

# Couples Research & Therapy

## *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Fall 2011

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## Developing Assessments to Measure Barriers to Treatment Entry: A Critical Step Towards Dissemination

Yael Chatav Schonbrun, Ph.D.<sup>1,2</sup>, Gregory L. Stuart, Ph.D.<sup>3</sup>,  
and David R. Strong, Ph.D.<sup>1,2</sup>

<sup>1</sup> Butler Hospital, <sup>2</sup> Warren Alpert Medical School of Brown University,  
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Relationship functioning has important implications for numerous life domains, including physical health, psychological health, and social and work functioning (e.g., (Kiecolt-Glaser & Newton, 2001; Whisman & Uebelacker, 2006; Whisman, Uebelacker, & Settles, 2010). Indeed, marital distress is an important predictor of overall life satisfaction, accounting for more variability in life satisfaction than finances, health, and work (Fleeson, 2004), and there is an overall mental health advantage for those who are married versus those who are divorced (e.g., Kim & McKenry, 2002; Stroschein, McDonough, Monette, & Shao, 2005; Williams, 2003). Fortunately, there is empirical support that couples treatments can effectively address relationship distress (e.g., (Christensen, Atkins, Baucom, & Yi, 2010; Dunn & Schwebel, 1995), and can help to ameliorate individual psychiatric disorders occurring within the couple context (e.g., Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998).

However, the exciting potential for couples treatments to address relationship distress and concomitant problems of poor relationship functioning, including individual psychiatric disorders, is significantly mitigated by the low rates of couples seeking treatment. For example, in a 2001 report (Johnson et al., 2001), only 37% of divorcing couples had sought relationship counseling prior to their relationship dissolution. In a recent study of couples over the first 5 years of marriage, only 14% of couples sought couples therapy (Doss, Rhoades, Stanley, & Markman, 2009), despite evidence that a third of couples are dissatisfied with their marriage at any given time (Whisman, Beach, & Snyder, 2008), and that the early years of marriage may be a time of declining marital satisfaction (e.g. Kurdek, 1999; Lavner & Bradbury, 2010).

## Letter from the Editors

We have had such an amazing experience editing the Couples SIG Newsletter. Now it's time for a new duo to take the office. Come one, come all to the ABCT Couples SIG Business Meeting (Friday, November 11 at 2:15pm, Sheraton Hotel - Windsor Room).

We are so appreciative to have an article by Yael Chatav Schonbrun, Gregory Stuart, and David Strong. They have submitted an article on the development of assessment tools to measure the barriers couples face when considering entering treatment. You can read this fascinating article to learn more about PROMIS, an innovative approach to the development and validation of tools evaluating important patient-related health outcomes.

Additionally, we extend our gratitude to Tatiana Gray for her comprehensive and discerning review of *Strengthening Couple Relationships for Optimal Child Development*.

We have enjoyed each of your submissions and have relished in your accomplishments. If you are considering running for co-editor, we'd be happy to assist you in any way. For those considering submitting your news item, the newly elected co-editors will be contacting you soon for your contributions to the spring newsletter.

**Thank you for making the Couples SIG Newsletter possible!**

*Ellen Darling &  
Amanda Harp*

## *(Assessing Barriers to Treatment, Cont'd)*

### *Evaluating Barriers to Entry into Couples Treatment*

Despite the clear need for couples interventions and the alarmingly low rates of treatment utilization, few studies have examined factors influencing attendance at couples treatment. In the small body of work evaluating predictors of seeking marital therapy (e.g., Bowen & Richman, 1991; Bringle & Byers, 1997; Doss et al., 2009; Doss, Simpson, & Christensen, 2004), evidence has emerged that lower marital satisfaction, self-reported negative communication styles, and higher rates of depression are predictive of marital treatment seeking, and are associated with a greater likelihood of couples treatment seeking in the first 5 years of marriage. This research is essential in understanding who seeks couples treatment, and provides needed guidance in how marital therapists might most effectively target treatments. However, increasing access to marital therapy will remain limited if the evaluation of factors influencing treatment attendance is restricted to couples that are in the process of seeking couples treatment.

Although research evaluating patient barriers to treatment entry is plentiful (Gulliver, Griffiths, & Christensen, 2010; Jordan & Oei, 1989; Tsogia, Copello, & Orford, 2001; Vanheusden et al., 2008; Visco, 2009), research on barriers to entry into couples treatment is quite limited. In an early study, divorced individuals were asked reasons for seeking and for not seeking couples therapy prior to their relationship dissolution (Wolcott, 1986). Common reasons cited for not seeking treatment included the belief that problems were too far along and would not be amenable to change through treatment, and that one's partner was not willing to attend treatment. Another study evaluating barriers to entry into couples alcohol treatment (William Fals-Stewart, Logsdon, & Birchler, 2004) relied on qualitative interviews conducted in five community-based substance treatment programs where Behavioral Couples Therapy (BCT) efficacy trials had been completed. Identified barriers to treatment entry included the patient's belief that alcoholism was an individual rather than a couple's problem, and concerns about the partner and therapist "ganging up" on the patient. A more recent study examined preferences for individual versus couples treatment being provided through a treatment study for women with alcohol use disorders (Barbara S. McCrady, Epstein, Cook, Jensen, & Ladd, 2011). Women were, overall, more likely to select individual treatment. When asked reasons for selecting individual over couples treatments, women described preferences to work on problems alone, beliefs that their partner would not attend, and logistical reasons as driving their preference. While this work is informative, extending the reach of couples treatments that have been so carefully developed and tested will remain an intractable challenge until more is known.

