stop is DuPont Circle, on the red line). Nearby areas of the city include Foggy Bottom (home of George Washington University and the Kennedy Center), Adams Morgan (hip, multicultural area), and Capitol (monuments, museums, and government). The suggestions below are a highly subjective list gathered from friends who have lived in this area of DC. A full list of attractions, events, nightlife, restaurants, bars, and sightseeing is available at www.washingtonpost.com/wp-dyn/content/artsandliving/cityguide. This is particularly helpful if you want to look up music and arts events for the particular weekend of the conference. Everything listed below is in DuPont Circle unless otherwise noted.

Sights

One-stop shopping for all types of museums, art galleries, and monuments is available at *the Mall and Smithsonian Institutes* off of the Smithsonian exit on the orange/blue line. From the conference hotel, take the red line to Metro Center, transfer to the orange/blue line, and get off in a couple of stops. All museums, including the Air and Space Museum, Freer National Gallery of Art, and American History Museum, are open 10-5:30 daily. For something a little different, try the phenomenal Holocaust Museum. You need to get tickets either beforehand at 800-400-9373 or the day of at the reception. This will give you a time for touring. Monuments are lined up along the large grassy area known as the Mall, from the well-known Lincoln Memorial and Vietnam Memorial to the newer FDR memorial and Korean War Memorial. For all Smithsonian Institute museums and outdoor memorials, follow the signs or check out the Cityguide.

For sights off the beaten path, head to the Chinatown stop off the red line and try your hand as an International Man/Woman of Mystery at the *International Spy Museum* in Chinatown (at 800 F St., open daily 10 a.m.-6 p.m.), or bring your scientific method to the hands-on exhibits at the *Marian Koshland Science Museum* (on Sixth and E Streets, 10 a.m.-6 p.m. daily except Tuesdays).

If you're feeling topical, make your way to the Capitol South stop on the blue and orange lines and visit *the Supreme Court* (1 First St. NE), where lectures on the workings of the court and a view inside the beautiful building are available 9 a.m.-3:30 p.m. on the half hour.

Eats

Narrowing down a list of places for good food in DC is an impossible task, so here are a few suggestions in different categories near the conference hotel. Of course, the Metro and taxis allow for easy access to any place in the city!

The hotel offers the International Marketplace for a quick bite of American food from 6:30 a.m. to 11 p.m. Buffets are available for breakfast (daily) and lunch (M-F). A la carte is available the rest of the time.

Within walking distance of the Hilton (1/4 mile) are the following:

- C.F. Folks (lunch, cash only, 1225 19th St.): see where the power brokers sidle up to a lunch counter
- Pizzeria Paradiso (lunch and dinner, 2029 P St.): locals rave about their pizza
- Odeon Café (lunch and dinner, 1714 Connecticut Ave.): a peaceful atmosphere, especially known for its Sunday brunch
- Johnny's Half-shell (lunch and dinner, 2002 P St.): N'awlins style seafood
- Sakana (lunch and dinner, 2026 P St.): Japanese food at student prices
- Bistrot Du Coin (lunch and dinner, 1738 Connecticut Ave): French bistro
- Restaurant Nora (dinner only, 2132 Florida Ave.): organic, creative food
- Cosi (desserts and coffee, 1350 Connecticut Ave.): open until 1 a.m. on the weekends, indulge your sweet tooth with S'mores and chat away

Drinks

The Hilton Washington has the Lobby Lounge from 5-11 p.m., which has dinner and a bar. Listed below are places also within walking distance of the hotel (1/3 mile):

- Savino's Café and Cloud (1 Dupont Cir.): trendy, tasty, and tapas-y

- Biddy Mulligan's Bar (1500 New Hampshire Ave.): A classic Irish pub
- Brickskellar Saloon (1523 22nd St): 1,000 brands for the beer snob; also a slightly older crowd
- Buffalo Billiards (1330 19th St.): young, hip, potentially rowdy crowd at a Western-style pool hall
- Ozio Restaurant and Lounge (1813 M St.): for the cigar and martini set
- Trio's Fox and Hound (1537 17th St.): also called "The Fox", this has a minimalist, laidback vibe and, reportedly, the strongest drinks in town

Parties

Adams-Morgan boasts many of the good clubs and is accessible one stop away from DuPont Circle on the red line, Woodley Park/Zoo or by a short taxi ride.

