

Couples Research & Therapy

Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '01

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Couples Research and Therapy Newsletter

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Notes from Joanne & Jean-Philippe

Hi there, Couples Research and Therapy Special Interest Group members! The blistering cold and snow (for Joanne in Buffalo, NY) and the mild nippiness and breezes (for Jean-Philippe in Miami, FL) of the Winter are giving way to the Summer. And we see that we are well into the second-term of our co-presidency. Before you launch into this season's issue of the Couples SIG Newsletter, we have a few updates and notes to bring to your attention.

First, there were several notable highlights from our last conference gathering in New Orleans. While attending the SIG Leaders Meeting, it was clear that the Couples SIG continues to be one of the largest and most active AABT SIGs. We have over 130 members part of the listserv alone and continue a yearly tradition of SIG events, student poster awards, and social gatherings. At our business meeting, Steve Beach warmly introduced a heart-felt video greeting from Frank Fincham who was not able to join us while recovering from a stroke at the time. The 2000 Robert L. Weiss Graduate Student Poster Award was presented to Amy D. Marshall from Indiana University for her poster "Sexual and Nonsexual Violence Within Marriage" co-authored with Amy Holtzworth-Munroe. Honorable mention went to David C. Atkins of the University of Washington for his poster "Why do people have affairs? Examining the influences of infidelity" co-authored with Donald Baucom and Neil Jacobson. Congratulations to both! Erika Lawrence was elected as our new treasurer and we give many thanks to our outgoing treasurer, Kieran Sullivan, who has done a fantastic job managing the SIG's coffers. In addition, Ragnar Bier was elected as the SIG's first webmaster. Despite the threat of inclement weather, the Steamboat Natchez shipped off down the Mississippi for a Saturday night SIG dinner cruise without a hitch! Lastly, the Blue Ribbon winner at the SIG Poster Exposition was "Use of Abbreviated Behavioral Couples Treatment for Married Drug Abusers" presented by William Fals-Stewart, Gary R. Birchler, and Timothy J. O'Farrell.

Second, Joanne met Martin Anthony, 2001 Program Committee Chair, at the SIG Leaders meeting in New Orleans, and expressed the sentiment of the SIG regarding our low representation on the Program Committee last year despite having one of the largest and most active SIGs. He seems to have been responsive to our concern. He also made it known that AABT was particularly interested this year in obtaining submissions in areas that have not been adequately covered in recent years, including developmental disabilities, marital and family therapy, and serious mental illness. The theme of this year's conference is Dissemination of Empirically Supported Psychological Treatments.

Third, Bob Weiss continues to be instrumental in helping to organize our annual SIG event and we will be working on negotiating with the AABT administration to make sure that we have a place and time to hold our event. Individual differences in couples research and treatment was the focus of the last one and was very well-attended and received.

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CO-PRESIDENTS' NOTES, CONTINUED

As soon as we discuss and narrow down the topics that were raised at the last business meeting, we'll send out info over the listserv.

Lastly, our website, www.aabtcouples.org, has gotten another face-lift. Please visit and feel free to give our new webmaster, Ragnar (rbeer@uni-goettingen.de), any comments, suggestions, of feedback that you may have. Also, spread the word about the SIG and encourage your students and colleagues to join as members as well as on the listserv.

In the next few months, we'll continue to plan for the next conference. You'll hear more about the SIG event, we'll be asking for submissions for the SIG poster session, and for submissions for the student poster award. So stay tuned to the listserv! In the meantime, have a great and summer, and we'll see you all in "The City of Brotherly Love" in November!

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

TREASURER UPDATE

We now have 147 members in our SIG and \$1266 in our fund. Dues are still \$20 for faculty members and professionals and \$5 for students. If you did not have a chance to pay dues at last year's convention, you can mail me a check at:

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Editor's Comments

Shalonda Kelly, Ph.D.

Hey Couples SIGers! There seemed to be large enthusiasm for last year's couples SIG event that focused on individual differences in couples research. In addition, because our members have conducted many studies that investigate these types of variables, it appears that additional highlighting of important non couples factors is in order. Thus, this issue of the newsletter focuses on important "other" factors that may impact or be impacted by couple functioning. Enclosed, you will find articles by Barbara McCrady, Frank Floyd, and myself, that discuss research and clinical aspects of contexts important to couples. You will also find Barb Kistenmacher's review of a parenting book for couples by Pamela Jordan, Scott Stanley, and Howard Markman, as well as an invitation to join the Parenting SIG by Michael Lorber and Katherine Casillas.

A letter from Andrea Burling, the SIG Committee Chair for AABT, highlights the importance of participation in the larger AABT organization. You may also notice that both Jean-Philippe, Joanne, and I ask you to visit our new website designed by Ragnar Beer and provide feedback on it (www.aabtcouples.org will redirect you to it). The Info Board portion of the website was created to allow confidential communication by members of the SIG. According to Ragnar, as it is not well used and has some disadvantages, it is likely to be removed. Along with this newsletter, our website is designed to keep members in communication with one another, and to provide important information and listings of opportunities available to SIG members. Please remember that the more we use each of these resources (this newsletter, our website, our SIG and AABT as a whole), the more that they stay strong and the more opportunities they provide for us!

Of course, this newsletter includes all of our standard content areas. Thus, Natalie Monarch and Debra Larsen bless internship-ready graduate students with a comprehensive listing of internship sites that are responsive to those wanting to gain solid experience in working with couples. Our Kudos and What's In Press sections let you know what some of us are up to as well. As usual, I am excited to present the newsletter to you! Happy Reading!



Letter From Andrea Burling

Greetings all—

As you may know, in recent months, AABT' has been directing increased efforts towards retaining current members and attracting new ones in an effort to improve its financial situation. In this vein, I'd like to enlist your support as SIG leaders. Since SIGs consist of both AABT members and non-members, they include both current members that we want to retain and potential new members. I'd like to ask you to: (1) encourage members of your SIG who are AABT members to renew their membership promptly, and (2) encourage members of your SIG who are not AABT members to join. For example, you might put a column in your next newsletter that encourages people to renew or join and that tells them about the benefits of being a member.

Thank you.

Couple Research and Treatment SIG Business Meeting Minutes, November 18, 2000 (also posted by Joanne Davila on the SIG website):

The meeting was called to order by Jean-Philippe and Joanne at 4pm. Attendance was standing-room-only. Joanne welcomed all and updated members on information learned in SIG leaders meeting: (1) We continue to be one of the largest and most active SIGs; (2) AABT wants us to encourage more people to become members of AABT; (3) Marsha Linehan, the new AABT president, has chosen to focus on dissemination of empirically supported treatments to therapists in the community during her presidency. She has asked SIGs to consider what they have done and what they will do to facilitate such dissemination.