### *Addressing the Gap Between Research and Practice*

Interest in the issue of the gap between research and practice is growing in the field of clinical psychology. The chasm between research and practice across treatment modalities (i.e., individual and couples treatments) has increasingly become a focus among numerous governing institutions that guide general research and practice in clinical psychology (e.g., American Psychological Association, 2006; DeAngelis, 2010; National Institutes of Health, 2009). Interest in barriers to entry into couples treatment has also emerged. Indeed, at the recent ABCT convention in San Francisco, a clinical round table entitled *Barriers to engaging couples in therapy for relationship problems and strategies to overcome them* (N. B. Epstein, Baucom, Gordon, McCrady, & Whisman, 2010) was held in front of a packed audience. Panelists discussed the clinical challenges of bringing couples in, and keeping them engaged in treatment. Several panelists further noted that there has been little research elucidating the barriers to engaging couples in treatment, and that most clinicians rely on clinical experience to direct efforts in improving access to couples treatment.

*(Continued on page 10)*

## Letter from the SIG Co-Presidents

Lee Dixon<sup>1</sup> & Cameron Gordon<sup>2</sup>

<sup>1</sup> University of Dayton, <sup>2</sup> University of North Carolina, Wilmington

It's great to be heading to the land of hockey, maple leaves, and Mounties, eh? The trip across the border that many of us will be making will definitely be worth it. As our SIG grows and research in our field advances, every conference seems to be better than the last; I don't think this year will be an exception. As with years past, the work that will be presented at Poster Sessions, Panel Discussions, and Symposia will be a reflection of the outstanding research the members of the Couples SIG have been doing.

We hope you will all be able to join us in kicking off the conference with the **Couples SIG preconference event** at 6:30 – 8:00 PM on Thursday, November 10<sup>th</sup> in the Toronto Hilton (Governor General room, 2<sup>nd</sup> floor). We are pleased to announce that Dr. Sue Johnson, from the International Centre for Excellence in Emotionally Focused Therapy, will be our guest speaker this year. Dr. Johnson holds professorships at both the University of Ottawa in Canada and at Alliant University in San Diego, California and is one of the originators of Emotionally Focused Couple Therapy (EFT). In her talk, entitled “A New Era for Couple Therapy: Emotion, Attachment and EFT”, she will be discussing EFT and its unique perspective on how to use the power of emotion and the new science of adult attachment to create significant, lasting change in couple relationships.

Our **SIG Business Meeting** will be held from 2:15 to 3:45 on Friday (Toronto Sheraton, Windsor Room). This will be a busy meeting, as we will be holding elections for the offices of Co-Presidents, Student Co-Presidents, Newsletter Editors, and Media Coordinator. I must say, this writer excluded, our officers have done an excellent job. Please start thinking about potential nominations for the upcoming elections. If you would like to be nominated for the position, please feel free to let Lee or Cameron know. In addition to holding elections, we will also discuss SIG business, receive committee updates, etc. We will also be presenting the Robert L. Weiss Student Poster Award during the meeting. If you have announcements or agenda items for the meeting, please contact Lee ([lee.dixon@notes.udayton.edu](mailto:lee.dixon@notes.udayton.edu)) or Cameron ([gordonc@uncw.edu](mailto:gordonc@uncw.edu)).



## Lab Updates:

With all your new research ideas and grant proposals brewing, please start thinking about your updates for the Spring 2012 Newsletter. The newly elected co-editors will love to hear from you!

### Jennifer Langhinrichsen-Rohling, Ph.D.

Professor of Psychology  
University of South Alabama  
Mobile, AL

Jennifer Langhinrichsen-Rohling, Jeffery Snarr; Amy Slep, Richard Heyman, and Heather Foran are proud to announce our recently published paper in JCCP. We identified risk and promotive factors for suicide ideation from the individual, marital/family, work place, and community levels. Separate models were constructed for active duty military men and women (full citation in the Hot off the Press section).

Also, Deborah Capaldi and I are editing a special issue of Prevention Science which is focused on prevention efforts for Intimate Partner Violence - it is almost ready and should be out early in 2012 and it includes papers from lots of couples SIG members like Miriam Ehrensaft, Amy Slep, K. Daniel O'Leary.

### Steven L. Sayers, Ph.D.

Co-Associate Director for Education, VISN 4 Mental Illness Research, Education, and Clinical Center  
Psychology Director, Advanced Fellowship Program in Mental Illness Research and Treatment Associate Professor of Psychology in Psychiatry Philadelphia VA Medical Center and University of Pennsylvania

We are nearly fully staffed at this point with multiple projects focused on military Veteran couples. From the left is: Marcy Morrocco, Steven Sayers, Anne Hoedeman, Theresa Schmitz, Tanya Hess, Andy McCabe, Marcia Trejo, Bill Layton, Jenna Haywood.



## Letter from the Student Co-Presidents

Katherine J.W. Baucom<sup>1</sup> & C.J. Eubanks Fleming<sup>2</sup>  
<sup>1</sup>University of California, Los Angeles; <sup>2</sup>Clark University

The ABCT Convention is right around the corner! We wanted to inform you all of a number of Couples SIG events that we hope you can attend.

First, the **Couples SIG Cocktail Party** will be at The Loose Moose Tap and Grill (146 Front Street West; <http://www.theloosemoose.ca/>) on Saturday November 12<sup>th</sup> from 6:00-8:00 pm - it is a 10-minute walk from the conference hotels and came highly recommended! Note it will begin earlier than usual due to a hockey game that evening - we apologize for the overlap with the presidential address. If you want to have dinner at The Loose Moose following the cocktail party we encourage you to make a reservation online <http://www.theloosemoose.ca/about/index.php?id=3> since it will likely be busy following the hockey game.

