

Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Fall/Winter 2006
*****SPECIAL ISSUE: DISSEMINATION*****

CONTENTS OF THIS ISSUE

“Going to Scale”: Implementing a Population Level Parenting and Family Support Intervention
Sanders 1

Letter from the Co-Presidents 2

Editors’ Note 3

The New Frontier in Relationship Education
Markman et al. 8

Kudos 11

Book Review: *Adult Attachment*, edited by Rholes & Simpson
Virginia Salzer Burks 12

Dissemination of Couples Interventions among African-American Populations
Hurt et al. 13

Letter from the Student Co-Presidents 16

Developing a Career in Applied Dissemination
Aldridge 17

Around Town in Chicago!
IIT Couples Lab. 20

Treasurer’s Update 21

Hot off the Press 22

Couples SIG Newsletter Editors:

Diana L. Coulson-Brown, M. S.
Philadelphia College of Osteopathic
Medicine
Philadelphia, PA
dianabr@pcom.edu

William A. Aldridge II, M.A.
238 Davie Hall
Psychology Dept. UNC-CH
Chapel Hill, NC 27599-3270
will_aldrige@unc.edu

“Going to Scale”: Implementing a Population Level Parenting and Family Support Intervention

Matthew R. Sanders
University of Queensland

Author’s note. Correspondence concerning this article should be addressed to Matthew R Sanders, Ph.D., Director, Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Q 4072.

As evidence accumulates showing that parenting and family interventions are effective in reducing a variety of child behavioral and emotional problems, there is increasing pressure on clinical researchers involved in program development and evaluation to disseminate these programs to the professional community so that the public may benefit. This paper shares the experiences of a small group of clinical researchers involved in the development of parenting and family interventions, specifically the Triple P-Positive Parenting Program at the University of Queensland, as we made the transition from being primarily concerned with efficacy trials that affect a small number of families to a centre that has now disseminated a population level system of parenting support to 15 countries, trained over 20,000 practitioners and has affected the lives of a large number of children and their families. The context for this transformation was the adoption of a public health framework to guide both program development and the dissemination challenge.

Why a Population Perspective is Needed to Address the Adverse Effects of Poor Parenting

The case for adopting a public health approach to address parenting problems and to improve parenthood preparation is a compelling one. The strongest potentially modifiable risk factor contributing to the development of behavioral and emotional problems in children is the quality of parenting a child receives. Evidence from behavior genetics research and epidemiological, correlational, and experimental studies shows that parenting practices have a major influence on children’s development (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). Parenting interventions derived from social-learning, functional analysis, and cognitive-behavioral

CONTINUED ON PAGE 3

Letter from the Co-Presidents

The countdown is on to ABCT 2006 in Chicago! There are a number of exciting events during the conference. Student co-presidents Eric Gadol and Brian Baucom have put together a helpful schedule of SIG related events (see page 16 for details on how to access the schedule). As usual, couples research is very well represented, with poster sessions, panel discussions, multiple symposia, a clinical round table, and workshops. We would like to highlight two SIG sponsored events from our committees. Brian Doss and Erika Lawrence, chairs of the SIG Relational Diagnoses Committee, will moderate a panel discussion at 9-10:30 on Saturday: "Recommendations for Incorporating Couple and Family Processes Into the DSM-V: Where Do We Go From Here?" Also, representing the APA Division 43 Task Force for Identification of Empirically Supported Couples and Family Treatments, Kristi Coop Gordon and Amy Holtzworth-Monroe will hold a panel discussion at 12:30-2:00 on Saturday: "Proposed Guidelines for Identifying Empirically Supported Treatments in Couple and Family Therapy and Developing Guidelines for Future Research." Thanks and kudos to all of you for all the wonderful contributions to this year's conference. With all the couples events going on, it was a significant challenge to the conference coordinators to schedule the events, and there are a number of events where there is overlap. **Importantly, the SIG meeting time has been changed in order to overlap less with events specifically related to couples. We will now be meeting at 4:30 pm on Friday in the Astoria room.** We thank Maureen Whittal, the Program Committee Chair, and Mary Ellen Brown, the Convention Manager, for all their efforts in scheduling and rescheduling.

The theme of this year's convention is "Translational research: Bridging basic science and clinical practice." Members of our SIG have embodied this theme for decades in our evidence based practices. We have used the knowledge gained from basic research on issues such as communication, cognitions, and behavioral exchange principles to develop empirically-based treatment recommendations and interventions for couples. We have continued to develop, expand, and refine interventions based on new empirical advances in our understanding of relationships and diverse couples. The theme of our preconference event and of this newsletter is dissemination, a key part of the flow of translational research, focused on getting evidence-based treatments out in the community to those who need them the most. In the couples field, our SIG members are very experienced in building connections between basic science, intervention, and dissemination.

In this newsletter, Will Aldridge and Diana Coulson-Brown have gathered valuable contributions from several of our field's leaders in dissemination with diverse couples and families and in diverse contexts. Also included is an article with advice for graduate students and young professionals seeking to develop a career in applied dissemination. This is a wonderful lead in to our **preconference event**. On Thursday evening, Matt Sanders of the University of Queensland will present "The Dissemination of Evidence-Based Family Interventions: Lessons Learned." Matt has an incredible background of experience disseminating the Positive Parenting Program to thousands of providers around the world (see abstract on page 6). We are very fortunate that Matt is sharing his knowledge and experience with us. This pre-conference event is scheduled from 6:30 to 8:30 pm, November 16th, in Williford A (in the conference hotel).

Fun and play are important in relationships and at conferences, too. Eric Gadol and Brian Baucom have done quite a bit of work and planning for our **SIG cocktail hour**. Please see all the details on **page 19** of the Newsletter. Also, the **SIG Exposition and Welcoming Cocktail Party** is scheduled 6:30 to 8:30 pm on Friday, the 17th. We've gotten some great submissions from SIG members to present research at this exposition, so come socialize and see research findings from members of our SIG. And, of course, we've always had a strong showing at the **Saturday Night Party** (9-1; Continental Ballroom), where SIG stands for Seriously Inspired Grooving, or, for some of us, Severely Impaired....

As noted above, our **SIG Business Meeting** has been re-scheduled for Friday afternoon from 4:30 pm to 6 pm (Astoria room). At the meeting, we will give our thanks to Shalonda Kelley for her hard work as SIG treasurer for the past two years, and elect a new treasurer. On the couples SIG website (<http://www.coupllessig.net/>; link to "2006 Officer Candidates"), Nikki Frousakis has posted a description of the treasurer's job and has put out a call for nominations. Please email Nikki (nikkif@utk.edu) to nominate yourself or a colleague for this position. You just need to send a name and a brief "blurb" about the nominee, and Nikki will post the list of candidates as we get closer to the conference. There is a lot going on in our SIG these days, so we do hope to see you at the meeting!

- Sarah Whitton and Beth Allen

**Updated
Information!**

2006 COUPLES RESEARCH & THERAPY SIG BUSINESS MEETING

Please be sure to attend!!

Friday, November 17th, 4:30-6:00pm

"Astoria Room," ABCT Convention Hotel (Hilton)

**Updated
Information!**

Editors' Note

Hello everyone! As the air begins to chill and the leaves begin to turn, it is a reminder of two things: it's time for another edition of the Couples SIG Newsletter and the 2006 ABCT Convention is right around the corner! Isn't it amazing how time seems to fly when you're researching and providing good couples therapy?

We hope that you enjoy our second edition of the Couples SIG Newsletter. As we foreshadowed in the last edition, we're tying this issue to the subject of our SIG preconference event – dissemination (see page 6 for details). If you like this format, please let us know and we'll try to continue it next Fall!

Several of our field's leaders in dissemination have contributed articles from their experiences with and perspectives on the dissemination of couples and family interventions. Also, Virginia Salzer Burks has reviewed *Adult Attachment*, edited by Rholes and Simpson (2004). We would like to give HUGE thanks to all of our contributors; this special issue would not have been possible without their time, effort, and commitment to the SIG! We'd also like to thank all who contributed items for the "Kudos" and "In Press" sections. Keep them coming!

We're looking forward to another year of newsletters with the SIG. Please feel free to contact us with your ideas and be sure to stop us and say "hello" at the upcoming ABCT Convention!

- Will Aldridge and
Diana Coulson-Brown

**Comments? Criticisms?
Suggestions? Crazy ideas?
Send them to the editors!**

Contact Will at
will_aldridge@unc.edu
and Diana at
dianabr@pcom.edu

"GOING TO SCALE"

FROM PAGE 1

principles are considered the interventions of choice for conduct problems in young children (McMahon & Kotler, 2004; Prinz & Jones, 2003; Sanders & Ralph, 2004; Taylor & Biglan, 1998). These programs have also proven efficacious in prevention studies (Prinz & Dumas, 2004; Sanders, Markie-Dadds, Turner, & Ralph, 2004; Webster-Stratton, 1998). The positive effects of parenting interventions have been replicated many times and across different investigators, numerous countries, and a diverse range of client populations (Sanders, 1999).

Although there is clear evidence that parenting programs work, these programs are underutilized and have an insufficient impact on everyday practice. The majority of advisors who parents turn to for guidance regarding children's development and who are potentially in a position to support parents are not trained to use evidence-based parenting interventions or to use them effectively. Existing approaches to parent education simply do not reach enough parents to make any real difference and large numbers of children continue to develop significant behavioral and emotional problems that are likely preventable.

Rising to the Challenge to Implement a Public Health Approach

For a population approach to work, several important public health principles must be adhered to. There are seven specific principles: 1) Having evidence concerning the base prevalence rates of targeted child problems; 2) Having evidence concerning the base prevalence rates of risk and protective factors; 3) Having evidence that targeting such risk and protective factors reduces targeted child problems; 4) Having evidence that effective and culturally appropriate interventions are available for dissemination; 5) Having an effective system of training and dissemination; 6) Making the interventions widely available; and 7) Tracking outcomes at a population level. In addition, a strategy is needed to manage the sociopolitical environment that inevitably surrounds population level interventions.

1) Evidence Concerning the Base Prevalence Rates of Targeted Problems

The success of a public health initiative depends on demonstrating that there are improved developmental and/or mental health outcomes in children whose parents have been exposed to the intervention. This means having knowledge of the base rates of behavioral and emotional problems in the target geographical catchments before the intervention begins. According to Australian epidemiological surveys, approximately 14-18% of children develop significant mental health problems (Sawyer, Arney, Baghurst, Clark, Graetz, Kosky, et al. 2000). In addition, many parents are concerned about their children's behavior and development (Sanders, Ralph, Thompson, Sofronoff, Gardiner, Bidwell, et al. 2005; Sanders, Tully, Baade, Lynch, Heywood, Pollard, et al. 1999). 29% of parents report their child has had a behavioral or emotional problem in the previous six months and they are concerned about both conduct problems and emotional problems (Sanders et al., 2005).

2) Knowledge of the Base Prevalence Rates of Risk and Protective Factors

Factors that place a child at risk of developing behavioral and emotional problems include exposure to a harsh, inconsistent parenting style, low parental self-efficacy in undertaking the tasks of raising children, mental health problems in parents, including depression and anxiety, high marital or partner conflict and low levels of parenting support. Protective factors that reduce children's risk of developing problems include exposure to evidence-based parenting programs, access to professional support for children's emotional and behavioral problems, and

having high levels of social and emotional support from significant others.