Jean-Philippe reminded members about the evening boat cruise on the Steamboat Natchez. Directions to the boat were provided.

Discussed success of Thursday evening SIG event, which was well-attended and well-received.

Discussed website and listserv. Listserv remains very active. Noted need for webmaster. Proposed that webmaster be a new position in the SIG organization, following 2-year term as all other positions. Elected Ragnar Beer as webmaster until November 2002.

Kieran Sullivan, out-going treasurer, noted that SIG is in excellent financial status, largely due to change over from paper newsletter to electronic newsletter. Hence, no raise in dues. Dues remain at \$5 for students, \$20 for all others. Balance of SIG money from past year was spent on equipment rental (e.g., overhead, vcr) at conference, student poster award, and subsidizing of student fee for boat cruise dinner. Erika Lawrence was elected treasurer until November 2002.

Steve Beach discussed Frank Fincham's recent illness (stroke) and recovery status. The members viewed a videotape sent by Frank in which he sends his "hello" and

thanks everyone for their support during his recovery. Frank also warns all of dangers of "hurricanes"!

Shalonda Kelly was thanked for producing two exceptional electronic newsletters. She thanked all contributors and urged people to continue to contribute material. All agreed that the electronic newsletter is a significant improvement over the paper ones. There was discussion of changing the electronic format slightly for easier reading on browsers. Jean-Philippe, Shalonda, and Ragnar will pursue a more reader-friendly version.

The student co-presidents, Natalie Monarch and Deb Larsen raised the issue of whether they can assist with recruiting students into the SIG. Jean-Philippe suggested that they might develop a student section of the webpage. Natalie, Deb, and Ragnar will pursue this.

The Robert L. Weiss Graduate Student Poster Award was presented to Amy D. Marshall from Indiana University for her poster "Sexual and Nonsexual Violence Within Marriage" co-authored with Amy Holtzworth-Munroe. Honorable mention went to David C. Atkins of the University of Washington for his poster "Why do people have affairs? Examining the influences of infidelity" co-authored with Donald Baucom and Neil Jacobson. Congratulations to both! A new Graduate Student Poster Award committee was elected for the coming year, chaired by Steve Beach. Members are Karen Prager, Doug Snyder, and Kristi Coop-Gordon. The Blue Ribbon winner at the SIG Poster Exposition was "Use of Abbreviated Behavioral Couples Treatment for Married Drug Abusers" presented by William Fals-Stewart, Research Institute on Addictions University at Buffalo, The State University of New York; Gary R. Birchler, Department of Psychiatry, University of California,

San Diego; and Timothy J. O'Farrell, Harvard Families and Addiction Program, Harvard Medical School. The first author will receive a year of free SIG dues. Congratulations!

Joanne updated the members on program committee issues. The problems in this past year's committee were discussed and plans were made for how to proceed in the coming year. Joanne will maintain contact with the new program chair, Martin Antony. Volunteers for the program committee were solicited. Joanne will forward their names to the new chair.

All agreed that Thursday evening was a good time for next year's SIG event, although for some, the three hour time format seemed long, so adjustments will be made accordingly next year. Three content areas for the event were suggested: (1) something pertaining to the dissemination of couples treatments in line with the new president's guidelines; (2) something pertaining to statistical methods, such as multi-level modeling or analysis of dyadic data; (3) something pertaining to treatment outcome study methodology. Bob Weiss will continue to serve as organizer of this event and discussion of the topic will proceed over email.

A number of SIG members (including Annette Mahoney, Kristi Coop-Gordon, Bob Weiss, Jean-Philippe Laurenceau, Ann Marie Cano, Doug Snyder, Don Baucom, Rick Heyman, Matt Johnson, & Crystal Dehle) noted that their universities had job openings and invited members to discuss this with them.

It was announced that posters were still being accepted for the World Congress of Cognitive Therapy Conference in Vancouver this summer.

Meeting adjourned at 5pm.

END OF REPORT

Self-Help Book Review

Becoming Parents: How to Strengthen Your Marriage as Your Family Grows

By: Pamela L. Jordan, Scott M. Stanley, & Howard J. Markman (1999). San Francisco: Jossey-Bass.
Barbara R. Kistenmacher, Ph.D., Mount Sinai/NYU School of Medicine

Using a positive, skills-oriented, realistic approach, Jordan, Stanley, and Markman provide guidance for tackling the trials and tribulations involved in the exciting, yet challenging, journey from couple-hood to parenthood. They approach the task of parenting from a "building on existing couple strengths" perspective that gives the book an uplifting flavor. This book is a must read for couples with intact marriages who are becoming parents for the first time and couples who are contemplating entering the world of parenting. It could also be useful for couples that already have children, as well as for cognitive-behavioral marital therapists who are looking for homework assignment ideas. This book is less appropriate for couples with deep-rooted individual "pathology," unless used as a supplement to individual treatment. Although gay and lesbian couples may benefit from some of the exercises, this book has a strong heterosexual bent.

The authors cleverly organize the book by first presenting the reader with skills for handling conflict. These skills then serve as the foundation for subsequent topics that are addressed in later chapters. Each chapter includes a description of the topic/techniques, examples using couple vignettes, an explanation of the benefits of learning the skill or topic, and tips about how to best master the skill/topic.

The first section, "Handling Conflict: Protecting Your Marriage," covers familiar cognitive-behavioral/PREP topics, including destructive communication patterns, the speaker-

listener technique, problem solving, and ground rules for handling conflict. This section of the book can be conceptualized as CBMT 101 with a twist – the twist being that the case examples involve parent-specific content. I particularly appreciate their caveat that some problems will not be solved, coupled with their suggestion that spouses can transform an "unsolvable" problem into a new "solvable" problem by asking the question "How can we protect our marriage from the fallout from this irresolvable problem?"

Strengths: The authors did a superb job of balancing the message that parenting is a challenging transition, with the message that couples can be pro-active about using this transition to strengthen their relationship.

The second section, "Going Deeper: Dealing With Core Issues," covers more "schema-focused" topics including expectations, core values and beliefs, as well as the

relationship constructs of commitment and forgiveness. These deeper issues are addressed with the assumption that couples will approach them using the skills they learned in section I. Their discussion of how expectations may be shaped by parent models in our families of origin, previous relationships, and culture provides a dynamic backdrop for cognitive concepts while still adhering to CB perspective. In the chapter on commitment, the authors introduce a catchy little concept called "Noing" each other versus "Knowing" each other which refers to the amount of personal dedication that one puts into a relationship. As the commitment exercise can be rather intense, the skills taught in section I are paramount to approaching this topic. Jordan et al. do a superb job of weaving the topic of forgiveness into the fabric of parenting. For example, they discuss the likelihood that each partner will let the other down from time to time (either through errors of omission or commission). They point out how much more necessary it may be to forgive your partner for minor offenses connected to the added stress a baby brings to a marriage.