- Club Chaos (cash only, 1603 17th St.): American restaurant and dance club
- Habana Village (1834 Columbia Rd., Adams Morgan): Live Latin music plus dance lessons, with lounges on the third and fourth floors for resting with a mojito
- Chief Ike's Mambo Room (1725 Columbia Rd., Adams Morgan): everything from hip-hop to '80s music available, with a crowd including young professionals
- Red (1802 Jefferson Pl NW, open until 6 a.m.): a late night dance club/bar
- Columbia Station (2325 18th St.): Live jazz music beginning around 10 p.m., but you'll want to arrive early for a good seat
- Velvet Lounge (915 U St., Adams Morgan): Local and regional bands that you can hear for free from the downstairs bar, or pay and see them on stage upstairs
- Black Cat (1831 14th St., Adams Morgan): Post-funk bar with live alternative music and vegetarian food at the bar

~ Susan Stanton and Sara Steinberg

The Interpersonal Process in the DSM-V Committee

Erika Lawrence and Brian Doss

Interpersonal processes are one of the central organizing forces in human life. Indeed, many of our most important and formative psychological experiences involve interpersonal processes such as romantic, platonic, and parental relationships. However, despite the central role that interpersonal processes play in the development and maintenance of psychological functioning, they appear only in a scattered and fragmented manner in the DSM-IV-TR. Perhaps most notably, partner relational problems and parent-child relational problems are included as V-codes to allow for their designation as foci of treatment or, likely more often, as contextual factors impacting the treatment of formal Axis I disorders. Interpersonal processes or dysfunction also occur sporadically as symptoms or consequences of formal disorders (e.g., depressive disorders, anxiety disorders).

There seems to be general consensus that the manner in which interpersonal processes are incorporated should be improved from the DSM-IV to the DSM-V. However, the specific nature of these modifications has remained a topic of much debate. One central issue is whether relationship difficulties should be promoted from V-codes to formal diagnoses. Proponents of this position note that the inclusion of formal relationship diagnoses make sense conceptually and methodologically, and would improve the likelihood of third-party reimbursement and federal funding. However, even if relationship difficulties are to be promoted to formal diagnoses, it is unclear what types of relationship disorders should be represented. Some authors have advocated for the inclusion of domestic violence, generalized relationship distress and/or parent-child dysfunction as formal diagnoses. The potential inclusion of formal relationship diagnoses also raises questions about the axis on which they would be included (or if they should be represented by their own axis). In contrast, others argue against the inclusion of formal relationship diagnoses, noting that their inclusion could raise concerns about further pathologizing aspects of the human existence. A second central area of discussion has been whether, and how, interpersonal relationships should be included in the presentation of individual disorders. One possibility would be to expand inclusion of relationship dysfunction in the symptoms of other disorders. One could also advocate for more extensive consideration and presentation of interpersonal relationships in the etiology and consequences of individual disorders. Embedded within these ideas are numerous other questions, including whether a relational diagnosis is best conceptualized as an individual or dyadic construct and what symptom criteria would be necessary for a diagnosis.

Overview of Efforts to Date

The movement to consider whether interpersonal processes should be considered more formally in the DSM-V has been a vital one for over a decade. In the 1990s, Drs. Florence Kaslow, Terence Patterson, Michael Gottlieb, and other members of American Psychological Association's (APA) Division 43 (the Division of Family Psychology) founded the *Coalition on Relational Diagnosis*, which was one of the first groups to begin to explore the potential importance of -- and gather data regarding -- interpersonal processes in the DSM-V. The work conducted by the Coalition culminated in Dr.

Florence Kaslow's 1996 edited book, "Handbook of Relational Diagnosis and Dysfunctional Family Patterns." In 2001, the National Institutes of Mental Health (NIMH) sponsored a close relationships workshop designed to promote translational research linking relational processes and mental health. Drs. Steven Beach and Marianne Wamboldt then coordinated the March 2005 *Relational Processes in Mental Health Conference* to "provide a foundation for data-driven discussions of the role that relationship processes may play in etiology, maintenance, and recovery." Drs. Steven Beach and Nadine Kaslow have edited a *Special Section on Relationship Disorders* for the *Journal of Family Psychology*, which will be published in the next few months. Finally, Dr. Steven Beach will devote the fall 2006 issue of the *Family Psychologist* to the topic of relational diagnoses.