3) Evidence that Targeting Such Factors Reduces Targeted Family Problems

Parenting interventions have the potential to change important parenting and family based risk and protective factors that contribute to children developing serious behavioral and emotional problems. A public health intervention targeting parenting should be considered for broader dissemination when there is sufficient good quality evidence that demonstrates that an intervention is effective.

The Triple P system of parenting interventions has a large number of well controlled outcome studies that show the intervention is effective in reducing early behavioral and emotional problems in children. Evidence showing that changing inappropriate or dysfunctional parenting practices improves children's mental health and well being comes from various clinical trials demonstrating that increasing positive parenting practices and reducing ineffective discipline practices produces better mental health outcomes in children than comparison conditions such as care as usual, no treatment, or waitlist control conditions (See www.triplep.net for a complete list of the Triple P evidence base).

4) Evidence that Effective and Culturally Appropriate Interventions are Available

For an intervention to be usable as a public health strategy it needs to be readily available for use by service providers serving geographical catchments or a population. This means having ready for use the appropriate materials and resources that are used as part of the intervention and having access to a professional training process that equips service providers to deliver the program with fidelity.

Every parent learns about how to parent in a specific cultural context. This context includes family composition and structure, availability of extended family, gender-based difference in roles, and exposure to traditions and mores. Cultural knowledge about parenting is acquired through exposure to other members of the culture, conversations with more experienced parents, modelling, and family of origin experiences.

There are also shared aspects of the parenting experience across diverse cultures. Parents in all cultures typically want their children to do well in life. Parents in diverse cultures experience similar developmental and behavioral problems as stressful and there are gender differences in parental responsibilities. Parenting practices vary within cultures and between cultures. A parent's culture also informs a parent's belief about what normal behavior is and what can be expected from children at different ages. It also informs about the kinds of responsibilities that are involved in being a parent, what behaviors are problem behaviors, and the kind of discipline to use in addressing problem behaviors.

One important area of research is developing parenting programs that are culturally relevant to the needs of indigenous parents. The poor health status of indigenous Australians in comparison to the wider Australian population has been well documented (Zubrick, Ward, Silburn, Lawrence, Williams, Blair, et al., 2005). On most indices of health and wellbeing, indigenous children and youth are extremely disadvantaged: they have higher rates of health risk behaviors, early school drop out, suicide, involvement with the juvenile justice system, family fragmentation and forced removal of children, and are over-represented in abuse and neglect cases. According to the recent Western Australian Aboriginal Child Health Survey of almost 4,000 children aged 4 to 17 years, approximately 24% of indigenous children were reported by their parents to be at high risk of clinically significant emotional or behavioral difficulties, in comparison to 15% of non-indigenous children.

5) Making Interventions Widely Available

Unless an intervention reaches a sufficient number of parents it will not have a detectable impact on the rates of behavioral and emotional problems in children. To estimate population targets, in a large scale population level implementation of Triple P in Every Family, a project focusing on the transition to school, we estimated the number of parents that needed to attend either a group or parenting based on Triple P to achieve a 5, 10 or 15% reduction of child behavioral or emotional problems at a population level.

Calculations were performed using the population prevalence rate for behavioral and emotional problems, which indicated that 23% of children were in the clinical range for emotional and behavioral problems. From trial data, we estimated the number of children receiving the intervention who moved from the clinical to the non-clinical range in a universally offered delivery of Triple P. From this, we estimated the target parent participant rates needed to achieve a 5%, 10%, and 15% reduction in prevalence rates. See the following report www.pfsc.uq.edu.au/everyfamily/technical.pdf for more information.

After determining the number of parents that need exposure, strategies are needed to ensure parents participate. One way of ensuring that parenting interventions can be accessed is by delivering the programs in a delivery format and context that is readily available to parents.

Another strategy is to develop stronger media and communication strategies. There is increasing evidence that the mass media can be effective in changing parenting practices. (Sanders & Prinz, under review) As part of a multilevel intervention strategy to decrease the prevalence of children's behavioral and emotional problems, the media can play an important role in raising parents' awareness and willingness to attend a parenting program. Different media messages can be used to

demystify what is involved in a parenting program by providing relevant, meaningful and accurate information for parents. Media messages also provide opportunities for parent testimonials and to depict parent's experiences of receiving professional support.

6) Having an Effective System of Training and Dissemination

According to the Society for Prevention Research (2004), for a program to be considered ready for broad dissemination it must meet the criteria for both efficacy and effectiveness and, in addition, have the capacity to go to scale, have available clear cost information and have available monitoring and evaluation tools for use by providers. It is also argued that a clear statement of factors that may affect sustainability of a program once it is implemented be available.

The process of changing professionals' consulting practices involves a complex interaction between the quality of the intervention, the skills training and the practitioner's post-training environment. The approach to disseminate a program following empirical validation is underpinned by two complementary perspectives:

Self-regulation: Dissemination activities are based on a self-regulatory approach to promoting professional behavior change. To promote practitioner self-efficacy, program content and processes are introduced through active skills training with a focus on self-directed learning, personal goal-setting for skill development, self-evaluation and problem solving.

Ecological context: The second perspective is a systems-contextual approach that aims to support practitioners' program use in their workplace. As professional change is optimized when managers, administrators, supervisors and colleagues support the adoption of the innovation and when adequate supervision and support is available (Henggeler, Melton, Brondino, Sherer, & Hanley, 1997), the work environment is also targeted in our dissemination activities. We propose that an effective dissemination process not only must adequately train practitioners in the content and processes of an intervention, but also must engage participating organizations to ensure that program adoption is supported.

7) Tracking Outcomes at a Population Level

Evidence concerning the impact of a public health intervention goes well beyond attention to individual well-being and is concerned with the well-being of entire populations. It assesses whether the public health intervention reduced the prevalence rates of indicators of dysfunction and increases in well-being of the target problem. To achieve that, some form of population level auditing or survey of parents is needed to assess whether parental concerns about children's behavioral and emotional problems have decreased, whether there has been an increase in parents' use of positive parenting methods and a decrease in dysfunctional parenting practices. Changes in parent par-

ticipation rates in parenting programs, and access to formal and informal support should also have changed.

In comparison with efficacy and effectiveness trials, the measurement processes for a population trial are more complicated and less well developed by the field. The Every Family measurement procedure involved multiple domains and constructs that targeted population indices of penetration and impact, assessment of practitioners, and evaluation of cost considerations. A random-dialling telephone survey of caregivers in households with children ages four to seven years conducted prior to the intervention and then again after two years of exposure to the intervention in each of 30 census collection districts in Brisbane, Sydney and Melbourne was used to assess the impact of media and informational exposure to Triple P, parent involvement in parenting consultation and support (generally and also specifically through Triple P), parenting practices, parental confidence and stress, and reports of child adjustment.

Managing the Sociopolitical Environment

There are many important lessons we have learned from over a decade of experience disseminating a large scale, multidisciplinary, population level, parenting and family support intervention in diverse cultural contexts. Most clinical researchers have little experience in dealing with the day to day intricacies of managing a clinical service. The successful dissemination of a program requires working knowledge of the immediate challenges that confront service providers. Workplace issues such as securing funding for service delivery, having employment policies and practices relating to the implementation of a program, providing line management and supervision support to staff are all challenges that need to be addressed if a program is to be effectively implemented.

There were many tasks that we encountered which were not immediately addressable via our training as clinical researchers and interventionists. These challenges required a lot of "on the job" learning. Some examples of these tasks include: 1) How to present evidence from clinical trials to politicians, policy advisors, economists, the media, agency managers and consumers; 2) How to work collaboratively with the media; 3) How to develop a viable business model to support a dissemination process; 4) How to deal with misinformation and critics of a program; 5) How to accurately estimate the cost of a program from the perspective of a government, agency, individual service provider, and consumer.

In conclusion, parenting interventions are amongst the most powerful and cost-effective tools available to improve children's health and well being. Good parenting should be the centrepiece of population level efforts to prevent major mental health, social and educational problems in children and young people. Evidence-based parenting programs need to be much more widely available if they are to achieve their potential and reduce the preva-

lence of serious behavioral and emotional problems in children.

References

- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Centre for Community Child Health. (2004). *Parenting Information Project*. Canberra, Australia: Australian Government Department of Family and Community Services.
- Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornstein, M. H. (2000). *Contemporary research on parenting: The case for nature and nurture*. *American Psychologist*, 55, 218-232.
- EurodataTV. (2005). *Cited in Dale, 2005. Sydney Morning Herald*. Retrieved 5/18/05, from <http://www.smh.com.au/news/TV--Radio/The-Tribal-Mind/2005/05/16/1116095903140.html?oneclick=true>
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- Halford, W. K., Sanders, M. R., & Behrens, B. C. (1994). *Self-regulation in behavioral couples' therapy*. *Behavior Therapy*, 25, 431-452.
- Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. (2005). Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: Barriers to research and program participation. *Prevention Science*, 6, 275-286.
- Henggeler, S. W., Melton, G. B., Brondino, M. J., Sherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*, 65, 821-833.
- Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process*, 42(4), 531-544.
- Matsumoto, Y., Sofronoff, K., & Sanders, M. R. (2006). The acceptability and effectiveness of parenting programs in a cross cultural context: Results of an efficacy trial. *Manuscript submitted for publication*.
- McMahon, R. J., & Kotler, J. S. (2004). Treatment of conduct problems in children and adolescents. In P. M. Barrett & T. H. Ollendick (Eds.), *Handbook of interventions that work with children and adolescents* (pp. 475-488). Chichester, UK: John Wiley & Sons.
- Mihalopoulos, C., Sanders, M. R., Turner, K. M. T., Murphy-Brennan, M., & Carter, R. (in press). Does the Triple P - Positive Parenting Program provide value for money? *Australian and New Zealand Journal of Psychiatry*.
- Morawska, A., & Sanders, M. R. (2006). Self-administered behavioural family intervention for parents of toddlers: Part I - Efficacy. *Journal of Consulting and Clinical Psychology* 74 (1), 10 – 19.
- National Health and Medical Research Council. (1999). *A guide to the development, implementation and evaluation of clinical practice guidelines*. Canberra, Australia: Commonwealth of Australia.
- Prinz, R. J., & Dumas, J. E. (2004). Prevention of oppositional defiant disorder and conduct disorder in children and adolescents. In P. M. Barrett & T. H. Ollendick (Eds.), *Handbook of interventions that work with children and adolescents* (pp. 475-488). Chichester, UK: John Wiley & Sons.