The third section, "Relationship Enhancement: Maintaining the Great Things," focuses on preserving friendship, having fun, and protecting your sex-life. The authors do well at integrating relevant topics from previous sections together. For example, they point out how fun time is just as much about making separate time to deal with conflict (i.e. having couple meetings) as it is about coming up with creative ideas

for couple outings. Further, they point out how commitment (from section II) impacts fun time because it takes commitment to schedule this essential time each week. I was particularly impressed with how sex was addressed in the context of a pregnant woman's changing body. I have to admit that I even learned a few new things. For example, during

(Continued on the following page)

SELF HELP BOOK REVIEW, CONTINUED FROM PG 4

mid-pregnancy, women often become more sexually responsive due to increased blood flow through the pelvis and sexual organs. I was surprised to hear the some women experience their first orgasms during pregnancy – fascinating! This chapter contained many useful biological facts as well as important caveats (i.e. that the chapter should not serve as a substitute for sex therapy).

The fourth section, "Creating a Healthy Lifestyle," addresses parenting-specific topics such as managing stress and fatigue, developing support systems, and delegating roles. The authors' discussion on managing fatigue was very practical and specific (they even discussed the ideal temperature for sleeping and recommended bedtime snacks).

The chapter on developing support systems not only communicated, "It takes a village to raise a child," but also provided practical

suggestions for creating that village, including being specific to loved ones about what they can do to be helpful. Finally, the chapter on delegating roles and tasks is a must-read for any expecting parent, given the necessity of working this issue out prior to the baby's arrival. Their discussion on the division of labor was very gender-balanced.

Strengths: The authors did a superb job of balancing the message that parenting is a challenging transition, with the message that couples can be proactive about using this transition to strengthen their relationship. I appreciate their emphasis on the fact that it's the couple's choice to use the techniques provided. They also make important caveats about the limitations of the book; for example, it is not an appropriate resource for couples with domestic violence issues. Finally, the hands-on exercises are quite thought provoking. They also did well at highlighting the role fathers play in parenting. Their suggestion that mothers invite their partners into the experience of pregnancy was important, given that fathers are often on a different parenting timeline than childbearing mothers.

Weaknesses: Although the authors do not necessarily assume that the readers are homogeneous (i.e. they do mention adopting parents as well as parents who have children from previous marriages), the book did seem to be geared

mainly toward white middle/upper class couples with adequate resources, and toward couples with only one child. For example, the authors repeatedly suggested that couples do the practice exercises when the baby is not present; this may work for a couple with only one child, but not for a couple with five children where dad works swing shift. That is not to say, however, that less privileged couples could not adapt the information to their particular lifestyles. Finally, although the authors did a good job overall of being sensitive to both men's and women's issues within the context of parenting, I was put off by their discussion of hormonal changes in pregnant women, particularly their comment about how pregnant women "should be expected to act like civilized human beings." It's my guess, however, that a male reader would not have the same reaction as I did.

Overall, this book would make an important addition to any couples therapist's shelf and would serve as a nice supplement to couples treatment. It was an easy-read and the type of resource you will most likely refer back to several times over the course of your clinical career. I must admit, I felt like tackling parenting when I finished reading the book. I suppose I'll try marriage first!

PARENTING SIG AD!

We are in the beginning stages of forming a Parenting Special Interest Group (SIG), and are looking for individuals interested in membership. We are also seeking active input as we shape the scope and activities of the SIG. Below you will find our statement, indicating the general intention of the Parenting SIG. If you would like to receive more information, please send or e-mail your name, postal address, e-mail address, and AABT membership status to either of us. We will have a "group-in-formation"

meeting at AABT 2001. We look forward to your membership and involvement!

The purpose of the Parenting SIG is to bring together individuals with shared interests in research on and clinical work with parents. We hope to attract individuals who are interested in the etiology, course, effects, and treatment of dysfunctional parenting. Child functioning is of obvious interest to clinicians and researchers who work with parents. However, the impetus of the Parenting SIG is to provide a forum for a unique focus on the

parent. Our mission is to disseminate research findings and empirically-based clinical assessment and treatment methods, and to facilitate communication and networking opportunities for SIG members. The contingent of AABT member parenting clinicians and researchers is large and vibrant, and we anticipate rewarding professional interactions for years to come.

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Twenty-Seven Years with Alcoholics & Their Partners, & Still Going

Barbara S. McCrady

Rutgers - The State University of New Jersey

My friend and colleague, Shalonda Kelly, asked me to write an article about my program of research on couples and substance abuse treatment. Although I am pleased to write about my own work, I must emphasize that my work is simply part of a larger body of research with many, many important contributors.

It is not new to consider the interrelatedness of drinking and couple functioning. However, three major developments in the 1970's inspired our research program: (a) Steinglass (Steinglass, Weiner, & Mendelson, 1971) articulated a family systems model, suggesting drinking had "adaptive consequences" for family functioning; (b) behavioral marital therapy for relationship problems evolved to provide a broad framework for empirically based conjoint therapy; and (c) an early randomized clinical trial (Hedberg & Campbell, 1974) suggested the efficacy of behavioral couple therapy for alcohol problems.

My own program of research began in 1974, and our model for conceptualizing the role of the spouse in the maintenance of drinking and change has evolved over time. The model draws from systemic concepts of the interrelatedness of behavior, stress and coping models, and behavioral concepts about sources of relationship distress. The research program has included studies of components of the model as well as a series of treatment outcome studies.

Studies of Partner Functioning

Because wives of actively drinking alcoholics have elevated levels of distress, early models had suggested that wives had neurotic conflicts that were resolved through

marriage to an alcoholic. If the alcoholic did stop drinking, these models predicted that the wife would decompensate. In our earliest studies, we found that spouses of alcoholics did not show elevated levels of distress after the drinker entered treatment, and that distress decreased after treatment (Paolino, McCrady, Diamond, & Longabaugh, 1975; Paolino, McCrady, & Kogan, 1978). An alternative explanation for partner distress is that partners are experiencing substantial stress from living with an alcoholic, and that they engage in a variety of ineffective means to cope with this stress. In a series of descriptive studies, we have examined how spouses cope with their drinking partner. We have found that wives of alcoholics attempt a range of ways to cope, including: providing positive consequences for not drinking, avoiding confrontation, detaching from the drinking, and confronting and trying to control the drinker. Husbands of male alcoholics use similar coping behaviors (McCrady, 1999), but engage in any type of coping much less frequently than do wives of male alcoholics.