Where We Go From Here

To date, most of the work that has been done has been in furtherance of adding a Relational Diagnoses Axis (or at least adding diagnostic numbers) to the DSM-V. To consider the complex issues surrounding inclusion of interpersonal relationships, the Interpersonal Process in DSM-V Committee was formed. The committee consists of 25 distinguished professionals representing the ABCT Couples SIG, APA's Division 43, and other organizations, and is comprised of researchers, psychologists, psychiatrists, and public policy advocates. Through structured online debates, we will develop formal recommendations we wish to make for the DSM-V. These recommendations will be developed through discussions about the nature of the constructs of relational diagnoses and how best to categorize such diagnoses within the DSM format.

The committee's initial conversations will be grounded in previous discussions and publications on these areas. These discussions will continue through the middle of 2006. We expect to present our recommendations for whether and how to include interpersonal relationships in the DSM-V as part of panel discussions at the August 2006 APA and November 2006 ABCT conferences. Through this process, we hope to solicit comments from the broader APA and ABCT communities. Reactions and comments from the panel discussions will be discussed further in the full committee and the committee will have a chance to revisit the recommendations. In December, 2006, the finalized committee recommendations will be forwarded to the DSM-V planning committees.

HOT OFF THE PRESS

In Press and Recently Published Literature

Chrysos, E. S., Taft, C. T., King, L. A., & King, D. W. (2005). Gender, partner violence, and family functioning among a sample of Vietnam veterans. *Violence and Victims, 20,* 549-559.

This study examined partner violence and perceived family functioning among a sample of 298 male veterans and their female partners. Partner violent men were higher than partner violent women on measures of partner violence severity, although differences did not reach statistical significance. Among couples experiencing unidirectional violence, female victims of partner violence reported significantly poorer family functioning than male victims of partner violence. Data appear to suggest that the effects of male-perpetrated partner violence on perceived family functioning may be larger than that of female-perpetrated partner violence.

Cordova, J. V., Scott, R. L., Dorian, M., Mirgain, S., Yaeger, D., & Groot, A. (in press). The marriage checkup: A motivational interviewing approach to the promotion of marital health with couples at-risk for relationship deterioration. *Behavior Therapy*.

Prior to dissolution, it is likely that couples that become severely distressed first pass through an at-risk stage in which they experience early symptoms of marital deterioration but have not yet suffered irreversible damage to their marriage. It is during this "at-risk" stage when couples might benefit most from early intervention. In response to this need we have developed an indicated intervention program called the Marriage Checkup (MC) based on the principles of motivational interviewing. The current randomized study provides preliminary evidence for the attractiveness, tolerability, efficacy and mechanisms of change of the MC.

Cordova, J. V., Gee, C. G., & Warren, L. Z. (2005). Emotional Skillfulness in Marriage: Intimacy as a Mediator of the Relationship Between Emotional Skillfulness and Marital Satisfaction. *Journal of Social and Clinical Psychology, 24,* 218-235.

We tested the theory that emotional skillfulness, specifically the ability to identify and communicate emotions, plays a role in the maintenance of marital adjustment through its effects on the intimacy process. Ninety-two married couples completed measures of emotional skillfulness, marital adjustment, and intimate safety. As predicted, we found that the ability to identify and the ability to communicate emotions were associated with self and partner marital adjustment. Further, the association between these emotion skills and marital adjustment was mediated by intimate safety for both husbands and wives. Gender differences were found in

the ability to communicate emotions and in the association between the communication of emotions and partners' marital adjustment.

Ehrensaft, M. K., Cohen, P., Johnson, J., & Chen, H. (in press). Development of personality disorder symptoms and the risk for partner violence. *Journal of Abnormal Psychology*.

A community sample (*N* = 543) was followed over 20 years to study the associations among childhood exposure to family violence, personality disorder (PD) symptoms, and perpetrating partner violence in adulthood. We investigated whether PD symptoms in early adulthood mediate the association of violence in the family of origin with subsequent partner violence perpetration. PD symptoms (DSM-III-R Clusters A, B, and C) partially mediated the effect of earlier childhood risks on the odds of perpetrating violence to a partner. We then tested whether the stability of PD symptoms from adolescence to the early 20s differs for individuals who later perpetrated partner violence. Cluster A ('Odd/Eccentric') symptoms declined less with age among partner violent men and women, compared to non-partner violent individuals. Cluster B ('Dramatic/Erratic') symptoms were more stable through late adolescence in partner violent men, compared with nonviolent men and violent women, who experienced declines in Cluster B symptoms, though these differences were partially explained by Cluster A and C symptoms. Cluster C ('Anxious') symptoms followed an inverse curvilinear trend; these were most stable among partner violent men, compared to nonviolent men and women.