(References Continued Next Page)

2006 COUPLES RESEARCH & THERAPY SIG PRECONFERENCE EVENT

Thursday, November 16th, 6:30-8:30pm

“Williford A Room,” ABCT Convention Hotel (Hilton)

The Dissemination of Evidence-based Family Interventions: Lessons Learned

Matthew R Sanders Ph.D., Director, Parenting and Family Support Centre, The University of Queensland.
 Founder, the Triple P-Positive Parenting Program

This presentation will examine the issue of how to effectively disseminate evidence based family intervention including parenting, family and couple interventions to the professional community and to members of the public. An ecological framework will be presented and illustrated through our experience in disseminating the Triple P-Positive Parenting Program (multilevel system of parenting and family support) to 14 countries and over 20,000 practitioners working in quite diverse delivery systems, cultural contexts and with varying level of commitment to ideas such as evidence based practice. Interpersonal, organizational, program design features and political processes that affect the uptake and subsequent implementation of programs are discussed. Challenges and potential solutions to these will be examined. The potential role of the media, primary care delivery systems, technology and other non traditional delivery systems in dissemination are discussed. The need for a stronger consumer voice in demanding access to quality evidence based programs. The need for ongoing research into the dissemination process itself is illustrated to show how dissemination efforts must respond to evidence concerning barriers and facilitators of program use.

- Prinz, R. J., & Jones, T. L. (2003). Family-based interventions. In C. A. Essau (Ed.), *Conduct and oppositional defiant disorders: Epidemiology, risk factors, and treatment* (pp. 279-298). Mahwah, NJ: Lawrence Erlbaum.
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child and Family Psychology Review*, 2, 71-90.
- Sanders, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P - Positive Parenting Program: A comparison of enhanced, standard and self-directed behavioural family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, 68, 624-640.
- Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (1996). *Every parent's survival guide*. Brisbane: Families International
- Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2001). *Practitioner's manual for Standard Triple P*. Milton, QLD: Families International.
- Sanders, M. R., Markie-Dadds, C., Turner, K. M. T., & Ralph, A. (2004). Using the Triple P system of intervention to prevent behavioural problems in children and adolescents. In P. Barrett & T. H. Ollendick (Eds.), *Handbook of interventions that work with children and adolescents: Prevention and treatment* (pp. 489-516). Chichester, UK: Wiley.
- Sanders, M. R., & McFarland, M. (2000). The treatment of depressed mothers with disruptive children: *A controlled evaluation of cognitive behavioural family intervention*. *Behavior Therapy*, 31(1), 89-112.
- Sanders, M. R., Montgomery, D. T., & Brechman-Touissant, M. L. (2000). The mass media and the prevention of child behaviour problems: The evaluation of a television series to promote positive outcomes for parents and their children. *Journal of Child Psychology and Psychiatry*, 41(7), 939-948.
- Sanders, M. R., Pidgeon, A. M., Gravestock, F., Connors, M. D., Brown, S., & Young, R. W. (2004). Does parental attributional retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at risk of child maltreatment? *Behavior Therapy*, 35(3), 513-535.
- Sanders, M. R., & Prinz, R. J. (2005). Using the mass media as a population level strategy to strengthen parenting skills. *Manuscript submitted for publication*.
- Sanders, M. R., & Ralph, A. (2004). Towards a multi-level model of parenting intervention. In M. Hoghugh & N. Long (Eds.), *Handbook of parenting: Theory and research for practice* (pp. 352-368). London: Sage.
- Sanders, M. R., Ralph, A., Thompson, R., Sofronoff, K., Gardiner, P., Bidwell, K., et al. (2005). *Every family: A public health approach to promoting children's wellbeing*. Brisbane, Australia: The University of Queensland.
- Sanders, M. R., Tully, L. A., Baade, P. D., Lynch, M. E., Heywood, A. H., Pollard, G. E., et al. (1999). A survey of parenting practices in Queensland: Implications for mental health promotion. *Health Promotion Journal of Australia*, 9, 112-121.
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., et al. (2000). *The mental health of young people in Australia: Child and adolescent component of the national survey of mental health and well-being*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.
- Society for Prevention Research. (2004). *Standards of evidence: Criteria for efficacy, effectiveness and dissemination*. Falls Church, VA: Society for Prevention Research.
- Taylor, T. K., & Biglan, A. (1998). Behavioral family interventions for improving child-rearing: A review of literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1(1), 41-60.
- Turner, K. M. T., Nicholson, J. M., & Sanders, M. R. (2006). The role of practitioner self-efficacy, training, program and workplace factors on the implementation of an evidence-based parenting intervention in primary care. *Manuscript submitted for publication*.
- Turner, K. M. T., & Sanders, M. R. (2006). Help when it's needed first: A controlled evaluation of a brief, preventive behavioral family intervention in a primary care setting. *Behavior Therapy*, 37(2), 131-142.
- Webster-Stratton, C. (1998). Parent training with low-income families: Promoting parental engagement through a collaborative approach. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 183-210). New York: Plenum Press.
- Woodard, E. H., & Gridina, N. (2005). Media in the home 2000. The fifth annual survey of parents and children. Philadelphia, USA: University of Pennsylvania, The Annenberg Public Policy Center.
- Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalby, R. B., Blair, E. M., et al. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth, Australia: Curtin University of Technology and Telethon Institute for Child Health Research.
- Zubrick, S. R., Ward, K. A., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E., et al. (2005). Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science*, 3(1-18).

The New Frontier in Relationship Education: Innovations and Challenges in Dissemination

Howard J. Markman, Tamara Williams, Lindsey Einhorn, and Scott M. Stanley
University of Denver

As we approach the 43rd anniversary of the assassination of President John F. Kennedy, I bet that everyone in my generation remembers where they were when we heard JFK was killed. What many do not remember is that the last piece of legislation he signed was the Community Mental Health Centers Act. This innovative and far reaching plan called, in part, for making research based mental health services, including preventive interventions, available to everyone. Kennedy was especially interested in reaching the underserved people, in community settings close to home. Not surprisingly, these ambitious goals were not achieved (see Bloom, 1977, and Heller & Monahan, 1977 for the fascinating story). However, today, Kennedy's dream actually has the potential to be realized in the couples field. Specifically, in the U.S., one aspect of the reauthorization of welfare reform in 2006 is the growth of state, federal, and community level efforts to reach thousands of couples with relationship and marriage education – the first time that such efforts have been attempted on such a large scale as a matter of public policy, at least in the U. S. (Horn, 2003; Ooms, 1998).

How this happened is a very long story, with many twists and turns. However, the field has followed a synergistic model of research, intervention, dissemination and social policy consistent with one we had proposed many years ago related to making research-based programs available to all couples planning marriage and beyond (e.g., Markman, 1983). In brief, the model involves the confluence of a large scale social problem (marital distress and divorce), advances in basic couples research, the development and evaluation of research-based couples interventions in university based and community settings, growing access to institutions that reach a large number of couples at key transition points, and policy makers being willing to consider the social and government program costs of peoples' difficulties achieving their own aspirations for stable and healthy marriages and families.

In the rest of this paper we discuss the opportunities for disseminating research based marriage education curricula in a variety of settings in the community. We will draw on our dissemination work with variations of PREP in a wide range of settings, highlighting some of what we believe are important lessons learned. Some new data on the use of PREP by clergy who continued training in PREP up to 9 years after the initial training will be presented. We conclude by highlighting some of the major challenges facing us as we ramp up dissemination efforts.

Before turning to broader issues, we wish to observe what all of us in the SIG know, or should know, well: there is a vast amount to be learned about relationships, about marriage, and about the most effective ways to intervene to help more couples. As we have noted, "we know enough to take action but we need to take action to know more" (Stanley, 2001). That is not a bad motto for scientist-practitioners. Our group does not believe that we, or anyone else, have a lock on the most effective educational or therapeutic methods and content. We certainly have our ideas and our reasons for them, but our confidence lies far more in our commitment to empiricism than in fixed content. Part of what we believe are best practices in the field are to regularly refine and improve strategies based on the latest, sound basic and intervention research. This, we believe, is the essence of the scientist-practitioner model.

The current context

Despite the alarmingly high rates of divorce and marital distress and the associated negative effects on couples, children, companies, and society, in one statewide random survey, less than 20% of divorced adults sought help for relationship problems, with most of the help being provided by clergy and not mental health professionals or couples' therapists (Johnson, et al., 2002). Moreover, and until recently, few large scale dissemination efforts have been mounted to help couples increase chances for a successful marriage, despite the availability of evidence-based prevention programs (e.g. Hahlweg et al., 1988; Halford, Sanders, & Behrens, 2001; Markman et al., 2004). However, a new era has begun where policy makers are recognizing that such efforts may benefit diverse couples on a large scale.

There are a variety of initiatives underway at federal and state government levels to enact policies and programs that might help couples who choose marriage to have healthy marriages. Recently, the Administration for Children and Families (ACF) put out requests for proposals for a large range of community based, preventive education services designed to help partners make good choices about mates in the first place and teach partners skills and principals to keep a happy relationship happy (for a review of prevention curricula for couples, see, Halford, Markman, Kline, & Stanley, 2003).

ACF plans to fund a wide range of efforts designed to encourage *healthy* marriages. For example: marriage education for couples where one of the partners is incarcerated; technical assistance about adapting intervention models to make them culturally appropriate;

the development of innovative methods for reaching individuals long before they have made relationship choices that put them at risk; promoting responsible fatherhood, in part, by adding to the mix of existing approaches and strategies that recognize that father involvement is strongly related to involvement with the mother in healthy, committed relationships; and the funding of demonstration projects for implementing and evaluating post-adoption services designed to help these high risk families. Common to most of the work to be funded are the requirements that couples be the primary target of services, that services be supported by evidence from research, and that agencies coordinate with local domestic violence resources. For more details on ACF grants go to: <http://www.acf.hhs.gov/healthymarriage>

Dissemination Model: The messenger matters

Consistent with prevention science (Markman, 1983; Coie et al., 1993) and dissemination (Markman, et al., 2004), we have focused on gaining access to institutions that serve couples naturally in the community at key transition points and reaching policy makers that regulate services provided by these institutions. For example, we have worked closely with religious organizations, since 75% of first marriages take place in such settings, and premarital prevention services are overwhelmingly provided in this context in the U. S. (Stanley, Amato, Johnson, & Markman, 2006). Another example is our work with the U. S. Army, wherein the Chief of Chaplains has instituted PREP training as part of their curriculum for all chaplains. Our prior research as well as preliminary, smaller scale research in that context (Stanley, et al., 2005) has led to a large, random trial of these services in the U. S. Army funded by NICHD.

A core part of our dissemination model from the beginning of our work is that the “messenger matters.” Focusing on training individuals who are members of the increasingly diverse communities to whom we are disseminating our work has proven critical in the success of such efforts. Delivery of curriculum such as PREP depends far less on any specific type of knowledge or participation in formal training programs or having degrees (such as in mental health counseling or therapy) than it does depend on instructors who are trained specifically in the PREP model, understand the content, and who are engaging and enthusiastic teachers of the content and skills. From the standpoint of organizations desiring to provide marriage education to couples, such people are more available and cost efficient than skilled therapists. In addition, we focus on organizations recruiting and training instructors who know the situation of the couples they serve and are known to the couples. This increases the quality of the alliance between the instructors and couples and we believe increases positive outcomes. The growing emphasis on government efforts at reaching diverse cultural groups confirms the importance of training community based trainers to provide services. Finally, we have learned to seek and gather a great deal of feedback from those we desire to

serve, listening carefully to providers and recipients of services about what works, as part of our ongoing efforts to refine our methods.