In the first of the clinical trials I've been involved with... The different treatments did not result in differences in the amount of alcohol consumed, but spouse-involved treatments resulted in

less alcohol-related consequences than individual treatment six months later.

Studies of Marriage

In our marital studies, we have examined a number of elements of relationship functioning, and differences between male alcoholic couples and female alcoholic couples have continued to emerge. Prior to treatment, wives of male alcoholics are much unhappier than their husbands, scoring, on average, about 10 points below their husbands on the Dyadic Adjustment Scale (DAS) (McCrady, Epstein, & Hirsch, 1999). In contrast, in couples where the female is the alcoholic, mean DAS scores are comparable for men and women (McCrady, 1999). Thus, couples with an alcoholic male are quite similar to the "average" couple seeking treatment for marital problems, with the wife being the more dissatisfied partner, but couples including a woman with a drinking problem do not follow this general pattern.

Relationship problems play a more prominent role in women's drinking than in men's. When asked to rank order reasons for drinking, women report that they drink in response to emotional antecedents, interpersonal problems, and marital problems. Men, in contrast, report that they drink primarily in response to environmental stimuli. Domestic violence features in the conflicts experienced by alcoholic couples. Murphy and O'Farrell (1996) have documented high rates of domestic violence in male alcoholic couples.

Female alcoholic couples are no different - fully two-thirds report episodes of physical violence in the relationship (McCrary, 1999).

Treatment Studies

In the first of the clinical trials I've been involved with, we randomly assigned 33 married alcoholics to one of three treatment conditions: joint hospitalization, individual hospitalization plus couples therapy, or individual hospitalization plus individually-focused group therapy. Couples were followed for four years. As is true in most studies, we found significant decreases in drinking from baseline through follow-up.

Alcoholism & Couples, Cont'd

The different treatments did not result in differences in the amount of alcohol consumed, but spouse-involved treatments resulted in less alcohol-related consequences than individual treatment six months later (McCrary, Paolino, Longabaugh, & Rossi, 1979). Four-year follow-ups revealed no sustained differences among the treatment conditions (McCrary, Moreau, Paolino, & Longabaugh, 1982).

Given the lack of evidence that joint hospitalization provided incremental benefit over spouse-involved treatment, we shifted to an ambulatory treatment model. Although studies had suggested that spouse-involved treatment yielded better outcomes than individual-only

treatment, no research had identified the active elements of spouse involvement: Was it the mere presence of the spouse? Providing the spouse with opportunities to learn to cope differently with drinking and abstinence? Or, was actual change in the couple's relationship necessary, as would be suggested by interactional models? In our next clinical trial, we randomly assigned couples to outpatient, conjoint therapy, with one of three treatment approaches: cognitive behavior therapy (CBT) for the drinker with the spouse present, CBT plus skills training for the spouse to cope with drinking and abstinence, or treatment that included the first two elements plus behavioral marital therapy (BMT). Forty-five couples were randomly assigned to one of the three, 15-session treatment conditions, and followed for 18 months. Findings favored BMT along several dimensions: greater treatment retention, greater compliance with treatment requirements, less marital separation, greater marital satisfaction, and a pattern of improving ability to maintain abstinence over time (McCrary et al., 1986; McCrary, Noel, Stout, Abrams, & Nelson, 1991).

Even with generally positive outcomes for alcohol treatment, the majority of clients drink after treatment. In our next study, we considered two approaches to maintaining abstinence after treatment: relapse

prevention (RP) or involvement with Alcoholics Anonymous (AA). For this study, couples included a male alcoholic and his female partner, and all couples received the basic treatment package of CBT to achieve and maintain abstinence, coping skills training for the wives, and BMT to enhance relationship functioning. Ninety couples were randomly assigned to either this basic treatment package or to treatment enhanced with either RP or AA. Outpatient, conjoint treatment over 15 sessions was again provided, and couples were followed for 18 months. Overall, the men showed the predictable pattern of decreased drinking after treatment, with most consuming some alcohol during the follow-up time. Outcomes were similar across conditions, with the exception of one criterion - length of relapse episodes. When they drank, those men in the RP condition had significantly shorter relapse episodes than men in the other two treatment conditions (McCrary, Epstein, & Hirsch, 1999).

In our current research, we are extending the couples model to two additional populations - female alcoholics and their male partners, and couples with a drug abusing man. To date, it is clear that the treatment model does not translate seamlessly to these populations, but those results will have to be reported in a future newsletter.

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PUTTING COUPLES IN CONTEXT

By Shalonda Kelly
& Frank Floyd

A few years ago we wrote a book chapter with Stephen Haynes on marital assessment (Floyd, Haynes, & Kelly, 1997) in which we presented a framework for using assessment to construct functional-analytic causal models of couples' relationships. The goal was to give clinicians an approach to synthesizing assessment data in order to identify the factors that cause and maintain the relationship problems that bring a couple to therapy. The approach draws heavily on Haynes' work on causal models of psychopathology and on behavioral assessment (Haynes, 1992). It also emphasizes the importance of taking time into account so that every characteristic assessed is viewed as representing a point in time within the dynamic flow of the relationship. This includes hourly, daily, and weekly fluctuations in couples' actions and sentiments, but also encompasses broader time periods that are described as stages of the marital life cycle. From the perspective of conducting a functional analysis of couples' relationship difficulties, the life cycle stage is a context within which other characteristics operate.

An important context that is closely associated with the marital life cycle is parenting.

Each life cycle context is associated with unique relationship concerns and stressors that need to be taken into account in understanding relationship problems. For example, newly married couples often struggle with establishing commitment and regulating closeness and distance in

the relationship, and couples in midlife may be coping with stressors both from their children and from giving care to the older generation.

We argue that developmental shifts in the life cycle context may be more proximal causes of couples' current relationship problems than are their long-standing patterns of relating. As noted by other members of our SIG (e.g. our SIG's AABT panel on this topic), the notion of relationship contexts can and should be broadened to incorporate other aspects of individual, family, and community variables. Although a focus on "basic" relationship processes relevant to all intimate relationship is crucial, research demonstrates that there are a variety of contexts that can alter the functioning of these basic processes, and thus deserve further study. For example, considerable work done on couples with a substance abusing partner (e.g. Barbara McCrady's article in this newsletter), a depressed spouse (e.g. Beach, 2001), and other forms of psychopathology reveal that individual psychopathology is a key context that affects couple relationships (e.g. Davila & Bradbury 1998).