Immediately following the cocktail party (-8:30 pm) we will have the **Student Cocktail Hour**. We are planning to stay at The Loose Moose bar. This is a fun, informal event and is intended for both graduate and undergraduate students to get to know one another better and talk couples!

Finally, the 5<sup>th</sup> annual **Couples SIG Student Symposium** will be taking place on Friday, November 11<sup>th</sup> at 8:45 - 11:15 am in Conference Room G at the Sheraton (6<sup>th</sup> floor). Papers on this year's topic, "Beyond Satisfaction: An Examination of the Associations between Depression, Stress, and New Domains of Relationship Health" will be presented by Sarah Burns Campbell (George Mason University), C.J. Eubanks Fleming (Clark University), Rachel Hershenberg (Stony Brook University), and Patrick Poyner-Del Vento (Simon Fraser University). Dr. Sarah Whitton (University of Cincinnati) will be our discussant. We hope to see many of you there!

If you have any questions, suggestions, or comments please feel free to email us at [kwilliams@ucla.edu](mailto:kwilliams@ucla.edu) or [cjfleming@clarku.edu](mailto:cjfleming@clarku.edu). Also, we encourage students to join the **Couples SIG student listserv** (<http://groups.google.com/group/Couples-SIG-Students>) and/or **Couples SIG student Facebook page**.

See y'all in Toronto!

Sincerely,

CJ ([cjfleming@clarku.edu](mailto:cjfleming@clarku.edu)) and Katie ([kwilliams@ucla.edu](mailto:kwilliams@ucla.edu))

## Treasurer's Update

Dear SIG Members,

I hope it has been a happy and healthy year for you all! I'm really looking forward to seeing many of you again soon in Toronto.

Since the last update, we have added 5 new student members, bringing our total dues-paying membership up to 178 (66 professionals and 112 students). I would like to extend a warm welcome to our newest members and encourage all of you to spread the word to your colleagues about the Couples SIG!

Presently, our SIG balance is \$770.86. Each year we budget \$1200 to cover the pre-conference speaker, student awards, and cocktail party at ABCT. We are relying on your support to cover these costs! As always, we will collect dues at our Couples SIG business meeting at ABCT. An important note about this year: even though the conference is in Toronto, please plan to pay your dues in American Dollars to avoid confusion about exchange rates and fees, etc. Dues are \$25 for professional members and \$5 for students, post-docs, and retired members.

If you are unable to attend the conference or would like to pay ahead of time, you can pay your 2011 dues electronically via PayPal (go to [www.paypal.com](http://www.paypal.com) and send money to [meghanmcginn@gmail.com](mailto:meghanmcginn@gmail.com)) or by mailing a check to the address below. Please do not hesitate to contact me if you have questions or concerns about dues or membership.

Many thanks for your support of the SIG!

Best,  
Meghan

Send checks to:  
Meghan McGinn, M.A.  
VA Puget Sound Healthcare System  
1660 S Columbian Way (116-MHC)  
Seattle, WA 98108

## **KUDOS!!!**

**We'd like to celebrate these special events in the lives of the following Siggers. Congratulations to you!**

\* **Dr. Samantha Litzinger** and **Dr. Laura Frame**, of University Behavioral Associates (UBA) at Montefiore Medical Center, are excited to announce that their organization was one of the 60 grantees to receive a Community-Centered Healthy Marriage grant from the Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (OFA). UBA provided marriage education and family support services to low-income couples for the past five years as an OFA healthy marriage grantee and demonstration site for the federally-funded Supporting Healthy Marriage (SHM) research project. Under the leadership of Dr. Scott Wetzler and Barbara Kang, the new, expanded Supporting Healthy Relationships program will offer relationship education, case management, and employment services to 300 low-income married and unmarried couples in the Bronx, NY per year.

\* Congratulations to **Tamara Goldman Sher, Ph.D.**, who has recently changed jobs and institutions. She is now the Vice President for Research at The Family Institute at Northwestern University, 618 Library Place, Evanston, IL 60201.

\* **Kristina Coop Gordon, Ph.D.** has been awarded a 3-year \$2,155,342 demonstration grant from the Administration for Children and Families to implement the Marriage Checkup in a community-based integrative health care facility. James Córdova is also on this grant. They are seeking to fill the position of program coordinator and ask that you inform your students looking for a post-doc position who might be interested in helping run this study. A formal job announcement will be posted shortly. For more information, please contact:

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## Media Coordinator Update

Hello Couples SIG!

We've had another great year with an even stronger presence on the web. As we approach the ABCT Conference in Toronto, the number of hits on our website (<http://www.abctcouples.org>) continues to grow at higher rates compared to this time last year. Also, the Google search engine has recognized the amount of traffic our site has been receiving and thus it decided to reorganize the resulting list. If you type in "couples sig" or "abct couples" our website is the first result, along with subheadings of different parts of our website. Within the website, a new section recently added includes an archive of past ABCT preconference presentations (thanks again to Barry McCarthy, Kristi Coop Gordon, and Ron Rogge for sharing their material from previous preconference events). We hope to continue expanding this archive after the ABCT Conference each year.