Ehrensaft, M. K., Moffitt, T. E., & Caspi, A. (in press). Domestic violence is followed by risk of psychiatric disorder in women but not men: A longitudinal cohort study. *American Journal of Psychiatry*.

The association between intimate partner violence and psychiatric disorder is assumed to reflect a causal link. This assumption is now questioned because several longitudinal studies have documented that adolescents with psychiatric disorders grow up to be overrepresented among adults involved in partner violence. The study followed a representative birth cohort prospectively. Adolescent mental disorders were diagnosed at age 18 years. Between ages 24-26 years, we identified individuals involved in non-abusive relationships versus those involved in clinically abusive relationships (i.e., resulting in injury and/or official intervention). At age 26 years, mental disorders were again diagnosed. Male and female adolescents with a psychiatric disorder were at greater risk of becoming involved in adult abusive relationships. After controlling for earlier psychiatric history, females who were involved in abusive relationships, but not males, had increased risk of adult psychiatric morbidity. 1) Psychiatric disorder poses risk for involvement in an abusive relationship for both sexes; 2) Partner abuse is a contributing source of psychiatric disorder among women, but not among men.

Gold, J. I., Taft, C. T., Keehn, M. G., King, D. W., King, L. A., & Samper, R. E., (in press). PTSD symptom severity and family adjustment among female Vietnam veterans. *Military Psychology.*

This study examined relationships between posttraumatic stress disorder (PTSD) symptom severity and several family adjustment variables among a sample of 89 female Vietnam veterans and their male relationship partners. Findings revealed associations between PTSD symptom severity and measures of marital adjustment, family adaptability, family cohesion, parenting satisfaction, and psychological abuse. Results suggest that the presence of PTSD symptomatology may have important implications with regard to the family life of female Vietnam veterans.

Hall, J. H. & Fincham, F. D. (in press). Relationship dissolution following infidelity: The roles of attributions and forgiveness. *Journal of Social and Clinical Psychology.*

Although infidelity is a problem faced by many couples, some are able to recover from this trauma while others decide to terminate their relationship. This study investigates how attributions and forgiveness influence the likelihood of relationship dissolution following infidelity. Responses from 87 individuals who had experienced infidelity in a romantic, heterosexual relationship showed that forgiveness fully mediated the association between attributions and relationship termination. In addition, individuals who initiated breakup following a partner's infidelity reported lower levels of forgiveness than those whose partners initiated the breakup. These findings are discussed in terms of interventions designed to help couples recovering from infidelity.

Kline, G. H., Stanley, S. M., & Markman, H. J. (in press). Pre-engagement cohabitation and gender asymmetry in marital commitment. *Journal of Family Psychology*.

We longitudinally examined couples' (*N* = 197) dedication (interpersonal commitment) levels based on their premarital cohabitation histories. Findings suggested that men who cohabited with their spouses before engagement were less dedicated than men who cohabited only after engagement or not at all before marriage. Further, these husbands were less dedicated to their wives than their wives were to them. Hierarchical linear modeling showed that such asymmetries were apparent before marriage and through early years of marriage. Relationship adjustment and religiousness were related to

dedication, but did not account for the findings. We suggest that couples considering cohabitation before engagement could benefit from discussions about commitment and expectations about marriage.

Mansfield, A. K., & Cordova, J. V. (in press). A contemporary behavioral perspective on adult intimacy disorders. Invited chapter in D. Woods & J. Kanter (Eds.), *Understanding behavior disorders: A contemporary behavioral perspective.* Reno, NV: Context Press.

This chapter reviews pioneering work on attachment theory and then argues that a behavioral perspective can provide a generative theoretical foundation for understanding attachment. Implications of adult attachment theory are explored for distressed couples, and a specific style of therapy, Integrative Behavioral Couples Therapy (IBCT) is presented as a means of helping couples to recover from damaging attachment-related relationship patterns.

Marshall, A. D., Panuzio, J., & Taft, C. T. (2005). Intimate partner violence among military veterans and active duty servicemen. *Clinical Psychology Review, 25,* 862-876.