An important context that is closely associated with the marital life cycle is parenting. The past decade has seen considerable growth in the literature that links couple issues to parenting issues. From an earlier focus on how the transition to parenthood has negative consequences on marital adjustment for young couples, more recent work has focused on issues such how the demands of parenting cause role strain for individuals that stress marriages, and alternatively, how working together as parents can

create an alliance for couples around a shared set of goals in their roles as mothers and fathers. Research clearly demonstrates that marital functioning spills over to parent-child relationships, and the parenting alliance is a separate component of the marital relationship that mediates the effects of marital adjustment on

The context of being African-American also influences the nature of couple relationships.

parent-child relationships. Much less information is available about how various characteristics of children, their functioning, and parent-child relationships affect marriages. We suspect that there is much to be learned about these associations that would be useful for marital researchers and clinicians.

The context of being African-American also influences the nature of couple relationships. In the U.S., race-related stressors and experiences cause African American couples to face concerns that are unique to them. Two structural problems areas that are particularly relevant are low socioeconomic status (SES) and the unbalanced male-female ratio. There is evidence that socioeconomic related issues within African American couple relationships have resulted in anxieties, competition, resentment, and marital instability for some of these couples (e.g. Kiecolt & Fosset, 1995). African American couples also face a sex-ratio imbalance where marriagable women outnumber the men due to higher male mortality, imprisonment, and drug abuse (Aborampah, 1989;

Lawson & Thompson, 1994). At times, African American couples cope with this imbalance in maladaptive ways, such as with jealousy, competition, and man sharing by the women, and commitment problems for the men (Aborampah, 1989; Lawson & Thompson, 1994).

Yet equally problematic for African American couples are the sequelae of their exposure to oppression. For example, the media portrays African Americans stereotypically (Jewell, 1983). Two out of

(Continued on the following page)

PUTTING COUPLES IN CONTEXT, CONTINUED

three studies show that when African Americans internalize the negative, stereotypical images of themselves portrayed by society, or endorse other negative racial perspectives, their couple relationships are more likely to be distressed (Kelly, 2001; Kelly & Floyd, 2001; Taylor & Zhang, 1990), particularly for those of lower SES backgrounds (e.g. Taylor, 1990). However, racial perspectives that are theoretically positive, such as Afrocentricity and internalization racial identity attitudes do not consistently predict

optimal couple outcomes (Carter, 1991; Kelly & Floyd, 2001). In addition, clinicians notice that African American couples sometimes displace their racism-related anger and frustration towards each other (Boyd-Franklin, 1989).

Fortunately, the African American community is also the repository for many culturally related strengths that can compensate for the aforementioned burdens. These include role flexibility/egalitarianism, extended familialism, and a strong religious and/or spiritual orientation. As with most Americans, husband led African American couples report more happiness in their relationships than egalitarian or wife-led couples, however, when the spouses report similar (i.e. more egalitarian) levels of decision making power and giving in during disagreements, their marital quality is higher than if they report large differences between the partners on these aspects of marital power (Gray-Little, 1982). African Americans' role flexibility is also evident within the extended family, which includes blood kin and non blood "fictive" kin who are like family in terms of involvement and function. The extended family often

engages in emotional, financial, live-in, and material support, reciprocal helping, and it may also serve a mediating, judging, or networking function (Boyd-Franklin, 1989). In addition, religious institutions and spirituality have traditionally played a central role within the African American community. For example, churches often confer status roles, provide mutual aid, serve educational functions, and engage in other formal and informal activities designed to support and improve the welfare of African Americans (Boyd-Franklin, 1989; Ellison, 1997). African Americans are also known to hold a generalized spiritual orientation whether or not they attend church, and often present psychological problems in spiritual and religious terms (Boyd-Franklin, 1989; Ellison, 1997).

In conclusion, we present two important contexts, the presence of children and being African American, that have a major impact on the nature of the couple relationship. We hope that this serves to stimulate further investigations in these areas.

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Clinician's Corner By Shalonda Kelly

Conducting therapy with African American Couples

In "Putting Couples in Context(s)," (see pp. 8-9) we describe low socioeconomic status, an imbalanced male-female ratio, negative racial perspectives, role flexibility, extended familialism, and a strong religious or spiritual orientation are factors that may play an important role in the lives of African Americans. Here, I assert that assessing the presence of these factors in each African American couple that one sees, and operating in a manner that takes into account these potential differences is likely to enhance one's ability to do therapy with African American couples.

Although the aforementioned factors have great potential in assisting our understanding of African American couples, we cannot assume that every African American that we see has experienced every one of them. Thus, we must use one of many methods available to assess the degree to which each of these factors applies to the African American couples that enter our offices. One way to do this is to use questionnaires to assess their racial identity, level of biculturalism or acculturation (e.g. Landrine & Klonoff, 1995), which can each tell us something about how EACH partner views and participates his or her own group traditions, as well as how each views and participates in the larger American culture. In addition, therapists can forego questionnaires, and in the therapy session, ask African American couples questions about how each partner identifies culturally, according to their level of comfort

(Boyd-Franklin, 1989). For example, the therapist can ask, "Are there aspects of your race or culture that you think are important for me to know in working with you?" For therapists who don't feel comfortable with the direct approach, or who feel that they do not have enough of an alliance yet to ask direct questions, another alternative is for the therapist to probe each of the aforementioned racial/cultural factors individually. For example, therapists can ask, "Do you have any spiritual or religious beliefs that are important?" The main point is that it is crucial for therapists to assess these areas in a way that they feel comfortable.

Therapists' self exploration in regards to race, ethnicity and culture is absolutely essential. Presentation of the issues germane to many African American couples and tips on how to work with them does not assume that all issues related to race and culture reside within the couple.

Sometimes, knowledge of the factors pertaining to African Americans gives therapists insight as to areas of particular sensitivity. For example, knowledge of the sex ratio imbalance and its historical context can help therapists to understand that for some African American men, sexual prowess can serve as compensation for lack of societal status, even when they relatively are happy

in their relationship (Boyd-Franklin, 1989). Similarly, knowledge of this situation, as well as knowledge of the impact of societal stereotypes about their attractiveness, can also help therapists to understand how some African American women can feel particularly threatened in regards to infidelity, their femininity, and their attractiveness.

Similarly, knowledge of issues related to socioeconomic status and being oppressed can indicate that the partners are also likely to feel very vulnerable with therapists and with each other in regards to their status and achievement. Therapists need to make it a priority to convey respect to African Americans, who may be very sensitive to being discounted and devalued by society. Suggestions for conveying respect include not using language that can convey the partners are defective in some way, avoiding professional jargon, and avoiding the assumption of familiarity (such as using their first names) without asking permission (Boyd-Franklin, 1989; Wright, 2001). In addition, there are other notable reactions that African Americans may have to both White and African American therapists that are related to African Americans' racial perspectives and their experiences in this society (Boyd-Franklin, 1989; Wright, 2001). Knowledge of these reactions can enable therapists to go into therapeutic situations understanding and prepared for responses ranging from strong anger at to preferential treatment of Whites.