My two-year term as media coordinator is coming to a conclusion, and the position is up for grabs during elections in the next Couples SIG business meeting (Friday, November 11 at 2:15 PM in the Windsor Room at the Sheraton Hotel). There are three primary responsibilities:

- Manage and update the Couples SIG website and the listserve (experience with web design is very helpful)
- Create and manage new avenues for Couples SIG members to connect via the Internet (e.g., Facebook groups)
- Communicate with other officers to relay news and updates

You'll find that this position plays a crucial role for the Couples SIG during the year, as the listserve and website (in addition to the bi-annual newsletter) are two major ways in which SIG members stay connected. I'd also like to say that it has been a real privilege to serve the SIG over the past two years, and I'd like to thank everyone who wrote in with suggestions or additions for the website and the listserve--your feedback has helped to make the website and our presence on the web stronger than before.

Patrick Poyner-Del Vento, M.A.  
*Simon Fraser University*  
[p\\_pd@sfu.ca](mailto:p_pd@sfu.ca)

### **Doss Lab, University of Miami**

Brian Doss, Ph. D.

Brian Doss' lab, in collaboration with Andy Christensen's lab, has been busy this last year continuing to create an IBCT-based online program, [OurRelationship.com](http://OurRelationship.com), and get it up and running smoothly. We have certainly learned firsthand the frustrations of technology! Fortunately, much progress has been made and we are currently running couples through a pilot test of the program. The large randomized trial of the program is set to begin in the coming months (fingers crossed!) Also together with Andy's lab, a version of the web program to be implemented and tested in the VA is in progress.

Personnel in the Doss lab continues to grow as we are pleased to have Emily Georgia stay as a graduate student joining now second year student Larisa Cicila. We are also lucky to welcome Judith Biesen our new full-time research assistant.

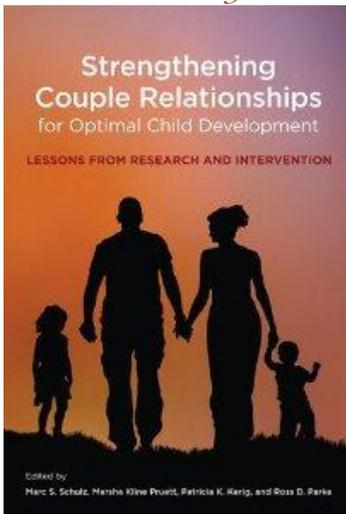
### **Sarah Whitton, Ph.D.**

Assistant Professor  
 Psychology Department  
 University of Cincinnati

We received a small grant to support a small randomized clinical trial of a relationship education program designed specifically for male same-sex couples. We aim to build upon promising results from 11 newlywed gay couples in Boston by using a larger sample size and by assessing the program's acceptability and efficacy with gay couples in Ohio who, like most in the U.S., do not have the legal option to marry.

# Strengthening Couple Relationships for Optimal Child Development:

*Book Review by  
Tatiana D. Gray, B.A.,  
Clark University*



Strengthening Couple Relationships for Optimal Child Development: Lessons from Research and Intervention

Edited by Marc S. Schulz, PhD; Marsha Kline Pruett, PhD; Patricia K. Kerig, PhD; and Ross D. Parke, PhD

Pages: 244

Item #: 4318064

ISBN: 978-1-4338-0547-9

List Price: \$59.95

APA Member/Affiliate Price: \$39.95

Publication Date: October 2009

*Strengthening Couple Relationships for Optimal Child Development* is aimed at researchers, clinicians, students, and policy experts interested in child and family development. It is intended to be a resource containing the most advanced empirical research on the study of families and children. The book manages to address a variety of theoretical perspectives while maintaining the common theme that interpersonal relationships are *crucial* for family functioning.

The editors are among the most respected leaders in the field, making them particularly well-suited to assemble such a book. With expertise in couples relationships, emotional processes within the family, emotional and legal factors of divorce, protective factors of psychopathology in the family, child development, and fatherhood, between the four of them they are distinctly capable of speaking to virtually every area of family functioning.

The authors of the various chapters have made significant contributions to our understanding of the intersecting importance of couples relationships and child development. The editors acknowledge the contributions of Philip and Carolyn Pape Cowan as innovative, ground-breaking, and critical to the comprehensive science of couples, children, and families. Much of the highlighted findings stemmed from the significant research conducted by the Cowans and this volume of work is a tribute to and extension of their pioneering studies.

The relevance of the subject matter is significant. This intersection of partners and parents is of interest not only to the experts in the field who have made it their area of study; it is safe to say that this subject matter is fundamentally important to nearly everyone, as most people are involved in intimate relationships and the vast majority choose to start a family together. The work presented in these chapters, while academic in nature, apply to all couples and families. Additionally, this volume covers the range of significant topics in the area, from the transition to parenthood, conflict and satisfaction within the relationship, to outcomes for both the child and parent. The book addresses family functioning at nearly every stage.

The book is divided into three parts. Part one discusses the implications of couple relationships for parenting and child development. The chapters in this section focus on the prevailing impact intimate relationships have on the well-being of both children and the parents. The primary focus of part one is on how conflict in the marriage can and often does lead to negative outcomes for children. A positive theme throughout many of the chapters is that not all forms of conflict and distress are detrimental to child outcomes, and in fact there are constructive ways to navigate conflict that can function as a healthy model for children.

Part two examines the key domains that shape couple functioning. This part focuses primarily on the transition to parenthood. The authors in this section review the changes that occur in marital relationships during this transition, discuss how previous life experiences influence the transition to parenthood, highlight how emotions play a central role in couple interactions, and focus on attachment and infant mirroring when working with couples.