Intimate partner violence (IPV) is a serious public health problem that has received increased attention in the military. We review existing literature regarding the prevalence, consequences, correlates, and treatment of IPV perpetration among military veterans and active duty servicemen. Rates of IPV across these military populations range from 13.5% to 58%, with considerably lower rates obtained among samples not selected on the basis of psychopathology. For both military veterans and active duty servicemen, IPV results in significant victim injury and negative child outcomes, and problematic substance use, depression, and antisocial characteristics represent psychiatric correlates of IPV perpetration. For veterans, posttraumatic stress disorder also is an important correlate that largely accounts for the relationship between combat exposure and IPV perpetration. Additional correlates include military service factors, relationship adjustment, childhood trauma, and demographic factors. The only experimentally controlled IPV treatment study indicates that standard treatments are ineffective for active duty servicemen. Further research is needed to advance the development of etiological models of IPV among military populations, to determine whether such models necessarily differ from those developed among civilians, and to rigorously test IPV interventions tailored to the specific characteristics of these individuals.

Panuzio, J., Taft, C. T., Black, D. A., Koenen, K. C., & Murphy, C. M. (in press). Relationship abuse and victim's posttraumatic stress disorder symptoms: Associations with child behavior problems. *Journal of Family Violence.*

This study examined associations among male-to-female physical and psychological relationship aggression, female partners' PTSD symptoms, and behavior problems among the children (n = 62) of men enrolled in a treatment program for relationship abuse perpetration. Psychological aggression was a stronger predictor of child behavior problems than physical assault. Restrictive engulfment and hostile withdrawal behaviors evidenced the strongest bivariate associations with child behavior problems, and were the strongest predictors of this outcome when considering four distinct forms of psychological aggression together. Victim PTSD symptoms largely mediated the effects of psychological aggression on child behavior. Findings suggest that male-to-female psychological aggression and victim PTSD symptoms play an important role in understanding behavior problems among children living with male relationship abuse perpetrators.

Shortt, J.W., Capaldi, D.M., Kim, H.K., & Owen, L.D. (in press). Relationship separation for young, at-risk couples: Prediction from dyadic aggression. *Journal of Family Psychology*.

Dyadic physical aggression in the relationships of 158 young, at-risk couples was examined as a predictor of relationship separation over the course of 6 years. A high prevalence of physical aggression and a high rate of separation were found, with 80% of couples engaging in physical aggression (as reported by either partner or as observed) and 62% separating over time. As predicted, physical aggression significantly increased the likelihood of relationship dissolution even after accounting for psychological aggression, prior relationship satisfaction, and relationship contextual factors (length of relationship, relationship type, and children in the household). Of the contextual factors, relationship type was predictive of relationship dissolution: married couples were least likely to dissolve their relationships compared to cohabiting and dating couples.

Steinberg, S. J., Davila, J., & Fincham, F. D. (in press). Adolescent romantic expectations and experiences: Associations with perceptions about parental conflict and adolescent attachment security. *Journal of Youth and Adolescence*.

This study tested associations between adolescent perceptions of interparental conflict, adolescent attachment security with parents, and adolescent marital expectations and romantic experiences. Participants were 96 early adolescent females from two parent families. Insecurity was examined as a mediator of the association between negative perceptions of parental conflict and romantic outcomes. Results supported the mediation model in which adolescents' negative perceptions of parental conflict was associated with insecure attachment with parents, which was in turn associated with negative

marital expectations and romantic experiences. Implications for understanding how parent-adolescent and interparental variables influence adolescent marital expectations and romantic experiences are discussed.

Stuart, G. L., Meehan, J., Moore, T. M., Morean, M., Hellmuth, J., & Follansbee, K. (in press). Examining a conceptual framework of intimate partner violence in men and women arrested for domestic violence. *Journal of Studies on Alcohol.*