Education about aspects of African American culture can also

help therapists to utilize the strengths of the couple in combating their problems. For one thing, the therapist can openly acknowledging the couples' strengths, and validate the positive aspects of the client's ethnicity, such as the importance that they place on their families (Hill, 1998). Studies show that it is key for all persons to have a positive sense of their own ethnic identity. Thus, providing couples with or helping them to share positive information about their racial and ethnic backgrounds can increase their feelings of self worth and further convey respect (Wright, 2001). Another way to utilize their strengths is to extend opportunities for elders, other respected family members and clergy to collaborate in treatment (Boyd-Franklin, 1989).

(CONTINUED ON NEXT PAGE)
THERAPY WITH BLACK
COUPLES, CONTINUED

For example, if the couple deems it appropriate, talking with their pastor and forming an alliance with him or her can also enhance treatment

outcomes and perhaps provide additional therapeutic leverage. Sometimes it can be helpful to identify community role models for the couple, and to also discuss with them the valued roles that they play in their community. Therapists can also use spiritual themes in conducting therapy with African American couples (e.g. Boyd-Franklin, 1989). These are but a few of the ways that using the strengths of African Americans can increase the therapeutic alliance, motivation and coping skills of these couples.

Lastly, therapists' self exploration in regards to race, ethnicity and culture is absolutely essential. Presentation of the issues germane to many African American couples and tips on how to work with them does not assume that all issues related to race and culture reside within the couple. All therapists must also assume that as by products of living in the same society that perpetuates racism, that they too, have developed "hot spots" around what is often a very sensitive issue. Thus, we as therapists can benefit from the following:

- * Self exploration towards identifying our own issues/areas of discomfort and difficulty related to race and culture
- * Making efforts to learn basic knowledge about the racial and cultural backgrounds of the clients that we see
- * Learning about institutional and structural aspects of racism, as well as White privilege and power (e.g. McIntosh, 1998; Pinderhues, 1989)
- * Developing and assessing the appropriateness of hypotheses related both to the norms of the clients' subgroups, as well as those related to mainstream norms
- * Open discussion of racial and cultural factors in supervision

In conclusion, beyond the identification of factors important to many African Americans, it is hoped that therapists can develop an understanding of how these factors manifest themselves as therapeutic issues, and how use of African Americans' strengths in addressing these issues has the potential to significantly improve the treatment of African American couples.

NOTES FROM DEBRA & NATALIE

Couples SIG Graduate Student Presidents Column

Happy spring SIGers! It was great to see you all last fall in the "Big Easy!" Given that the current school year is coming to a close, we have decided to focus this graduate student column on...internship!! Every year at the AABT conference the Couples SIG grad students seem to collect in little "internship searching posses" – trying fervently to figure out where to apply for internship, how they can get some additional couples training. Well, Deb and I

have tried to shed some light on this and found that there really is a scarcity of information for those students seeking to attend a "couples focused" internship. The table at the end of this newsletter lists those internships that seem to be most open to giving students clinical couples therapy training. It was compiled using a number of methods: emailing APA approved internship sites with a major rotation in couples therapy, gathering recommendations of APA

approved internship sites from members of Couples SIG (thanks again!), and listing APPIC (but not APA) approved internship sites that have a major rotation in couples therapy. This table is by no means all inclusive, but will hopefully give graduate students a running start on their internship hunt.

Now go outside and enjoy the weather – we'll see you soon!
(*NOTE: the table is at the end of the newsletter on pg. 14)**

KUDOS!!!

BIG WIGS:

Crystal Dehle has been promoted to Associate Professor and tenured at Idaho State University, where their fairly new doctoral program in Clinical Psychology is expecting an accreditation site visit from APA this spring.

Shirley Hansen is the editor of a new book: Family health care nursing: theory, practice and research. Phil: FADavis Co.

NEWER PROFESSIONALS:

Shalonda Kelly obtained a minority supplement to the ongoing grant entitled "Adapting Behavioral Marital Therapy to Treat

Drug Abuse," with the assistance of her colleagues Beth Epstein & Barbara McCrady, who are Co-PI's on the grant.

Barb Kistenmacher earned her Ph.D. and sat for the licensure exam this spring.

Erika Lawrence obtained an assistant professorship in the Department of Psychology at the University of Iowa.

GRADUATE STUDENTS:

Sara Berns will defend her dissertation on May 21st at the University of Washington. Bill George is her chair, and she conducted much of the work under Neil Jacobson before he passed away.

What's In Press Kick-Off!

Cohan, C.L., & Kleinbaum, S. (in press). **Toward a greater understanding of the cohabitation effect: Premarital cohabitation and marital communication.** Journal of Marriage and Family.

The goal of the present study was to examine the relationship between premarital cohabitation experience and marital communication in an effort to understand the robust finding known as the cohabitation effect, whereby couples who cohabit before marriage have greater marital instability than couples who do not cohabit. Observed marital problem solving and social support behavior were examined as a function of premarital cohabitation experience in a sample of 92 couples in the first two years of their first marriages. Spouses who cohabited before marriage demonstrated more negative and less positive problem solving and support behaviors compared to spouses who did not cohabit. Sociodemographic, intrapersonal, and interpersonal functioning variables did not account for the association between cohabitation experience and marital communication.

Cordova, J.V. (in-press).

Acceptance in behavior therapy: Understanding the process of change. The Behavior Analyst.

Acceptance is integral to several cutting-edge behavior therapies. However, several questions about acceptance remain to be clearly answered. First, what does acceptance look like and can it be observed and measured? Second, what are the behavioral principles involved in the promotion of accep-

tance? Third, when is acceptance indicated versus contraindicated as a therapeutic goal? The current paper attempts to clarify answers to these questions. The goal is to provide a conceptualization of the what, how and when of acceptance that is accessible to behavior analysts, both to promote our understanding of acceptance as a behavioral phenomenon and to facilitate its empirical study and therapeutic utility.

Cordova, J. V. (in press).

Broadening the scope of couples research: Pragmatics and prevention. In A. Booth, A. Crouter, & M. Clements (Eds.), Couples in conflict. Mahwah, NJ: Erlbaum. **(no abstract available)**

Cordova, J.V., & Scott, R.L. (in-press). **Intimacy: A Behavioral Interpretation.** The Behavior Analyst.

This paper proposes that intimacy is a process emerging from a sequence of events in which behavior vulnerable to interpersonal punishment is reinforced by the response of another person. These intimate events result in an increase in the probability of behavior vulnerable to interpersonal punishment in the presence of the reinforcing partner. The process results in intimate partnership formation and reports of feeling intimate. In addition to positing an operant process integrating the various components of intimacy, the theory also posits that the punishment of interpersonally vulnerable behavior is an integral aspect of intimate partnership formation and that intimate partnerships can

develop that reinforce behavior that may be destructive to both the individual and others.