Part three focuses on interventions aimed at promoting healthy couple and family relationships. Interventions include Loving Couples Loving Children (Gottman, Gottman & Shapiro), the Collaborative Divorce Project (Pruett & Barker), The Specialty Clinic Training Model (Levenson, Cowan, & Cowan), The Becoming a Family Project (Cowan & Cowan), The Schoolchildren and Their Families Project (Cowan & Cowan), and Supporting Father Involvement (Cowan & Cowan). The authors of these chapters use empirically supported intervention methods to address the prevention of damaging behavior and the promotion of positive family and child interactions during major life transitions.

Nearly every chapter throughout the volume concludes with positive and practical directions science can take in order to further advance our understanding in this area. The suggested directions speak to the heart of the volume in

that this research is not done simply for the sake of research, but emphasizes real implications for families at any stage in life.

*Strengthening Couple Relationships for Optimal Child Development* is an elegant compilation of cutting-edge research on the functioning of couples and families. While encompassing multiple theoretical perspectives from a variety of contributors, it is well-constructed and maintains a smooth and logical flow. Written primarily for those in the academic and professional world, the volume is engaging, consistently well-written, and highly informative. This book is grounded in research on implications for, mechanisms of, and interventions towards healthy family functioning. Overall, this work is a substantial contribution to the work of anyone interested in the cutting-edge research and treatment of couple and child relationships.

**Beth Allen, Ph.D.**

Assistant Professor  
Department of Psychology  
University of Colorado Denver

The Relationship Studies Lab at the University of Colorado Denver is housed within a new Ph.D. program in Clinical Health Psychology and directed by Dr. Beth Allen. Dr. Allen and students in her lab are interested in a range of issues related to couple functioning, including basic processes related to relationship health and dysfunction, sexual health communication and decision making, relationship interventions, infidelity, military marriages, and the bidirectional influences of relationship factors and physical health. Most of Beth's time is focused on military marriage as she is an investigator, along with Scott Stanley (PI) and Howard Markman, on a large, longitudinal RCT of PREP adapted for the Army population and providers ([www.armymarriageproject.com](http://www.armymarriageproject.com)). Dr. Allen has recently been granted a Department of Defense 2011 Defense Medical Research and Development Program (DMRDP) Award to study relationship factors contributing to the progression of PTSD and suicide risk factors among Army couples. To read more about the research being conducted by Dr. Allen and her students, please visit:

<http://clas.ucdenver.edu/relationshipstudieslab>.



**James V. Córdova, Ph.D.**

Professor of Psychology  
Clark University

The Marriage Checkup Study is in the final stages of seeing couples and the lab is deep in the throes of data analysis. One of the first papers to come out of the Marriage Checkup, *The Marriage Checkup: Accessing marital healthcare*, was recently published in *Journal of Family Process*. Current projects include a new grant from the Administration for Children and Families, with Kristina Coop Gordon's lab, to implement the Marriage Checkup in a community based integrative health-care facility in Tennessee. Lab member Amanda Harp is completing her doctoral dissertation in which she is developing a survey to assess for partner undermining of weight loss (full details at: <http://tinyurl.com/Clark-Study>). Melinda Morrill is completing a clinical practicum at the UMass Medical Center and preparing to apply for internship next year. She is planning her dissertation research to be focused on the coparenting, parenting, and child well-being in Marriage Checkup couples, investigating actor-partner effects between a couples romantic relationship and their parenting behaviors. CJ Eubanks recently published her Masters' Thesis, entitled, "Predicting Relationship Help Seeking Prior to a Marriage Checkup." She is currently on externship at Worcester State Hospital, and is planning her dissertation in the area of couples and substance abuse. Tatiana Gray is currently conducting research examining couples communication patterns, specifically negotiations to transition from different conversation styles. Julia Sollenberger is managing the lab and continuing her research into the role of emotion skills in couple interactions. Finally, Ellen Darling has been on maternity leave following the birth of her daughter; she looks forward to resuming her research investigating the role of mindfulness in relationship health in January.



**Richard E. Heyman, Ph.D.**

Professor  
Family Translational Research Group  
Department of Cariology and Comprehensive Care  
New York University

The Family Translational Research Group (FTRG) — directed by Rick Heyman and Amy Slep — has recently joined New York University in the Department of Cariology and Comprehensive Care. FTRG comprises seven doctoral level psychologists/social workers and a dozen other employees and will continue to be a primarily research-funded group. If you're in NYC, visit us in our new space on the 2nd floor of the Manhattan VA at 23rd St and 1st Avenue. [www.ftrgroup.org](http://www.ftrgroup.org)

## ***HOT off the Press***

In Press and Recently Published Literature

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- Chambers, A. L. & Kravitz, A. M. (in press). Understanding the Disproportionately Low Marriage Rate among African Americans: An Amalgam of Sociological and Psychological Constraints. *Family Relations*.
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- Doss, B. D., Rowe, L. E., Morrison, K. R., Libet, J., Birchler, G. R., Madsen, J. W., & McQuaid, J. (2011). Couple therapy for military veterans: Overall effectiveness and predictors of response. *Behavior Therapy*. Advance online publication. doi:10.1016/j.beth.2011.06.006
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- Lebow, J., Chambers, A. L., Christensen, A., & Johnson, S. (in press). Research on the Treatment of Couple Distress. *Journal of Marital and Family Therapy*.
- Leisring, P.A. (In press). Top ten reasons why women's perpetration of intimate partner violence is an important area of inquiry. *Partner Abuse, Volume 2, Issue 4*.
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*(Assessing Barriers to Treatment, Continued)*

The crucial task of extending the reach of empirically supported treatments is clear, and the first critical step is to gather information to better comprehend current obstacles to treatment access. A coordinated effort among the couples research community, and a strategy that makes use of an accessible framework to guide exploration of barriers to dissemination is required to ensure progress. To date, efforts to evaluate barriers to treatment entry have largely focused on individual treatment, and have relied on researcher-generated questionnaires that are developed and used by independent research teams. Moreover, there have been no efforts to develop item banks to assess barriers to couples treatment entry across both relationship distress presentations and specific mental health disorders. Development of sound assessment tools to evaluate barriers to entry into couples treatments will facilitate forward movement in dissemination efforts.