Current Dissemination Efforts

Most of the early work with preventive education was conducted with premarital, middle class, white couples (Markman, et al., 1988). Based on promising results and the needs in various communities, variations of PREP (which in this context denotes more specifically our curriculum work that is built based on empiricism than one fixed content) is now being used and/or tested in the Army as noted above, prison systems (Einhorn, et al., 2006), foster care and adoption services, first offender programs for youth, refuge resettlement programs, high schools, and transition to parenthood services in the form of Pam Jordan’s *Becoming Parents Program* – used along with a curriculum of John Gottman’s in a large, federal trial (Building Strong Families). We are currently expending a great effort to develop curricula for low income couples as part of our involvement in another large, federal trial (Supporting Healthy Marriage). We are likewise exploring ways to expand relationship services to workers through their companies and offering weekend *Love Your Relationship* workshops to successful people whose relationship needs a jump start. (Markman, Myrick & Pregulman, 2006). There are many other activities our group is involved with, including innovative marriage/relationship education models for reaching African American couples headed up by Steven Beach at the University of Georgia and a college community based model headed up by Frank Fincham and Kay Pasley at Florida State.

While some might think such efforts by us and many others in this field outstrip the available empirical information, we believe that such a view disregards three facts of high relevance: (1) Researchers cannot ask society to wait for decades of more research; when society decides to act, researchers act on what they know or choose to be irrelevant; (2) While we certainly all desire to have much more knowledge, there is considerable empirical knowledge in our field that can inform all such efforts, such as those efforts described here as examples; (3) The burgeoning opportunities for service development and dissemination of the present moment provide a landscape upon which research can make advances on an unprecedented scale. There is a wave to catch, and the wave may not be here 10 years from now.

As described elsewhere (Markman, et al., in press), early versions of PREP focused more on communication and conflict management (Markman & Floyd, 1980; Stanley, Blumberg, & Markman, 1999), fueled by a host of studies demonstrating that patterns of negative interaction are associated with marital functioning and long-term risk (e.g., Birchler, Weiss, & Vincent, 1975; Clements, Stanley, & Markman, 2004; Gottman & Krokoff, 1989; Karney & Bradbury, 1995). Some of the newer generation of preventive education

programs developed in the past 15 years, such as the current version of PREP, retain a strong emphasis on communication and the management of conflict and negative emotions, but include considerable emphasis on themes such as commitment, friendship and positive connection, and forgiveness.

One example of how we are evaluating our dissemination efforts involves a study where we trained clergy in the PREP approach and upon completion of the main research portion of the study, we tracked every 6 months the extent to which the clergy were continuing to use the program. The initial report (Markman, et al., 2004) focused on clergy in 22 Religious Organizations (ROs). We found, for example, that these clergy, in the first 5 years after training, had served 1,121 couples with part or all of the curriculum they were trained in (728 premarital, 393 marital). Here we provide the findings for these 12 of 22 RO's over the next 4 years. These clergy served an additional 659 (413 premarital, 246 marital) couples. Of these services, 64% were full PREP and 36% parts of the PREP program. When using parts of the PREP program, the most common aspects of the program used were the speaker-listener technique (83%), information about destructive communication patterns (66%), problem-solving (62%), forgiveness (57%), and constructive expression of negative emotions (57%).

Clearly there is interest and follow-through in such community based efforts, though it is also clear that such preventive services are largely, currently, unavailable to couples who are not religiously involved (Stanley et al., 2006) – a situation that the current federal and state efforts may go a long way toward addressing.

Challenges and questions as we move forward

We only have space to simply list some of the areas of exploration that are crucial as we attempt to make relationship and marriage education available to all couples in the U. S. (and in other countries) who desire a healthy, happy, life-time love & marriage (see Markman et al., in press, for an elaboration):

1. Assessing preventive effects especially with very high quality control groups.
2. Matching services to couple needs and dynamics (e.g., Halford, 2006) as we expand to increasingly culturally diverse populations and settings.
3. Getting couples and individuals to come to services and creative ways the field is developing alternative service delivery methods including the self directed programs, telephone interventions, etc.
4. If relationship education applied to individuals can then be successfully applied to their relationships

Like many said about the '60s, we live interesting times. In John Kennedy's inauguration speech in 1961, he challenged the country to "go to the moon" and he followed up with significant funding to make this goal a reality. At a recent meeting in Washington, a well connected person said to a group of esteemed academics that the color of money right now is marriage, and he was

encouraging the group to incorporate questions about healthy marriages in their research. What he meant was that there will be a big infusion of funding into our science because this is how things work; major new funds are quickly available when the government actually wants to accomplish a new, far-reaching goal. So much of the growth of physics and engineering came not because the government wanted to fund those things for their own right, but because the government (and our country) decided to go somewhere – to the moon. We believe that this is the moon-shot time for our field. Many believe we do not have the knowledge to go for a "marital moon shot", and say that we don't know enough yet to start moving toward that goal. That is not how many advances actually occur. Instead, a goal is set and scientists feel the pressure to go out and learn what is needed to reach the goal. As we conclude this brief journey through one of the new frontiers in the couples field, dissemination efforts, it is worth considering what *you* can do to contribute to shaping and exploring the new frontier.

References

- Birchler, G.R., Weiss, R.L., & Vincent, J.P. (1975). Multimethod analysis of social reinforcement exchange between maritally distressed and nondistressed spouse and stranger dyads. *Journal of Personality and Social Psychology*, 31(2), 349-360.
- Bloom, B.L. (1977). Community mental health: A general introduction. Oxford: Brooks/Cole.
- Clements, M. L., Stanley, S. M., & Markman, H. J. (2004). Before they said "I Do": Discriminating among marital outcomes over 13 years based on premarital data. *Journal of Marriage and the Family*, 66, 613-626.
- Coie, J. D., Watt, N. F., West, S. G., Hawkins, J. D., Asarnow, J. R., Markman, H. J., et al. (1993). The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist*, 48, 1013-1022.
- Einhorn, L.A., Williams, T., Stanley, S.M., Wunderlin, N.K., & Markman, H.J. (in preparation). PREP Inside and Out: Marriage education as an intervention for prisoner reintegration.
- Gottman, J. M., & Krokoff, L. J. (1989). Marital interaction and satisfaction: A longitudinal view. *Journal of Consulting and Clinical Psychology*, 57, 47-52.
- Hahlweg, K. & Markman, H.J. (1988) Effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating marital distress. *Journal of Consulting and Clinical Psychology*, 56(3), 440-447.
- Halford, K., Markman, H.J., Kline, G. H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of Marital & Family Therapy*, 29(3), 385-406.

- Halford, K., O'Donnell, C., & Lizzio, A. (2006). Do Couples at High Risk of Relationship Problems Attend Premarriage Education? *Journal of Family Psychology, 20(1)*, 160-163.
- Halford, K., Sanders, M.R., & Behrens, B.C. (2001). Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program. *Journal of Family Psychology, 15(4)*, 750-768.
- Heller, T. & Monahan, J. (1977). *Psychology and community change*. Homewood, IL: Dorsey Press.
- Horn, W. (2003). *Going to the chapel: The President's healthy marriage initiative*. Keynote address to the 7th annual meeting of Smart Marriages, Reno, NV.
- Johnson, C. A., Stanley, S. M., Glenn, N. D., Amato, P., Nock, S. L., Markman, H. J., et al. (2002). *Marriage in Oklahoma: 2001 baseline statewide survey on marriage and divorce (S02096 OKDHS)*. Oklahoma City, OK: Oklahoma Department of Human Services.
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, method, and research. *Psychological Bulletin, 118*, 3-34.
- Markman, H.J. & Floyd, F. (1980). Possibilities for the prevention of marital discord: A behavioral perspective. *American Journal of Family Therapy, 8(2)*, 29-48.
- Markman, H.J., Floyd, F.J., Stanley, S.M., & Storaasli, R.D. (1988). Prevention of marital distress: A longitudinal investigation. *Journal of Consulting and Clinical Psychology, 56(2)*, 210-217.
- Markman, H.J., Jamieson, K.J., & Floyd, F.J. (1983). The assessment and modification of premarital relationships: Preliminary findings on the etiology and prevention of marital and family distress. *Advances in Family Intervention, 3*, 41-90.
- Markman, H.J., Myrick, J., & Pregulman, M.A. (2006). Marriage education in the workplace. *Journal of Employee Assistance, 3rd Quarter*, 12-15.
- Markman, H. J., Stanley, S. M., Jenkins, N. H., Petrella, J. N., & Wadsworth, M. E. (in press). Preventive education: Distinctives and directions. *Journal of Cognitive Psychotherapy*.
- Markman, H.J., Whitton, S., Kline, G., Thompson, H., St. Peters, M., Stanley, S., et al. (2004). Use of an Empirically-Based Marriage Education Program by Religious Organizations: Results of a Dissemination Trial. *Family Relations 53*, 504-512.
- Ooms, T. (1998). *Toward more perfect unions: Putting marriage on the public agenda*. Washington, DC: Family Impact Seminar.
- Stanley, S.M. (2001). Making the Case for Premarital Education. *Family Relations, 50*, 272-280.
- Stanley, S. M., Allen, E. S., Markman, H. J., Saiz, C. C., Bloomstrom, G., Thomas, R., Schumm, W. R., & Baily, A. E. (2005). Dissemination and evaluation of marriage education in the Army. *Family Process, 44*, 187-201.
- Stanley, S.M., Amato, P.R., Johnson, C.A., & Markman, H.J. (2006). Premarital education, marital quality, and marital stability: Findings from a large, random, household survey. *Journal of Family Psychology, 20*, 117-126.
- Stanley, S.M., Blumberg, S.L., & Markman, H.J. (1999). Helping Couples Fight for Their Marriages: The PREP Approach. In R. Berger & M. Hannah, (Eds.), *Handbook of preventive approaches in couple therapy* (pp. 279-303). New York: Brunner/Mazel.

K
U
D
O
S

Kudos to the following people...

Casey Taft will be awarded the 2006 Chaim Danieli Young Professional Award at the International Society for Traumatic Stress Studies. The award recognizes excellence in PTSD research or service by an individual who has completed training within the last five years.

Annmarié Cano received tenure and promotion to Associate Professor in the Dept. of Psychology at Wayne State University and was awarded an APA Division 38 Outstanding Contributions to Health Psychology Award (Early Career).

James Cordova recently received a grant from NICHD. The grant is a \$1 million, 5-year R01 entitled, "Indicated Treatment and Prevention of Marital Deterioration." It is a grant to study a preventive intervention he developed called the Marriage Checkup. The grant is from the National Institute of Child Health and Human Development.

K
U
D
O
S

Book Review: *Adult Attachment: Theory, Research, and Clinical Implications*, edited by W. Steven Rholes & Jeffrey A. Simpson

Reviewed by Virginia Salzer Burks
Philadelphia College of Osteopathic Medicine

Adult Attachment: Theory, Research, and Clinical Implications (Rholes & Simpson, 2004) is an excellent compilation of chapters applying this long established theoretical perspective to adult relationships. John Bowlby's pioneering work in infant development launched nearly half a century of empirical and theoretical work describing the physiological, emotional, cognitive, and behavioral processes that leads the infant and his/her caregiver to establish the child's first and initially most important social relationship. The development of research paradigms by Mary Ainsworth and others allowed for a rich and detailed description of the ways that this early attachment relationship could lead to the development of internalized *working models* in these young children. These children tend to view the world as a good and safe place and to view themselves as competent and capable of being loved. Conversely, early caregiver-infant relationships in which caregivers are either rejecting or ambivalent are often associated with the development of more problematic working models in their children. For example, these children are more likely to view the world as being unsafe or unpredictable and to view themselves as being less than competent or unlovable. Of interest to researchers and therapists adopting a Cognitive-Behavioral approach to their work, the development of these early working models and the later impact of adaptive or maladaptive schema is particularly intriguing. This perspective leads to influential work linking early attachment relationships to childhood cognitive and behavioral functioning.