Cordova, J.V., Warren, L.Z., & Gee, C.B. (in-press). **Motivational interviewing with couples: An intervention for at-risk couples.** Journal of Marital and Family Therapy.

Thirty-one couples participated in a pilot, motivational interviewing, intervention for at-risk couples called the Marriage Checkup (MC). The MC consisted of thorough relationship assessment and individualized feedback. The MC attracted substantial numbers of at-risk couples not otherwise seeking treatment. MC partners' marital satisfaction improved significantly pre- to post check-up and remained improved at one-month follow-up. MC partners were no longer significantly different from a non-distressed comparison group following intervention. Although not addressing the efficacy of the MC, this study supports its viability as an indicated preventive intervention with couples at-risk for severe marital distress by addressing its attractiveness, tolerability, and safety.

Davila, J., & Bradbury, T. N. (in press). **Attachment insecurity and the distinction between unhappy spouses who do and do not divorce.** Journal of Family Psychology.

We tested the hypothesis that attachment insecurity would be associated with remaining in an unhappy marriage. One-hundred seventy-two newly married couples participated in a 4-year longitudinal study with multiple assessment

points. Hierarchical linear models revealed that compared to spouses in happy marriages and divorced spouses, spouses who were in stable but unhappy marriages showed the highest levels of insecurity initially and over time. Spouses in stable unhappy marriages also had lower levels of marital satisfaction than divorced spouses and showed relatively high levels of depressive symptoms initially and over time. Results suggest that spouses at risk for stable unhappy marriages can be identified early and may benefit from interventions that increase the security of spouses' attachment to one another.

(CONTINUED ON THE NEXT PAGE)

WHAT'S IN PRESS, CONT'D FROM PAGE 12

De Koning, E., & Weiss, R.L. (in press). **The Relational Humour Inventory: Functions of humor in close relationships.** *The American Journal of Family Therapy.*

This study describes the development of a self-report measure of functional humor in relationships. Based on a review of the literature, items were formulated that would tap into possible functions of humor in marital interaction. People were asked to report on their own and their partner's use of humor in the marriage. Principal component analyses identified 3 subscales for both self and partner: Instrumental Humor, Positive Humor, and Negative Humor. Convergent and construct validity was tested with other humor and relationship measures. The Relational Humor Inventory proved to be a useful instrument for tapping important positive and negative relationship behaviors.

Heyman, R. E., Feldbau-Kohn, S. R., Ehrensaft, M. K., Langhinrichsen-Rohling, J., & O'Leary, K. D. (in press). **Can questionnaire reports correctly classify relationship distress and partner physical abuse?** *Journal of Family Psychology.*

Relationship adjustment (e.g., Dyadic Adjustment Scale, DAS; Spanier 1976) and physical aggression (e.g., Conflict Tactics Scale, CTS; Straus, 1979) measures are used both as screening measures and as the sole criterion for classification. This study created face valid diagnostic interviews for relationship distress and physical abuse, through which one could preliminarily compare the classification properties of questionnaire reports. The DAS (and a global measure of relationship satisfaction) had modest agreement with a structured diagnostic interview; both questionnaires tended to overdiagnose distress compared with the interview. Results for partner abuse reiterated the need to go beyond occurrence of aggression as a classifier, because men's aggression was more likely than women's to rise to the level of "abuse" when diagnostic criteria (injury or substantial fear) were applied.

Stanley, S.M. (in-press). **Making the Case for Premarital Training.** *Family Relations.*

This paper advances the argument that engaging in broadly applied premarital education efforts can reduce marital distress and divorce. Because of the complexity of design issues and difficulties inherent in outcome studies, researchers will reasonably continue to debate the effectiveness of premarital education regimens. Furthermore, there is a great deal more to be discovered that will guide prevention efforts in ways that will improve the effectiveness of those efforts in the future. Using a combination of rational argument and empirical findings, four key benefits of premarital education are discussed: (1) it can slow couples down to foster deliberation, (2) it sends a message that marriage matters, (3) it can help couples learn of options if they need help later, and (4) there is evidence that providing couples with some types of premarital training (e.g., PREP) can lower their risks for subsequent marital distress or termination.

NOTES:

Rick Heyman and colleagues also have a number of recently published



articles on couple and child abuse, marital coding and divorce prediction that are available upon request.

Members can see Sue Johnson for information on her April, 2001 article on Attachment Injuries in *Couples Journal of Marital and Family Therapy* -27, p 145. People who are interested in forgiveness should find it interesting.

BOOKS IN PRESS

Grych, J. & Fincham, F. (Eds; 2001). **Interparental conflict and child development: Theory, research, and application** (recently published; 2001) Cambridge: Cambridge University Press.

Interparental Conflict and Child Development provides an in-depth analysis of the rapidly expanding body of research on the impact of interparental conflict on children. Emphasizing developmental and family systems perspectives, it investigates a range of important issues, including the processes by which exposure to conflict may lead to child maladjustment, the role of gender and ethnicity in understanding the effects of conflict, the influence of conflict on parent-child, sibling, and peer relations, family violence, and interparental conflict in

divorced and step-families. It also addresses the implications of this research for prevention, clinical intervention, and public policy. Each chapter examines relevant conceptual and methodological questions, reviews pertinent data, and identifies pathways for future research. Thus, the book serves both to describe the "state of the art" of the field and to chart the course for continued investigation into the links between marital and child functioning.

Markman, H.J., Stanley, S.M., & Blumberg, S.L. (2001). [**The New Revised**] **Fighting for your marriage: Positive steps for preventing divorce and preserving a lasting love**. San Francisco: Jossey Bass, Inc. (no abstract available).