*A Systematic Framework for Developing Assessment Tools*

A framework for developing assessment tools evaluating important clinical phenomena was put forth within the National Institutes of Health (NIH) Roadmap network project, Patient Reported Outcomes Measurement Information System (PROMIS). PROMIS was developed within the Medical Research Initiative to guide clinical research, and the central objectives of PROMIS are to develop efficient, reliable, and valid assessments of self-reported medical conditions that can facilitate clinical decisions, improve research efforts, and can ultimately improve health and quality of life for patients (<http://www.nihpromis.org>; (Cella et al., 2010). To accomplish this task, the PROMIS protocol recommends a series of steps that includes both qualitative and quantitative methods to develop and validate instruments. To date, PROMIS strategies have been applied to improving assessment of various aspects of health as they relate to quality of life, including physical function, emotional distress, and social functioning. However, application of such strategies to understanding mental health service utilization is an area in which PROMIS holds untapped potential.

*PROMIS Strategies Applied to Evaluating Barriers to Entry into Couples Treatment.* In the example described below, PROMIS strategies were applied to developing an assessment of barriers to entry into couples treatment. In the current project, our focus was on couples treatment for alcohol problems, as BCT (E. E. Epstein & McCrady, 1998; B. S. McCrady, Epstein, Cook, Jensen, & Hildebrandt, 2009; O'Farrell, Cutter, & Floyd, 1986; O'Farrell & Fals-Stewart, 2006) is one of the most well-established treatments available for alcohol problems. BCT is also an excellent example of a treatment that, despite extensive evidence and status as a well-established treatment, has failed to achieve significant community uptake (Fals-Stewart & Birchler, 2001; Haug, Shopshire, Tajima, Gruber, & Guydish, 2008; McGovern, Fox, Xie, & Drake, 2004).

Below, we describe a modified PROMIS protocol used to develop a valid and reliable measure of barriers to entry into couples treatment for alcohol problems. Although item development strategies target evaluation of barriers to entry into a specific treatment, this approach can be easily modified to address other forms of couples treatment. Moreover, strategies used here can contribute to a broad-based bank of items assessing generic barriers to entry into couples treatment, providing a stronger foundation from which to conduct future dissemination efforts.

## Method

The PROMIS protocol recommends a series of steps in developing and validating instruments, including item banking, qualitative item review, qualitative interviews, cognitive interviews, field testing, and use of Item Response Theory (IRT) methods to quantitatively evaluate items. We briefly describe this process as it was applied to development of an assessment measuring barriers to entry into couples treatment for alcohol problems.

*Participants.* It is essential to collect data from all relevant stakeholders to ensure that data are representative (Marshall, 1996). Therefore, an important first step is identifying the participant population from which data on treatment barriers will be collected. We therefore recruited patients who endorsed hazardous levels of alcohol use from various treatment sites providing voluntary and court-mandated individual treatment, as well as their partners. In addition to sampling patient and partner perspectives, we also recruited a sample of mental health experts whose expertise was in the areas of treatment of alcohol use, and in the treatment of relationship discord. Mental health experts were able to speak more broadly to treatment barriers encountered by treatment consumers.

*Item Banking.* The first step of the PROMIS protocol is to bank existing items relevant to the designated content area. As the current focus was on couples treatment for alcohol problems, items relevant to barriers to entry into couples' and barriers relevant to individual alcohol use disorder treatment were included in the item bank.

Once items were collected, the next step involved "binning and winnowing" (DeWalt, Rothrock, Yount, & Stone, 2007). Binning is a top-down process in which items are grouped according to meaning or the latent construct. Winnowing refers to a procedure whose main goal is to trim large item pools down to a representative set of items. Following binning and

winnowing, items were revised to be consistent across literacy levels, and variation of response options was reduced to further maximize consistency across items and recall time frame.

*Qualitative Interviews*

For purposes of developing an assessment measuring barriers to entry into couples treatment, qualitative interviews were conducted with patients, partners, and mental health experts. Qualitative interviews served a number of purposes. The first was to determine whether information captured within the series of banked items was comprehensive and relevant to treatment consumers (i.e., patients and partner). The second objective was to determine whether language used within items was appropriate. Finally, qualitative interviews were used to assess the importance of each content area in order to be able to adjust the emphasis of items to reflect the importance described by participants. We provide a sample interview guide in Table 1. Each interview was audio-recorded and transcribed verbatim.

Table 1. Sample Interview Guide.