As researchers and therapists continued to extend their work, these concepts, initially developed during infant-caregiver relationships, were applied to adult-adult relationships. This book represents much of the important work in the application of attachment theory to adulthood. Following the introduction, Part II addresses attachment processes across the lifespan. Critical to investigating the nature of attachment in adulthood is the ability to measure it. The concerns with self-reported versus interview approaches are well articulated by Shaver and Mikulincer. Hazan, Gur-Yaish, and Campa provide an articulate description of how the processes described by Bowlby in infancy can be translated to adulthood. Fradley and Brumbaugh deliver a technologically sophisticated discussion of stability and change of attachment processes from infancy to adulthood while Davila and Cobb provide a further discussion of how adult attachment styles can be modified. These chapters might be particularly interesting to therapists who are seeking to shift maladaptive working models or schemas that have developed during earlier social relationships.

Part III of the book addresses *intrapersonal* aspects of attachment. Mikulincer & Shaver and Collins, Guichard, Ford, & Feeny provide the reader with a comprehensive and theoretically rich description of working models and how they might develop and function in adulthood. The information contained within these chapters will leave the reader with a solid understanding of these important cognitive structures. Diamond and Hicks extend the discussion of intrapersonal aspects of attachment to include the important but often overlooked area of psychobiological processes. The inclusion of this chapter provides an excellent description of how psychological processes can impact physical health, providing a breadth of empirical evidence supporting this mind-body linkage.

Part IV of this book shifts from the *intrapersonal* to the *interpersonal* aspects of attachment. Specifically, these chapters focus on issues of intimacy, conflict, caregiving, and satisfaction. Pietromonaco, Greenwood, and Barrett argue convincingly that working models will shape individuals' perceptions of threat as well as their goals during conflict situations. Attention to these working models will provide therapists with a more complete understanding of the strengths and barriers to the resolution conflict in adult couples. Feeny and Feeny & Collins provide detailed and useful models and empirical support for the role of security in repairing adult relationships.

The final section of this book focuses on the clinical and applied aspects of adult attachment. Johnson addresses interpersonal conflict, a situation that often leads couples to seek therapy. Focusing on the relevance to Emotion Focused Therapy, she provides a framework for therapists wishing to adopt an attachment approach to their therapy.

Kobak, Cassidy, and Ziv describe how the attachment perspective can be applied to PTSD. The impact of trauma, how it can alter working models, and how these changes in working models impact future behavior is an illustration of the use of attachment theory in psychopathology. In addition, the utilization of attachment in the resolution of the traumatic experiences highlights the need to address these intrapersonal cognitive structures in the therapeutic process. Similarly, Simpson and Rholes provide a unique discussion of the role of attachment processes in anxiety and depression. Finally, Cooper, Albino, Orcutt, and Williams, provide results from a longitudinal study examining attachment styles and intrapersonal adjustment. Their compelling results highlight the importance of attachment in understanding not only the co-occurrence of various symptoms of psychopathology and risky and problematic behavior but also how attachment style can predict changes in the expression of these.

This book would be interesting to therapists working with adults experiencing difficulties in social relationships as well as researchers interested in examining the application of attachment theory to adults. Finally, educators interested in mentoring their students in the area of adult attachment would be well advised to adopt this resource.

Dissemination of Couples Interventions among African American Populations: Experiences from ProSAAM

Tera R. Hurt, Kameron J. Franklin, Steven R. H. Beach, Velma McBride Murry, Gene H. Brody, Lily D. McNair, and Frank D. Fincham

In this article, we discuss general observations about successful delivery of culturally sensitive variations of empirically grounded strategies for relationship enhancement and divorce prevention. This discussion focuses on the importance of religious traditions in culturally sensitive marriage enrichment services. In particular, we highlight our ongoing investigation of the Program for Strong African American Marriages (ProSAAM) and share some of our experiences in disseminating ProSAAM to communities in northeast Georgia.

As intervention providers continue to explore ways to enhance their programs, a direct focus on dissemination issues is of critical importance. Clearly, access to prevention programs and marital therapy differ across regions of the country and among ethnic groups (Stanley, Amato, Johnson, & Markman, in Press). Dissemination is particularly important for African Americans, who are under-served by typical means of health care delivery. Rural African American families tend to be skeptical of the benefits to be derived from mental health services; therefore, they are not likely to advocate for these services in their communities (Brody, Flor, & Stoneman, 1996; Murry & Brody, 2004). Reasons for this reluctance include mistrust of medical researchers, contextual factors such as a lack of transportation or means to pay for services, and culturally irrelevant programs (Murry, Kotchick, et al., 2004). African Americans also have the highest therapy dropout rate of all ethnic groups (Sue, Zane, & Young, 1994). For these reasons, establishing trust and offering programs that take into consideration the racial, socioeconomic, and regional characteristics of the populations they serve are critical to effective program delivery.

Among African American couples, religiosity and church involvement predict relationship quality (Brody & Flor, 1996; Taylor et al., 1999), suggesting that this population is more likely to respond favorably to relationship enhancement programs if those programs encourage couples to draw upon their religious practices. Historically, religious participation has been an important survival strategy for African Americans. During enslavement, a strong religious orientation served as a framework for preserving family values and overcoming staggering experiences of injustice in a dehumanizing environment. This legacy of spirituality and religious involvement has been passed down through generations, remaining a consistent part of the fabric of African

American culture over time, location, and context (Taylor, Chatters, & Levin, 2004). For many African Americans, cultivating a relationship with God remains the ultimate source of inspiration and guidance (McAdoo, 1983; Taylor & Chatters, 1991). For this reason, religiosity plays a significant role in predicting family outcomes in African American populations.

Several key research concepts helped us to incorporate religious elements into a culturally sensitive intervention designed to minimize the effects of discrimination on African American couples. First, we noted the link between prayer and dealing with adversities such as health problems (Dunn & Horgas, 2000; Ellison, 1998). Second, we examined the growing body of research on religious forms of coping and the potential for religiously based coping to facilitate adjustment and well-being (Ellison, 1991) and to reduce depression (Williams, Larson, Buckler, Heckman, & Pyle, 1991). Third, we reviewed studies that integrated religious practice with standard practices in psychotherapy (Tan, 1987) and marriage enrichment (Stanley et al., 2001). Finally, because experiences with discrimination are emotionally disruptive to African Americans (Murry et al., 2001), we focused on materials that explicitly help spouses support one another in responding to discrimination.

Our incorporation of religious material and prayer into ProSAAM was one means of creating a culturally sensitive vehicle for relationship enhancement that would be familiar and appealing to the participants while keeping the program consistent with established intervention guidelines. In addition, emphasizing programs that really work and that have a strong skill-based component is a good way to connect with African American communities. We based ProSAAM on PREP, allowing us to discuss with community leaders the strong empirical foundation that PREP brings to relationship enhancement. ProSAAM also explicitly incorporates African American religious traditions and values, allowing couples who wish to learn relationship skills in the context of their religious beliefs and prayer the opportunity to do so.

Our experiences with church officials and other African American community leaders raised important issues to be considered in effectively disseminating programs among African Americans. Our ongoing ProSAAM trial began with a focus group that included 12 African American husbands and fiancés. Some of the group's discussions focused on personal preferences for

the program's structure, whereas others underscored the value of the church as a recruitment source and the pastor's endorsement as an incentive for couples to take part in the program. As one focus group member said,

You've got to work with the churches. The churches are key. That's where it all begins for most married people, ya' know, in the church. That's where we not only begin our marriages, but it's where we come to learn more about how to stay married and be husbands and wives.

Another group member noted, "You're going to need someone to endorse the program because marriages are so personal . . . Bottom line, it's a real incentive to us if the pastor endorses it."

The focus group thus gave us a strong and consistent message that we should have community pastors evaluate the program and endorse it from the pulpit before we offered it to congregation members. We revised the program and our recruitment plans in response to the group's suggestions and the community's needs. Consequently, we formulated ways in which to work more closely with African American church leaders. We developed a packet of materials designed to introduce ProSAAM to pastors and pulpit associates. This helped us to connect with over 100 churches, and we developed partnerships with many of these congregations. One particularly successful means of developing partnerships was a reception for area pastors that we called An Evening of P.R.A.I.S.E.—prayer, recruitment, advertisement, information, sponsorship, and endorsement, the six ways in which we asked pastors to support ProSAAM. The reception featured a catered meal and a presentation that introduced the church officials and their spouses to ProSAAM. After the presentation, we answered questions, took suggestions for ways to improve the program, and met with each church official individually to discuss the formation of partnerships with them and their congregations. The reception's success was grounded in the opportunity it gave us to make clear to the clergy that we valued their input and desired their feedback. The pastors, many of whom knew each other, appreciated the opportunity to socialize while learning about an exciting program that used prayer and skills to enhance marriages. After establishing partnerships with clergy, we were often invited and sometimes requested to attend church meetings, Bible studies, worship services, and other church events to meet, network with, and inform congregations about ProSAAM and recruit couples into the program.

Pastoral endorsements proved critical to recruitment, which skyrocketed after we obtained the pastors' approval. Couples, particularly husbands and fiancés who were initially skeptical about participating, were willing and even excited about taking part in the

program if their pastor had endorsed it. After completing the program, a 40-year-old man said,

It really helped broaden my listening skills and it gave me useful information on how to keep an argument from escalating. I would suggest that all African-American couples, especially men, take part in ProSAAM. I think it would be particularly beneficial to couples who are engaged. It could teach them how to start off with good listening skills and how to give non-critical advice. The program not only helps you be a better husband, it also helps you be a better father and a better man in general.

In their interactions with us, pastors often expressed their excitement about the program and noted as they pledged their support that strong churches *begin with* strong families. Many of those whose churches had been affected by weak or broken marital bonds said that they wanted to strengthen marriage within the African American community and were enthusiastic about the role of prayer in building better marriages. Pastors who wanted to offer their congregations a marriage ministry or a culture-specific enrichment alternative welcomed ProSAAM as an effective step toward their goals.

Our experiences thus far have led us to identify particular steps in our efforts to disseminate ProSAAM to the African American community. The first step is to identify and solicit input from community stakeholders and local leaders. A good example of a stakeholder is a pastor whom the community perceives as energetic, progressive, and willing to embrace new approaches. With this pastor's endorsement, couples may be inspired to participate in an initial program. Their participation becomes the start of the second wave. As the first couples who take part in the program report positive experiences, their grass-roots endorsement combines with advertising to prompt other couples to enroll in the program as well. As the program becomes more widely accepted and trusted, initially reluctant couples may decide to participate. This snowball effect suggests that widespread dissemination will likely proceed in stages.