COUPLES-FRIENDLY INTERNSHIP SITES COMPILED BY NATALIE AND DEBRA, THE COUPLES SIG GRADUATE STUDENT CO-PRESIDENTS

Sites With Major Rotations With Couples (APA Approved)	Theoretical Orientation Type of Casework Training Possibilities	Contact Person	Email
Oklahoma City VA Medical Center	Family systems approach with some CBT work.	Michelle Sherman, Ph.D.	Michelle.Sherman@med.va.gov
University of Alabama at Birmingham School of Medicine	Cognitive behavioral predominantly (not a major couples rotation but casework).	Sheryl R. Jackson, Ph.D.	srjackson@uabmc.edu
Texas A&M University Student Counseling Service	Varied approaches with some supervisors being primarily cognitive behaviorally based; co-therapy casework with supervisor.	Andrew Smith, Ph.D.	Andy@scs.tamu.edu
UCLA Student Psychological Services	Varied approaches; most supervisors use CBT model but may combine it with psychodynamic treatment.	Renee Kaplan, Ph.D.	Rkaplan@sps.saonet.ucla.edu
University of Houston, Counseling and Psychological Services Center	Varied approaches (solution focused, relational and object relations) all using cognitive behavioral techniques within their framework.	Sherri Terrell	STERRELL@jetson.uh.edu
Brigham Young University Provo, Utah	CBT relying heavily on both Baucom's and Gottman's work	Richard Isakson	RLIsakso@stlife.byu.edu
VA Palo Alto Health Care System Palo Alto, CA	Systems approach and social learning theory rather than CBT; strong behavioral medicine in geropsych settings using CBT	Antonette Zeiss, Ph.D.	Antonette.Qeiss@med.va.gov
The Guidance Center	Solution focused and cognitive behavioral in an outpatient setting	Larry Seeman, Ph.D.	Larry@star3.vbhcs.org
University of Utah, Univ. Counseling Center	Varied with some CBT supervisors; co-therapy format	Frances N. Harris, Ph.D.	Fharris@saff.utah.edu
WRAMC (military hospital) Washington DC	Incorporated in clinical core tx (not separate rotation); eclectic approach w/ CBT widely used.	Ed Supplee, Ph.D. Maj. MS	Edwin.Supplee@NA.AMEDD.ARMY.MIL
University of South Carolina	Systemic/experiential approach	Russell Haber	Rhaber@gwm.sc.edu
Salesmanship Club, Dallas TX	Postmodern narrative, collaborative language systems, & solution focused practice; reported to have "cognitive behavioral flavor to it by not pure CBT."	Delane Kinney	DKinney@salesmanshipclub.org
Monmouth Medical Ctr.,	Cognitive-Behavioral; Supervisor is	Wayne Goldman, Ph.D.	WGoldman@SBHCS.com

Long Branch, NJ	founding member of NJ Assoc. of C-B Therapists & AABT Member.		
Danielsen Institute; Boston University	Tri-model approach; uses psychodynamic cognitive-behavioral, and systemic theoretical approaches; excluding other approaches to focus on CBT is not an option.	Jay T. King, Ph.D.	Jtking@bu.edu
University of Wisconsin; Madison, WI	"Integratively oriented" drawing on behavioral, cognitive, object relations and communications theory.	Judy Patterson	Jmpatter@facstaff.wisc.edu

Sites Without Major Rotations With Couples but Recommended by SIG Members (APA Approved)	Theoretical Orientation Type of Casework Training Possibilities	Contact Person	Email
University of Washington; School of Medicine	Strong adult internship; eclectic approach with some opportunities for couples work.	Karen Schmaling, Ph.D.	karens@u.washington.edu
Kaiser Permanente Medical Care Program Los Angeles, CA	Although no major couples rotation, site supports couples work and has allowed interns to run couples groups.	Karen Earnest, Ph.D.	karen.d.earnest@kp.org
Portland VA Medical Center	Again, no major couples rotation but the site clearly supports interest and training in couples work across a number of rotations.	Gina L. Ortola, Ph.D.	no email address available
Virginia Treatment Center for Children Richmond, VA	Site does not have a formal couples rotation but allows interns to devise couples projects if interested.	Jennine Moritz, Ph.D.	jmoritz@hsc.vcu.edu
Ioannis A. Lougaris VA Medical Center Reno, Nevada	This internship does not have a major couples rotation but has supported their interns in getting vast amounts of couples work when interested.	Valerie L. Williams, Ph.D.	williams.valerie@yahoo.com

Other Internship Sites Offering Major Couples Rotations (APPIC but Not APA Approved)	Site Type (No Other Information Available)	Contact Person	Email
Acumen Counseling Services	Community Mental Health Center	Deborah Bradford, Ph.D.	deborahbradford@rvbh.com
Brooke Army Medical Center	Armed Forces Medical Center	Pamelia Clement, Ph.D.	pamelia.clement@amedd.army.mil

Bureau of Study Counsel; Harvard University	University Counseling Center	Charles P. Ducey, Ph.D.	bsc@fas.harvard.edu
Calgary Regional Health Authority	Consortium	Gene Flessati, Ph.D.	gene.flessati@crha-health.ab.ca
Children's Center	Child/Adolescent Psychiatric	Douglas Goldsmith, Ph.D.	Douglas@tccslc.org
Community Mental Health Consultants, Inc.	Other	Jerry A. Morris, Psy.D.	morris49@aol.com
Dallas Metropolitan Consortium in Psychology	Other	James P. Cannici, Ph.D.	cannici@utdallas.edu
EMERGE Ministries, Inc.	Community Mental Health Center	Donald A. Lichi, Ph.D.	renee@emerge.org
Family Service and Guidance Center, Inc.	Child/Adolescent Psychiatric	Thomas S. Bartlett, Psy.D.	fsgcmhc@aol.com
Forest Institute of Professional Psychology	Other	Karen Lee, Psy.D.	klee@forestinstitute.org
Hartgrove Hospital	Private Psychiatric Hospital	Robert K. Marshall, Ph.D.	no email address available
Hefner VA Medical Center	Veterans Administration Medical Center	Loren Wilkenfeld, Ph.D.	Loren.Wilkenfeld@med.va.gov
Metropolitan State College of Denver	University Counseling Center	Gail Bruce-Sanford, Ph.D.	brucesan@mscd.edu
Mid-Coast Psychology Internship Consortium	Other	Craig Updegrove, Ph.D.	dkotler@mail.cspp.edu
Multicultural Psychology Internship Program of Massachusetts	Consortium	Lourdes Mattei, Ph.D.	lmattei@hampshire.edu
New Life Clinic	Other	Paul R. Sather, Ph.D.	psather@newlife.com
North Central Behavioral Health Systems, Inc.	Community Mental Health Center	Laura Jansons, Psy.D.	no email address available
Park Nicollet Medical Center	Private General Hospital	John Hanson, Ph.D.	no email address available
School of Professional Psychology/Pacific U.	Community Mental Health Center	Donald K. Fromme, Ph.D.	frommed@pacificu.edu
Stanford University	University Counseling Center	Al Cooper, Ph.D.	Jerlaine@stanford.edu
Western Kentucky Psychology Internship Consortium	Consortium	Stephen Glasscock, Ph.D.	t_oliver@hotmail.com
Wright Institute Los Angeles	Other	Allen M. Yasser, Ph.D.	wila@wila.org
The Coché Center (Not APPIC Approved)	Couples Workshop Center	Judith Coche, Ph.D.	jmcoche@earthlink.net

END OF THIS NEWSLETTER - Contact Shalonda (skelly@rci.rutgers.edu) anytime about doing a piece for the Fall/Winter Newsletter!