1. Describe purpose of study: “This is a study examining what makes it hard to get into treatment (alcohol treatment/couples treatment/couples treatment for alcohol).
2. Establish rapport: Since you were asked to participate in this project because you/your partner was in treatment, I’d like to start by hearing a little bit (more) about your experience with treatment. In particular, I am interested in your experience with treatment for alcohol use. <ul style="list-style-type: none"> <li>• Have you ever been in treatment before?</li> <li>• Have you ever been in couples’ treatment?</li> </ul>
3. Initiate discussion on treatment barriers: “What do you think makes it hard to get into treatment (for alcohol problems)?”
3/4. Transition to discussion of couples treatment for alcohol: “Given research supporting outcomes for couples’ treatment for alcohol problems, I am also very interested in barriers to getting into couples’ treatment for alcohol problems.”
5. Barriers to entry into couples treatment for alcohol: <ul style="list-style-type: none"> <li>• What might make it difficult to seek this treatment?</li> <li>• Have you ever considered entering couples’ therapy?</li> <li>• If couples’ therapy for alcohol problems was offered to you, what are reasons that you might not accept it?</li> <li>• Are there other issues regarding barriers that you would like to raise?</li> </ul>

*Interpretive Process.* Analysis of data gathered through qualitative interviews was used to identify potential treatment barriers, which then contributed to the refinement of items evaluating this topic. Qualitative analysis of the transcribed data involved many steps, including organizing the data through an intensive team coding process, and legitimating the data through use of multiple interview sources (Crabtree & Miller, 1992). Through the coding process, categories emerge from the data and specific themes were compared, and then summarized in a comprehensive codebook.

*Cognitive Interviews.* Once analysis of qualitative interviews was completed, items were refined and prepared for cognitive interviews. Cognitive interviews involved the interviewer reading items with the participant, and probing responses on various items to determine what respondents believed each item to be querying, the processes used to call forth the response information, processes that determine how the respondent will answer (i.e., social desirability, motivation), and whether the response options available are fitting with the respondent’s own answer. We conducted cognitive interviews with five patients from each treatment site and five partners. Responses within cognitive interviews were used to validate that all relevant content areas were captured within the assessment. Responses were also used to further refine items for field testing of items.

*Field Testing.*

Following the previously described steps, the developed survey was administered with a representative sample (in the current study, this included patients and partners from the three treatment sites). In addition to the developed assessment, measures tapping into related constructs (e.g., marital quality, partner alcohol problems, and previous treatment history) were administered. Data collected through this field test are subsequently used to evaluate the psychometric properties of the assessment tool, as described below.

*Psychometric Analysis.*

Following the administration of the survey, data analysis using item response theory (IRT) techniques is conducted. IRT techniques permit an evaluation of how well the assessment, and individual items within an assessment, work by providing a

test of item difficulty (i.e., “severity” of trait) and discrimination. IRT methods guide the reduction and improvement of items derived from a larger pool of items (Fries, Bruce, & Cella, 2005). These methods make the assumption that individuals will vary along the continuum, and in this case, the continuum refers to level of intention to engage in treatment. If it is discovered that items do not identify a single trait (due to barriers falling into different dimensions, such as couple versus individual dimensions), use of IRT techniques on subscales of the survey, or path analytic procedures, can be used to examine the predictive utility of unique barriers for likelihood of treatment-seeking behavior.

In the first step of IRT, option characteristic curves (OCC) are constructed for each item. The OCC’s relate the respective likelihood of endorsing items relative to latent levels of our underlying construct of intent to participate in treatment. Thus, based on an item performance, which is indicated by the OCC, items that poorly discriminate between individuals who intend versus do not intend to participate in treatment can be identified. Finally, to examine whether selected items perform well, the item response functions for the retained items are graphed. This type of analysis allows examination of whether some items are similar in their indication of level of intention and discrimination, and thus provide redundant information. We are currently preparing the data that were collected during the field administration for the IRT analysis.

## Results

The specific goal of this project was to develop an assessment tool to measure barriers to entry into couples treatment for alcohol problems. The overarching objective, however, is to initiate the rigorous development of tools that can systematically identify barriers to dissemination of couples treatment. Once a better understanding of barriers to accessing treatment is achieved, work to enhance the reach of treatments can be conducted.

Before reviewing our results on barriers to entry into treatment, it is important to note that dissemination is multifaceted, and therefore requires attention not only to consumer level accessibility, but also to provision of treatments by providers (i.e. both bottom-up and top-down approaches). Although the current project was intended to focus primarily on consumer level barriers to treatment entry, interviews with mental health experts invariably lead to discussions regarding barriers to providing couples treatments. We therefore analyzed mental health expert transcripts with (a) a focus on barriers to entry into couples treatment (Schonbrun, Strong, Wetle, & Stuart, *in press*), and (b) a focus on barriers to providing couples treatment for alcohol problems (Schonbrun et al., *under review*). If efforts to improve dissemination of empirically supported treatments are to be successful, it will be essential to take a multi-pronged approach to this problem.

Results from qualitative interviews on the topic of barriers to couples treatment revealed that treatment barriers could be identified at three higher-order levels: patient specific barriers, partner specific barriers, and interpersonal/couples level barriers. These levels reflect findings reported in McCrady and colleagues’ recently published study (McCrady et al., 2011), and further highlight the importance of barriers existing at various levels.

Specific barriers that emerged at the patient and partner level have been identified in past research, including various logistical barriers, beliefs and fear about treatment, and preferences for dealing with illness/relationship distress (e.g. Gulliver et al., 2010; Tsogia et al., 2001; Vanheusden et al., 2008; Vogel, Wester, & Larson, 2007). What is particularly important to note about current findings, however, is the added complexity that many of these issues take on in the context of couples versus individual treatment. For example, scheduling considerations have added complexity and significance in the context of couples treatment where more schedules, job constraints, and childcare constraints must be considered.

In addition to previously identified barriers, a number of relationship factors emerged as barriers to treatment entry. For example, level of commitment to one’s partner emerged as a factor influencing the decision to enter into couples treatment. Relationship distress acted as a barrier to treatment for some participants, while others reported that a lack of relationship problems might prevent them from seeking treatment because it indicated that there was no need for couples treatment. Many participants also described fears that couples treatment might exacerbate relationship problems, or cause new issues to emerge through the unearthing issues through open discussion (Schonbrun et al., *in press*).