In summary, as efficacious programs become increasingly available, it will be important to create culturally sensitive approaches that allow them to be disseminated to the people who need them most. Our experience with African American couples suggests that religion plays an important role in effective dissemination of programs to this population. It is therefore important to work effectively with pastors and church leaders to receive their approval, generate enthusiasm for the program, and ultimately gain their endorsement. The desire for efficacious approaches to strengthening marriages, particularly skill-based programs, is very

strong in the communities in which we have been working (see also Karney, Garvan, & Thomas, 2003; Stanley & Trathen, 1994). For behaviorally oriented marital researchers who are able to master the necessary community interaction and dissemination skills, programs like ProSAAM are likely to be quite well accepted and very helpful in African American community development.

References

- Brody, G. H., & Flor, D. L. (1996). Coparenting, family interactions, and competence among African American youths. In J. P. McHale, & P. A. Cowan (Eds.), *Understanding how family-level dynamics affect children's development: Studies of two-parent families*. (pp. 77-91). San Francisco, CA: Jossey-Bass.
- Brody, G. H., Stoneman, Z., & Flor, D. (1996). Parental religiosity, family processes, and youth competence in rural, two-parent African American families. *Developmental psychology, 32* (4), 696-706.
- Dunn, K., & Horgas, A. L. (2000). The prevalence of prayer as a spiritual self-care modality in elders. *Journal of holistic nursing, 18*, 337-351.
- Ellison, C. G. (1998). Religion, health and well-being among African Americans. *African American research perspectives, 4*, 65-84.
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of health and social behavior, 32*, 80-99.
- Karney, B. R., Garvan, C. W., & Thomas, M. S. (2003). *Family formation in Florida: 2003 baseline survey of attitudes, beliefs, and demographics relating to marriage and family formation*. Gainesville: University of Florida, Department of Psychology.
- McAdoo, H. P. (1983). Societal stress: The Black family. In H. I. McCubbin & C. R. Figley (Eds.), *Stress and the family. Vol. I: Coping with normative transitions*. New York, NY: Brunner/Mazel.
- Murry, V. M., Brown, P. A., Brody, G. H. (2001). Racial discrimination as a moderator of the links among stress, maternal psychological functioning, and family relationships. *Journal of marriage and the family, 63* (4), 915-926.
- Murry, V. M., & Brody, G. H. (2004). Partnering with community stakeholders: Engaging families in basic research and the Strong African American Families preventive intervention program. *Journal of marital and family therapy, 30*, 113-129.
- Murry, V. M., Kotchick, B., Wallace, S., Ketchen, G., Eddings, K., Heller, L., & Collier, I. (2004). Race, culture, and ethnicity: Implications for a community intervention. *Journal of child studies, 13*, 81-99.
- Stanley, S. M., Amato, P. R., Johnson, C. A., & Markman, H. J. (In Press). Premarital education, marital quality, and marital stability: Findings from a large, random, household survey. *Journal of Family Psychology*.
- Stanley, S. M., Markman, H. J., Prado, L. M., Olmos-Gallo, A., Tonelli, L., & St. Peters, M. (2001). Community based premarital prevention: Clergy and lay leaders on the front lines. *Family Relations, 50*, 67-76.
- Stanley, S. M., & Trathen, D. W. (1994). Strengthening marriages and preventing divorce: New directions in prevention research. *Journal of psychology and Christianity, 13*, 158-165.
- Sue, S., Zane, N., & Young, K. (1994). Research on psychotherapy in culturally diverse populations. In A. Bergin, & S. Garfield (Eds.), *Handbook of psychotherapy and behavior change*. (pp. 783-817). New York: Wiley.
- Tan, S. Y. (1987). Cognitive-behavior therapy: A biblical approach and critique. *Journal of psychology and theology, 15*, 103-112.
- Taylor, R. J., Mattis, J., & Chatters, L. M. (1999). Subjective religiosity among African Americans: A synthesis of findings from five national samples. *Journal of black psychology, 25* (4), 524-543.
- Taylor, R. J., & Chatters, L. M. (1991). Religious life of Black Americans. In J. S. Jackson (Ed.), *Life in Black America*. (pp. 105-123). Newbury Park, CA: Sage Publications.
- Taylor, R. J., Chatters, L. M., & Levin, J. (2004). *Religion in the lives of African Americans: Social, psychological, and health perspectives*. Thousand Oaks, CA: SAGE Publications.
- Williams D. R., Larson D. B., Buckler R. E., Heckmann R. C., & Pyle C. M. (1991). Religion and psychological distress in a community sample. *Social Science & Medicine, 32*, 1257-1262.

<p>Surf the Internet without guilt!</p>	<p>Visit the ABCT Couples SIG website: www.coupllessig.net</p>	<p>Thanks to Nikki Frousakis for serving as our webmaster!</p>
---	---	--

Letter from the Student Co-Presidents

Dear Couple SIGer's,

In keeping with the themes of last year's conference (collaboration), as well as this year's conference (dissemination), we've decided to highlight a few conferences in addition to ABCT that provide opportunities for collaboration on and dissemination of couples research. They include the International Association of Relationship Research (IARR), the American Association of Marriage and Family Therapists (AAMFT), and Division 43 of the American Psychological Association (APA). As you will see in the descriptions below, each of these conferences, and the organizations that sponsor them, have a number of overlapping interests with ABCT but represent a different perspective on these issues.

IARR is an organization composed largely of social psychologists and communication studies scholars that host a biennial conference with an almost exclusive focus on relationships. Topics such as personality, attachment, and commitment are prominent in many of the presentations and posters. The last conference was held in Crete, Greece this past summer and the next conference will be held in Providence, RI in July of 2008. The conference accepts a wide variety of presentation formats, most of which are the same as at ABCT. The organization's website is www.iarr.org.

AAMFT is an organization of professional marital and family therapists that holds an annual conference with a focus on therapeutic issues in couples and family therapy. Topics such as therapeutic techniques and treatment effectiveness receive considerable attention. The last conference was held in Kansas City, MO and the next conference will be held in Austin, TX in October of 2006. This conference accepts a wide variety of presentation formats that are similar to those of ABCT but tends to have more workshops and fewer symposium style presentations. The organization's website is www.aamft.org.

Division 43 of APA is an organization aimed at researchers and clinicians with an interest in the clinical, scientific, educational, and public policy aspects of couples and families. It participates in the annual APA conference and sponsors an annual conference of its own. Topics such as therapeutic techniques and treatment effectiveness are prominent in many of the division's presentations at the APA conference. Additionally, members of our SIG are working in tandem with Division 43 to make specific proposals regarding couple and family processes for the DSM-V. The last APA conference was held in New Orleans, LA and the next conference will be held in San Francisco, CA in August of 2007. This conference also accepts similar presentations formats to ABCT. The organization's website is www.apa.org/divisions/div43/.

We recognize that there are many conferences and organizations that study couples and we are in the process of creating a comprehensive list to post on the SIG website along with links to their websites. If there is a conference or organization that you would particularly like to see included in this list, please email either Brian Baucom (bbaucom@ucla.edu) or Eric Gadol (eric.gadol@gmail.com).

-Brian Baucom and Eric Gadol

2006 ABCT CONVENTION COUPLES-RELATED EVENTS SCHEDULE

This year we've made a more detailed schedule of couple events.

Please go to the Couples SIG website to download a copy!



<http://www.coupllessig.net/>

Once on the SIG website, click the link titled, "Outline of Chicago's Conference Presentations", located on the left side of the front page.

Developing a Career in Applied Dissemination: Reflections from a Graduate Student

William A. Aldridge II
The University of North Carolina at Chapel Hill

Author's Note. My sincere thanks go to Don Baucom and John Aldridge, both of whose helpful feedback on a draft greatly improved the manuscript.

Correspondence concerning this article should be addressed to *William A. Aldridge II, M.A., 238 Davie Hall, Psychology Department – UNC-CH, Chapel Hill, NC 27599-3270. Email: will_aldrige@unc.edu.*

If you haven't yet noticed from reading the rest of this edition of our SIG Newsletter, dissemination is rapidly becoming one of the most important dimensions of our professional evolution as applied researchers and practitioners of empirically-informed couples psychology. Treatment outcome research including a focus on dissemination strategies is becoming more common and should be a major focal point for our field in the near future. The practice of disseminating our couples interventions and knowledge in the real-world – becoming a dissemination practitioner – is a more daunting and complex task at this point. However, carving out an entire or significant portion of a career for this pursuit will likely bring many unique and exciting challenges, experiences, and rewards. Over the past two-plus years, I have been exploring this professional track through conversations with some of the leaders of our field, conversations with a variety of non-psychology professionals (e.g. business executives, management consultants, lawyers, and religious leaders), and actually learning and working in business environments. What follows are the top five lessons I have learned for young professionals interested in developing a career in applied dissemination.

1) Become the best couples scientist-practitioner you can be.

One of the most important tasks we have in entering the public and private sectors with our programs and skills is to maintain and further differentiate our training and reputations among the leading couples psychologists in the world. As a member of the Couples Research and Therapy SIG, you've already got a lot going for you! Continuing to develop both in the science and practice of couples work and as a member of the Couples Research and Therapy SIG should be a top priority.

What sorts of activities does this translate into for a graduate student? Well, more of what you're probably already doing. First, a core task is to seek to not only understand couples behavior in a variety of contexts and stages of relationship development but also to contribute new knowledge to the field. The good thing is that most of the programs and research labs in which SIG graduate students are involved push this hard, so it won't take a lot of extra effort to create these opportunities.

Second, seek out opportunities to work with couples in a variety of contexts. This can be trickier as a graduate student since we are often limited to the clinical training activities provided by our graduate programs. However, a significant amount of experience with couples will not only be resourceful when leading couples programs in communities and organizations, but also simply as a credibility issue. When the leader of your first client community or organization asks if you've done this before, you should be able to say "Yes, a number of times!"

Finally, become a more active graduate student member of the Couples Research & Therapy SIG. Whether you enjoy it or not, a career in applied dissemination will result in your becoming very visible in a variety of professional contexts. As a graduate student, one place to start is within our SIG. By helping out with the administrative or governmental activities in our SIG, you will get to know and interact with many of our wonderful members. A great side benefit is that they will also get to know you! In finding ways to get involved, persistence can really pay off. Contact one of our Co-Presidents or Graduate Student Co-Presidents for more information or ideas about how you can contribute.

2) Decide what you want out of a career.

This is probably one of the most personally important, and tough, decisions to make. Becoming a dissemination practitioner will likely bring a number of novel experiences and demands that can be very different from a traditional scientist's or practitioner's career. In a sense, this can boil down to a personality issue.

Among the demands that a career heavy in applied dissemination is likely to present are an increased amount of professional risk, an increased demand for adaptation to different people and contexts, a large amount of time and travel, and a broad skill-set for interpersonal interaction. Considering we all are trained in the last of these dimensions, that one should be an asset for us! However, risk, adaptation, time, and travel are not things to take lightly. If you're the type of person that can tolerate a certain amount of risk (if you're like me, figuring out how to market and disseminate couples programs is likely something at which you'll fail many times before you succeed), enjoys and is good at relating

to many types of people in diverse contexts, likes to travel, and can commit unknown quantities of time to ambiguous tasks, then you may find the job a good fit!