There is a paucity of research developing and testing conceptual models of intimate partner violence (IPV), particularly for female perpetrators of aggression. Several theorists' conceptual frameworks hypothesize that distal factors such as personality traits, drinking patterns, and marital discord influence each other and work together to increase the likelihood of physical aggression. The purpose of the present study was to investigate these variables in a relatively large sample of men and women arrested for domestic violence and court-referred to violence intervention programs. We recruited 409 participants (272 men and 137 women) who were arrested for domestic violence. We assessed perpetrator alcohol problems, antisociality, trait anger, relationship discord, psychological aggression and physical abuse. We also assessed the alcohol problems, psychological aggression, and physical abuse of relationship partners. We used structural equation modeling to examine the interrelationships among these variables in both genders independently. In men and women, alcohol problems in perpetrators and partners contributed directly to physical abuse and indirectly via psychological aggression, even after perpetrator antisociality, perpetrator trait anger, perpetrator relationship discord, and perpetrator and partner psychological and physical aggression were included in the model. The only significant gender difference found was that, in male perpetrators, trait anger was significantly associated with relationship discord, but this path was not significant for women perpetrators. The results of the study provide further evidence that alcohol problems by both partners are important in the evolution of psychological aggression and physical violence. There were minimal differences between men and women in the relationships of most distal risk factors with physical aggression, suggesting that the conceptual framework examined may fit equally well regardless of perpetrator gender. This suggests that in arrested men and women, violence intervention programs may have improved outcomes if they offered adjunct or integrated alcohol treatment.

Stuart, G. L., Meehan, J. C., Temple, J. R., Moore, T. M., Hellmuth, J., Follansbee, K., & Morean, M. (in press). Readiness to quit cigarette smoking, intimate partner violence, and substance abuse among arrested violent women. *American Journal on Addictions.*

Cigarette smoking is a leading cause of preventable mortality in the US. There is little data available regarding the prevalence and correlates of cigarette smoking in female perpetrators of intimate partner violence (IPV). We recruited 98 arrested violent women from court-referred batterer intervention programs. The prevalence of smoking in the sample was 62%. Smokers reported higher levels of substance abuse, psychopathology, general violence, and IPV perpetration and victimization than nonsmokers. Most smokers (65%) indicated a desire to quit within the next year. The results highlight the importance of screening for cigarette smoking in violence intervention programs and offering assistance to those who choose to quit.

Taft, C. T., O'Farrell, T. J., Torres, S. E., Panuzio, J., Monson, C. M., Murphy, M., & Murphy, C. M. (in press). Examining the correlates of psychological aggression among a community sample of couples. *Journal of Family Psychology.*

This study examined the correlates of psychological aggression victimization and perpetration among a community sample of 145 heterosexual couples. For both women and men, psychological aggression victimization was associated with higher psychological distress, anxiety, and physical health symptoms beyond the effects of physical aggression. Psychological aggression victimization was also uniquely associated with higher levels of depression for women. Trait anger and poor relationship adjustment were the strongest correlates of psychological aggression perpetration across genders. Childhood father-to-child and father-to-mother aggression were associated with psychological aggression perpetration for men only, suggesting possible distinct etiologies across genders. These data highlight the importance of further developing models for psychological aggression for both women and men.

van Widenfelt, B. M., Treffers, Ph. D. A., de Beurs, E., Siebelink, B. M., & Koudijs, E. (2005). Translation and cross-cultural adaptation of assessment instruments used in psychological research with children and families. *Clinical Child and Family Psychology Review, 8,* 135-147.

With the increased globalization of psychology and related fields, having reliable and valid measures that can be used in a number of languages and cultures is critical. Few guidelines or standards have been established in psychology for the translation and cultural adaptation of instruments. Usually little is reported in research publications about the translation and adaptation process thus making it difficult for journal readers and reviewers to adequately evaluate the equivalency and quality of an instrument. In this study, issues related to the translation and adaptation of assessment instruments for use in other cultures and/or languages are addressed. Existing

literature on translation is reviewed and examples from the clinical child and family psychology field are given to illustrate relevant issues. Suggestions are made for avoiding common translation errors.

Citations without abstracts:

Chen, H., Cohen, P., Kasen, S., Johnson, J. G., Ehrensaft, M. K., & Gordon, K. (in press). Predicting conflict within romantic relationships during the transition to adulthood. *Journal of Personal Relationships.*

Fincham, F. D. & Beach, S.R.H. (in press). Relationship satisfaction. In D. Perlman and A. Vangelisti (Eds.), *The Cambridge handbook of personal relationships.* Cambridge: Cambridge University Press.

Jones, D., Beach, S.R.H., & Fincham, F. D. (in press). Family relationships and depression. In D. Perlman & A. Vangelisti (Eds.), *The Cambridge handbook of personal relationships.* Cambridge: Cambridge University Press.