The item banks developed through searches of questionnaires on related topics were compared to the codebook that was developed through the coding of qualitative interviews. We revised and refined items to result in a measure of barriers to entry into treatment for patients, and a measure for partners, reflecting the unique barriers that might emerge from the perspective of each partner. These assessments were administered in cognitive interviews to patients and partners until feedback suggested that the items were clear and comprehensive. Some sample items are provided in Table 2.

Table 2. Sample items from patient and partner assessments.

Seeking <i>couples' treatment for alcohol problems</i> would be <u>difficult</u> because...					
My partner would not be helpful in <u>treatment</u> . <sup>a</sup>	Totally Disagree	Disagree Slightly	Agree Slightly	Agree	Totally Agree
I am too angry with my partner to want to help out in his/her <u>treatment</u> . <sup>b</sup>	Totally Disagree	Disagree Slightly	Agree Slightly	Agree	Totally Agree
My partner would refuse to <u>participate</u> . <sup>a,b</sup>	Totally Disagree	Disagree Slightly	Agree Slightly	Agree	Totally Agree
My partner and I would not be able to coordinate our <u>schedules</u> . <sup>a,b</sup>	Totally Disagree	Disagree Slightly	Agree Slightly	Agree	Totally Agree
Couples' treatment would make my relationship <u>worse</u> . <sup>a,b</sup>	Totally Disagree	Disagree Slightly	Agree Slightly	Agree	Totally Agree
I am not committed to this <u>relationship</u> . <sup>a,b</sup>	Totally Disagree	Disagree Slightly	Agree Slightly	Agree	Totally Agree

<sup>a</sup> Patient assessment items.

<sup>b</sup> Partner assessment items.

We recently completed field administration of our questionnaires and questionnaires measuring related constructs. Administration occurred with patients and partners from each of our treatment sites of interest. In the final step of this project, we will implement IRT modeling procedures with data collected through the field administration of developed items.

## Conclusions

Research on couples therapy has resulted in numerous empirically supported treatments, but these treatments have not been widely disseminated into the community. We have argued for the need to prioritize dissemination efforts for empirically supported couples treatments, and to initiate this effort by developing systematic methods to measure barriers to entry into treatment. As a result of such efforts, a more directed approach to dissemination can occur.

PROMIS provides a structured and rigorous approach to the development and validation of tools evaluating important patient-related health outcomes. Such strategies have enormous potential in the development of assessments measuring critical patient phenomena, including healthcare utilization. Given poor rates of utilization of couples therapy (e.g., Doss et al., 2009; Johnson et al., 2001), there is great utility in applying of PROMIS strategies to develop tools to evaluate barriers to couples treatment entry, which can prescribe efforts to more successfully increase the reach of empirically supported couples treatments. We provided a detailed description of how PROMIS strategies might be adapted to guide the development of assessments of barriers to entry, and preliminary results from our efforts to implement these strategies. Our description was specific to evaluating a form of couples therapy that, despite having substantial scientific support for their efficacy, has encountered significant barriers to dissemination (e.g., Haug et al., 2008; McGovern et al., 2004). Similar procedures may be used to evaluate barriers to entry into other forms of couples treatment, including couples treatment targeting relationship distress.

It should be noted that using the procedures described above, items evaluating specific and generic barriers to mental healthcare utilization can be developed. These types of measurement development efforts contribute to general knowledge regarding barriers to treatment entry, as well as barriers to entry into specific forms of treatment. Various barriers to treatment entry will likely apply to both individual and couples treatment (e.g., patient financial constraints). Barriers for generic couples treatment (e.g., childcare issues), and barriers to entry into specific forms of couples treatment (e.g., partner denial of alcohol problem) will be essential to identify in the broader effort to enhance accessibility to couples treatment.

The creation of a publicly accessible bank of items generated through the rigorous methods outlined in the PROMIS protocol will permit the development of reliable and valid tools with which researchers and clinicians can gather information about barriers to treatment entry. Data collected through use of such a bank of items can subsequently inform modification of treatment packages, as well as policy level changes to enhance treatment accessibility. For example, identification of barriers to treatment entry that are amenable to change (i.e., lack of information available about couples treatments) is essential to enhancing the reach of empirically supported treatments. Moreover, increased awareness of interpersonal factors obstructing entry into treatment will inform efforts to repackage couples treatments into forms that are more palatable for patients and partners. For example, providers might highlight the benefits of “communication training” rather than “couples therapy”. Moreover, efforts to alleviate the burden of many of the logistical barriers would likely facilitate entry into couples treatment. For example, development of simpler protocols, or protocols that could be delivered in the home (e.g., through web-based formats that can be self-administered) may address some logistical barriers.

The steps outlined above provide guidance in identification of the participant sample, and the series of steps required to develop a valid and reliable instrument measuring treatment barriers. Similar strategies may be used to develop items evaluating barriers to an assortment of treatment packages including couples treatments for relationship distress, and for individual psychiatric disorders. We encourage researchers to collaborate to develop a large item bank that can comprehensively and reliably generate information regarding barriers to entry into couples treatment. We anticipate that such efforts will ultimately serve to enhance the linkage of couples to empirically supported treatments in the community.

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### Farewell from this Post

Lastly, we would like to thank you for all you've done to help us spread the news about the fascinating couples work being accomplished across the globe by our fellow SIGgers.

We wish you the best in all your endeavors and anticipate hearing more about your research in person at ABCT conferences and reading about your projects in the next issues of our beloved newsletter.

Cheers,

Amanda Harp &  
Ellen Darling