While the demands are high, the rewards can be equal for a successful career in applied dissemination. These may include the ability to connect with and positively impact the lives of a vast number of people, the flexibility to apply your training in new and creative ways, the chance to work with some of the top leaders in a variety of communities, organizations, and professions, and the opportunity to achieve a good level of financial stability. Nothing is guaranteed, but there is a lot to be gained!

A full-time career in applied dissemination might mean that traditional academic and clinical activities take a back seat. However, you should *not* give up your connections to couples research and clinical work (or those that are advancing these fields). Responsible and successful dissemination will require an ongoing association with the leading research and best practices in our field; this is and will continue to be our greatest value-adding asset in developing best practices for dissemination.

3) Network.

“Networking” can be a dirty word in some circles, so let me start by clarifying that I want to emphasize the intrinsic motivation to build collaborative relationships – not the extrinsic motivation to use people for professional gain. Networking is an essential task for aspiring dissemination practitioners because venturing into applied dissemination means stepping into the worlds of social, business, and government organizations. Ask leaders in those worlds about how to become successful and sooner rather than later you will hear the familiar phrase, “It’s not what you know, it’s who you know.”

Developing collaborative professional relationships is not always the easiest thing to do, especially as a graduate student. If you’re at least somewhat normal, you’ll probably find yourself asking, “Why would a social/business/government leader talk to me,” or “How would I even begin to get access to social/business/government leaders?” Well, if you haven’t already figured this out from your relationship with your academic advisor, most leaders love working with young people who have valuable ideas and pursuits; it’s their way of giving back and helping to shape the future.

Getting access can be the trickier part. Most of the time, this comes down to a simple decision to introduce yourself. Figuring out how to introduce yourself in an effective and succinct way can be a valuable networking skill. Sometimes, however, gaining access may take a little more confidence, persistence, and, again, tolerance for failure. Have you ever knowingly watched someone get into an exclusive club or access a restricted area without membership? If you have, you probably noticed that somehow they were able to look as if they belonged. That’s the type of confidence that’s

sometimes required; the old behavioral technique of “fake it ‘til you make it.” Additionally, if you saw that person before, you might have noticed they were thrown out of a number of other clubs before they got access to one; that’s where persistence and tolerance for failure comes in. The great thing is that if you can build a relationship with even one person, referrals usually follow.

Networking is not something to do simply among social, business, and government crowds, but an activity that should start within the Couples Research and Therapy SIG. By networking within the SIG, you can develop a number of collaborative relationships that will be of great benefit now and as you begin a career in applied dissemination. Odds are that you will also find others in the SIG that are interested in applied dissemination (faculty members, professionals, or graduate students). At minimum, this provides you with people off of which to bounce your ideas. At most, it could lay the foundation for a future joint project! If you’re looking for a place to start, talk to me. The SIG is where those that make everything happen in our field meet and the benefits of creating a home-base here are immeasurable.

4) Think, talk, listen, and don’t be afraid to ask for help.

So you develop a few collaborative relationships, what’s next? Let’s discuss a few cognitive-behavioral skills.

First, think. Applied dissemination is a large, complex, and rather amorphous task to undertake. Because dissemination is, in many ways, still very unexplored territory, there is no one right or wrong way to go about business. The good news is that many of the same problem-solving skills we use as good researchers and therapists will be effective in tackling the project. Additionally, just because you do not have a background in business or public health does not mean that you can’t come up with effective dissemination ideas. Be creative and think outside the box; challenge traditional ways and imagine yourself as somewhat of an entrepreneur.

Second, talk. No one gets anywhere without communicating his or her ideas. Present your ideas and refine your communication skills in the collaborative relationships you’ve built. I have found that talking about my ideas is very different among members of our SIG versus non-psychology professionals. Most of the time, non-psychology professionals have trouble grasping the ideas I’m pitching because of the language I use. This is challenging me to learn different professional languages and values and be able to communicate in a way that is easily understandable in a variety of contexts.

Third, listen. No one gets anywhere with his or her first set of ideas. In fact, most creative problem solvers go through many permutations before they find something that initially works. Then that idea is refined over time to provide more efficiency and effectiveness. Listening to feedback from others on your ideas is the

best way to find out what is good and what is not so good about your ideas. Furthermore, listening gives you a chance to take in the ideas of others and increase the likelihood that, together, a solution will be found.

Finally, don't be afraid to ask for help. In a documentary interview conducted about a decade ago, Donald Keough, then President of Coca-Cola, was asked what differentiates those that become successful from those that do not. He responded, "What separates those who achieve from those who do not is in direct proportion to one's ability to ask others for help" (Saperston & Jones, 2003). As clinicians, we reinforce our clients' decisions to seek assistance when facing a set-back or uphill struggle. We should use our own good advice!

5) Get experience.

What do I mean by "get experience?" Well, both you and I know that, as a graduate student, we are not in a position to lead a dissemination project. But there are ways to get experiences that will be relevant to a future career in applied dissemination. Here are a few ideas.

Try to find a treatment outcome study with which to be involved. Not only does this provide research and clinical experience, but many of these sorts of projects are run like small businesses in local communities. Figuring out how to market the study to potential participants, coordinate treatment services, and develop relationships with people in the community maps well onto applied dissemination activities.

If you can, take one or two classes outside of the psychology department. Many universities not only allow this, but encourage it. Some will even pick up the tab for an extra class in another field of study! This can be a great opportunity to learn the fundamentals of public

health, business, government, law, or any other professional field related to dissemination. Furthermore, a class like these will allow you to continue developing relationships with people outside psychology. They also look great on your transcript.

Finally, if you are particularly ambitious and can find the time during a vacation or a summer, try working with a community organization, business firm, or government agency. This can be both a great way to test out the lifestyle and an invaluable source of real-world experience. Knowing and working with the people to which you want to disseminate couples programs will give you a distinct advantage later in your career. In addition, if you want to begin your career with an established professional firm, many require that you have previous experience in a formal organizational setting.

In closing, keep in mind that, as graduate students, we have a lot of responsibilities: classes, practicum, dissertations, teaching, and the research in our labs. All that, plus we hope to have a social or family life and find the time to do our laundry. This is why I have listed "get experience" last; our major responsibilities and priorities should be taken care of first. In addition, experience can always be gained after graduate school; pursuing experience while in school only helps to get an early leg up!

Reference

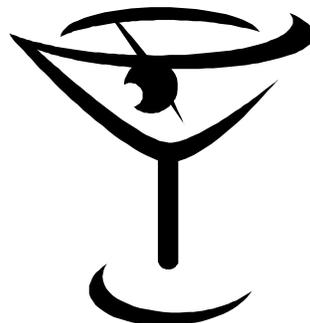
Saperston, E. (Producer/Director) & Jones, P. (Producer). (2003). *The Journey* [Motion Picture]. United States: Journey Productions.

Will is currently a fourth year graduate student working in Don Baucom's Marital Studies Lab at UNC-CH.

2006 COUPLES RESEARCH & THERAPY SIG COCKTAIL EVENT

Saturday, November 18th, 6:00-8:00pm
 "Marquette Room," 3rd Floor of ABCT Convention Hotel (Hilton)

After a long day at the convention,
 come relax and socialize with the Couples Research & Therapy SIG!



Around Town in Chicago!

Dear Couples Siggers,

We are very excited to welcome you to the Windy City this November for ABCT! We look forward to sharing the Chicago experience with all of you. There are many fun and exciting things to do while you are in Chicago, so we thought we'd put together a list to help you plan your trip! We have included the major attractions, including some restaurants and bars within walking distance of the conference hotel. The hotel itself (The Hilton Chicago at 720 South Michigan Ave.) is located in a historically preserved South Loop neighborhood, so be sure to take in the classic architecture. This strip of preserved buildings used to be the Chicago lakefront; however, desire for park land within city limits prompted construction of Grant Park, and recently Millennium Park, both of which are located adjacent to the Hilton Chicago.

Chicago is famous for the outstanding cultural attractions and museums. Located within walking distance of the hotel, you can find the following:

- **Millennium Park:** This new addition to the lake front includes urban gardens, a concert venue, outdoor ice skating, and the famous "Chicago Bean."
- **Art Institute of Chicago:** Located at 111 S. Michigan Avenue, the Art Institute is one of the world's leading art museums with a renowned impressionist and post-impressionist collection of works by Monet, Renoir, Degas, Van Gogh, and others. Be sure to check out the famous *American Gothic* and *Nighthawks*.
- **Museum Campus:** Located at Roosevelt Road and the Lake, you should definitely plan to spend some time here. The campus features 3 world class attractions:
 - **Shedd Aquarium/Oceanarium:** Chicago's premier aquarium, featuring reef sharks, beluga whales, and a great dolphin show.
 - **The Field Museum:** This is considered by many as one of the best collections of anthropologic artifacts, including Sue (the largest, most complete, and best-preserved Tyrannosaurus Rex fossil yet discovered), mummies, Egyptian tombs, Native American artifacts, and the world's largest collection of Tibetan relics.
 - **Adler Planetarium:** Take a journey into outer space!
- **Sear's Tower Sky Deck:** See an amazing view of Chicago from North America's tallest building.
 - As an alternative, grab a drink at the **Hancock building's Signature Lounge** on Michigan Avenue, located on the 96th Floor.
- **Magnificent Mile:** For great shopping, Michigan Avenue (north of the Chicago River) can't be beat!
 - As an alternative, visit the shops on **State Street** in the Loop.

Bars and Restaurants in the area:

- See some great blues at **Buddy Guy's Legends** (754 S. Wabash Ave.).
- Eat some cheeseburgers at **Billy Goat Tavern** (309 W. Washington) made famous by the 1970s Saturday Night Live skit.
- Visit one of the three restaurants at the **Italian Village** for some great Italian fare (71 W. Monroe).
- Located all over the city, **Cosi** and the **Corner Bakery** are great for soups, salads, and sandwiches, **Potbelly's Sandwich Works**, and **Chipotle** (burritos and tacos) are fast and cheap favorites!
- Be sure to eat some Chicago-style deep dish pizza while you're in town (Favorites are **Pizzeria Uno**, **Pizzeria Due**, **Gino's East**, and **Giordano's**).

We look forward to seeing you all in Chicago! One more note: don't forget your winter coats! There is a reason they call it the "WINDY CITY" - and it's not because of the politicians!

Sincerely,

The Chicago Couples Lab at the Illinois Institute of Technology



TREASURER'S UPDATE

Dear SIGers,

Currently, our treasury balance is \$1339.98. We have 102 members for the 2005-2006 academic year, which is seven members more than we had at this time last year – hooray! Forty-eight members are professionals, and 54 are students, postdocs, or retired. Thanks to all paid members for providing the funding to hold the upcoming conference events!

Now is the time that we begin collecting dues for the 2006-2007 academic year, which means that EVERYONE is being asked to pay dues. Membership fees are \$20 for faculty members or professionals and \$5 for students, 1st year postdocs, and retired persons. Typically, 90%+ of our dues are received at the conferences. To facilitate this, I will try to have the dues envelope available at all of the SIG events.

If you don't plan on attending the conference, or want to pay prior to the conference, please mail a check made out to Shalonda Kelly, with "ABCT Couples SIG" in the memo line, to the address at the end of my report. I will send you a receipt of payment via mail or email.

If you recently made a transition, or are planning for upcoming transitions in your work or life, please be sure to email me your new contact information. Currently, we try to keep track of your Name, Professional Title, Department, University or Organizational Affiliation, Address, Email, Website, and Phone/fax. If you are unsure if I have any of this information, or want to determine your membership status, feel free to check with me.

If you're not already on our listserv, please go to the SIG website at <http://www.couplessig.net/> and on the left you can click on "Join the Couples SIG listserv" and that should take care of everything.

If you have any other suggestions please email me at skelly@rci.rutgers.edu. Also, please encourage your colleagues and students to pay dues to keep our SIG strong.

I hope to hear from many of you soon, and to see many of you at the conference! Take care,

Shalonda Kelly

Shalonda Kelly, Ph.D. Associate Professor and ABCT Couples SIG Treasurer
Graduate School of Applied & Professional Psychology, Rutgers University
152 Frelinghuysen Road, Piscataway, NJ 08854-8085
Phone: (732) 445-2000, Ext. 132; Fax: (732) 445-4888, E-mail: skelly@rci.rutgers.edu



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

HOT OFF THE PRESS

In Press and Recently Published Literature

- Allemand, M., Amberg, I., Zimprich, D., & Fincham, F. D. (in press). The role of trait forgiveness and relationship satisfaction in episodic forgiveness. *Journal of Social and Clinical Psychology*.
- Beach, S. R. H., Kamen, C., & Fincham, F. D. (2006). Marital dysfunction. In F. Andrasik (Ed.), *Comprehensive Handbook of Personality and Psychopathology: Volume II, Adult Psychopathology* (pp. 450-465). New York: Wiley.
- Cano, A. & Leonard, M.T. (in press). Integrative Behavioral Couple Therapy for Chronic Pain: Promoting Behavior Change and Emotional Acceptance. *Journal of Clinical Psychology: In Session*.
- Cordova, J.V., Cautilli, J., Simon, C., Axelrod-Sabag, R. (2006). Behavior Analysis of Forgiveness in Couples Therapy. *International Journal of Behavioral and Consultation Therapy*, 2, 192-214.
- Cordova, J. V., Scott, R. L., Dorian, M., Mirgain, S., Yaeger, D., & Groot, A. (2005). The marriage checkup: A motivational interviewing approach to the promotion of marital health with couples at-risk for relationship deterioration. *Behavior Therapy*, 36, 301-310.
- 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.
- Fincham, F.D., Hall, J., & Beach, S.R.H. (in press). Forgiveness in marriage: Current status and future directions. *Family Relations*.
- Fincham, F. D., Stanley, S. M., & Beach, S. R. H. (in press). Transformative processes in marriage: An analysis of emerging trends. *Journal of Marriage and Family*.
- Hall, J.H. & Fincham, F.D. (2006). Relationship dissolution following infidelity. In M. Fine & J. Harvey (Eds.), *Handbook of divorce and relationship dissolution* (pp. 153-168). Erlbaum.
- Hall, J.H. & Fincham, F.D. (2006). Relationship dissolution following infidelity: The roles of attributions and forgiveness. *Journal of Social and Clinical Psychology*, 25, 508-522.
- Hettrich, E. L. & O'Leary, K. D. (in press). Females' reasons for their physical aggression in dating relationships. *Journal of Interpersonal Violence*.
- Hughes, F. M., Stuart, G. L., Gordon, K. C., & Moore, T. M. (in press). Predicting the Use of Aggressive Conflict Tactics in a Sample of Women Arrested for Domestic Violence. *Journal of Social and Personal Relationships*.
- Klibert, J., Langhinrichsen-Rohling, J., & Saito, M. (2006). The adaptive versus maladaptive correlates of self-oriented and socially prescribed perfectionism. *Journal of College Student Development*, 46, 141-156.
- Kline, G. H., Pleasant, N., Whitton, S. W., & Markman, H. J. (2006). Understanding couple conflict. In A. Vangelisti & D. Perlman (Eds.), *The Cambridge Handbook of Personal Relationships* (pp. 445-462). Cambridge: Cambridge University Press.
- Langhinrichsen-Rohling, J. (2006). An examination of sheltered battered women's perpetration of stalking and other unwanted pursuit behaviors. *Violence and Victims*, 21.
- Langhinrichsen-Rohling, J., Huss, M. T., & Rohling, M. L. (2006). Assessing aggressive behavior in adults In M. Herson (Ed.) *Clinician's Handbook of Adult Behavioral Assessment* (pp. 371-395). San Diego, CA: Elsevier.
- Langhinrichsen-Rohling, J., & Palarea, R. (2006). Unwanted Pursuit Behavior Inventory. *Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools – First Edition* (pp. 148-149). Centers for Disease Control, Atlanta, GA.
- Langhinrichsen-Rohling, J., Rehm, T., Breland, M., & Inabinet, A. (2006). Coping, mental health status and current life regret in college women who differ in their lifetime pregnancy status: A resilience perspective. *Advances in Psychological Research*, 47, 1-15.

- Langhinrichsen-Rohling, J. (2005). Top ten greatest "hits": Important findings and future directions for interpersonal violence research. *Journal of Interpersonal Violence, 20*, 108-118.
- Langhinrichsen-Rohling, J., Dooley, H., & Langhinrichs, R. (2005). Dating. In N. Salkind (Ed.) *Encyclopedia of Human Development* (pp. 334-338). Sage: Thousand Oaks, CA.
- Leonard, M.T. & Cano, A. (in press). Pain Affects Spouses Too: Personal Experience With Pain And Catastrophizing As Correlates Of Spouse Distress. *Pain*.
- Lohr, J., Bonge, D., Witte, T., Hamberger, L. K., & Langhinrichsen-Rohling, J. (2005). Consistency and accuracy of batterer typology identification. *Journal of Family Violence, 20*, 253-258.
- Mansfield, A. K., & Cordova, J. V. (in press). A contemporary behavioral perspective on adult intimacy disorders. In D. Woods & J. Kanter (Eds.), *Understanding behavior disorders: A contemporary behavioral perspective*. Reno, NV: Context Press.
- Markman, H. J., Stanley, S. M., Jenkins, N. H., Petrella, J. N., & Wadsworth, M. E. (in press). Preventive education: Distinctives and directions. *Journal of Cognitive Psychotherapy*.
- Mirgain, S., & Cordova, J. V. (in press). Emotion Skills and Marital Health: The Association Between Observed and Self-Reported Emotion Skills, Intimacy, and Marital Satisfaction. *Journal of Social and Clinical Psychology*.
- Muñoz-Rivas, M.J., Graña, J.L., O'Leary, K.D., & González, P. (in press). Physical and psychological aggression in dating relationships in 1,886 Spanish university students. *Psicothema*.
- O'Farrell, T.J. & Fals-Stewart, W. (2006). *Behavioral couples therapy for alcoholism and drug abuse*. New York: Guilford Press.
- O'Leary, K. D., Woodin, E. M., & Fritz, P. T. (in press). Can we prevent the hitting? Recommendations for preventing intimate partner violence between young adults. In Stith, S. & Tritt, D. (Eds.), *Prevention of Family Violence* (Tentative Title). Hayworth Press.
- O'Leary, K. D. & Williams, M. C. (in press). Agreement about acts of aggression in marriage. *Journal of Family Psychology*.
- O'Leary, K. D. (2006). How do I count thee? Voice, pen, or computer key. *Violence and Victims, 21*, 533-535.
- O'Leary, K. D. & Cohen, S. (2006). Treatment of psychological and physical aggression in a couple context. In J. Hammel & T. Nicholls (Eds.). *Family interventions in domestic violence: A handbook of gender-inclusive research and treatment*. New York: Springer (pages to be determined).
- O'Leary, K. D., Woodin, E. M., & Fritz, P.T. (2006). Can we prevent the hitting? Implications for the prevention of partner violence. *Journal of Aggression, Maltreatment and Trauma, 13*, 125-181. Also to appear in (2006) S. Stith (Ed.), *Prevention of intimate partner violence*. Binghamton, NY: Haworth Press.
- O'Leary, K. D., Jyringi, D., & Sedlar, M. (2005). Childhood conduct problems, stages of Alzheimer Disease, and physical aggression against caregivers, *International Journal of Geriatric Psychiatry, 20*, 1-5.
- O'Leary, K. D. (2005). Commentary on Intrapersonal, Interpersonal, and Contextual factors in extramarital involvement. *Clinical Psychology: Science and Practice, 12*, 131-133.
- O'Leary, K. D., & Vega, E. M. (2005). Can partner aggression be stopped with psychosocial interventions? In W. Pinsof & J. Lebow (Eds.), *Family psychology: The art of the science* (pp. 243-263). New York: Oxford University Press.
- O'Leary, K. D., & Woodin, E. M. (2005). Partner aggression and problem drinking across the lifespan: How much do they decline? *Clinical Psychology Review, 25*, 877-894.
- O'Leary, K. D., & Woodin, E. M. (2005). Bringing the agendas together: Partner and child abuse. In J. R. Lutzker (Ed.), *Preventing violence: Research and evidence-based intervention strategies* (pp. 239-258). Washington, DC: American Psychological Association.
- Rhoades, G. K., Petrella, J. N., Stanley, S. M., & Markman, H. J. (in press). Premarital cohabitation, husbands' commitment, and wives' satisfaction with the division of household contributions. *Marriage and Family Review*.
- Sanford, K. (2006). Communication during marital conflict: When couples alter their appraisal, they change their behavior. *Journal of Family Psychology, 20*, 256-265.

- Sanford, K. (in press). Hard and soft emotion predicts behavior change during conflict: Investigating married couples and other relationships. *Personal Relationships*.
- Stanley, S. M., Whitton, S. W., Low, S. M., Clements, M. L., & Markman, H. J. (2006). Sacrifice as a predictor of marital outcomes. *Family Process*, 45, 289-303.
- Stanley, S. M., Kline Rhoades, G., & Markman, H. J. (in press). Sliding vs. Deciding: Inertia and the premarital cohabitation effect. *Family Relations*.
- Vega, E. M. & O'Leary, K. D. (in press). Test-Retest Reliability of the Revised Conflict Tactics Scales (CTS2). *Journal of Family Violence*.
- Vega, E. M. & O'Leary, K. D. (2006). Reaction time and item presentation factors in the self-report of partner aggression. *Violence and Victims*, 21, 519-532.
- Whitton, S.W., Olmos-Gallo, P. A., Stanley, S. M., Prado, L. M., Kline, G. H. & Markman, H. J. (in press). Depressive symptoms in early marriage: Predictions from relationship confidence and negative marital interaction. *Journal of Family Psychology*.
- Whitton, S.W., Stanley, S. M., & Markman, H. J. (in press). If I help my partner, will it hurt me? Perceptions of sacrifice in romantic relationships. *Journal of Social and Clinical Psychology*.
- Woodin, E. M., & O'Leary, K. D. (in press). Theoretical approaches to the etiology of partner violence. In J. Lutzker & D. Whitaker (Eds.), *Preventing partner violence: Foundations, interventions, issues*. Washington, DC: American Psychological Association.
- Woodin, E. M., & O'Leary, K. D. (2006). Partner aggression severity as a risk-marker for male and female violence recidivism. *Journal of Marital and Family Therapy*, 32, 283-296.