

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT – SIG Fall '00

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Couples Research and Therapy Newsletter

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Notes from Joanne & Jean-Philippe

Greetings everyone! We look forward to seeing you soon at the AABT Convention in New Orleans. We've spent this past Summer and Fall getting things ready for the convention (OK, not the whole summer and fall, but parts of it!) and we're happy to say that SIG members have a lot of exciting conference activities to look forward to. While our Graduate student Co-Presidents, Natalie Monarch and Debra Larson, provide the full details of the myriad SIG-related activities this year in New Orleans (see p. 6), here are some highlights:

1. SIG Special Event – Thursday, November 16th, 6-9pm, Newberry Room.

This year's SIG Special Event session features a combined program of methodology and theory dealing with individual variables in couples research and therapy. Joanne Davila will chair the event. The presenters and titles are: Ben Karney, "Using multi-level modeling to examine stable (or not so stable) individual differences in relationships," Joanne Davila, "Enduring vulnerabilities in relationships: Intrapersonal risks for interpersonal dysfunction," Cathy Cohan, "Hormone function and marital adjustment," and Douglas Snyder, "Tailoring Couple Therapy: When Do Individual Differences Make a Difference?" Steve Beach and Don Baucom will serve as commentators.

2. **SIG Poster Exposition and Welcoming Reception – Friday, November 17th, 6:30-8:30pm, Grand Ballroom.** We've got 5 fabulous posters that will represent the exciting work being conducted by SIG folks.

3. **Annual SIG Business Meeting – Saturday, November 18th, 4-5pm, Eglinton & Winton Room.** We will catch up on SIG business, make decisions about future SIG goals and activities, collect dues, and present the Graduate Student Poster Award. Don't miss this important meeting.

4. **Graduate Student Poster Award – Presented at the Annual SIG Business Meeting.** Join us as we recognize and celebrate the very important contributions being made by students to research on couples.

5. **River Boat Cruise – Saturday, November 18th, ...** You won't want to miss the fun as we head out on the Steamboat Natchez at 7pm (board immediately following the AABT **Presidential Address**). The Natchez shoves off at 7pm sharp. A \$25 deposit (made out and mailed to Jean-Philippe Laurenceau; jlaurenceau@miami.edu) is required. Thanks to Gary Birchler for his work on organizing this event!

6. Don't miss the Master Clinician Series, Workshops, Clinical Roundtable, Symposia, and Posters offered and presented by our Couples SIG members.

We look forward to an academically and socially enriching conference—see you all soon in the "Big Easy"!

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

KUDOS!

BIG WIGS:

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE:

Tammy Scher - Illinois Institute of Technology

Linda Roberts - University of Wisconsin-Madison, Human Development & Family Studies

Congratulations! You two are now officially part of the Big Wigs group!

NEWER PROFESSIONALS:

Annmarie Cano – Eastern Michigan University.

Congratulations to Annmarie to putting together the list of couples/family graduate programs for our SIG! This document will soon be posted on our website at:

<http://www.aabtcouples.org/>

GRADUATE STUDENTS:

Janice Jones – UCLA. Graduate Student Recipient of the NIH National Research Service Award

COUPLES SIG POSTER EXPOSITION WINNERS:

William Fals-Stewart, Gary Birchler, & Timothy O'Farrell.

Congratulations on your poster entitled, "Use of Abbreviated Behavioral Couples Treatment for Married Drug Abusers."

KUDOS TO YOU ALL!

DUES

Please remember that dues will be collected at the *Annual Couples SIG Business Meeting – Saturday, November 18th, 4-5pm, Eglinton & Winton Room.* Dues are \$20 for faculty members/professionals and \$5 for students. If you plan to remain a member but are not going to the meeting, please mail your dues to our treasurer, Kieran Sullivan, by November 19th at:

Kieran Sullivan, Ph.D.
Department of Psychology
Santa Clara University
Santa Clara, CA 95053

Ed'tor's Comments

Shalonda Kelly, Ph.D.

Hello fellow Couples SIGers! There are four exciting aspects of the current newsletter that I would like to highlight. First, the newsletter provides all of the information that you need to plan for the upcoming conference in New Orleans. Our fun-loving graduate student co-presidents, Natalie Monarch and Debbie Larsen have done a wonderful job of laying out all of the couples-relevant conference events in New Orleans. In addition, our fearless leaders, Joanne Davila and Jean-Philippe Laurenceau have given the details for the "must do and see" events pertaining to our SIG. Jean-Philippe also informed me that there are on-site recreation and fitness facilities, including a fitness center, putting green, pool, jogging and walking tracks, basketball, racquetball, squash and tennis courts. If anyone wants to play tennis or racquetball after a long day of conferencing, give me a call!

Second, the contributors to this newsletter have shown us that there are many new and marvelous works in our field that we need to read! We have not one, but two reviews of Kim Halford's new book by Bob Weiss and Dan O'leary, a review of a self help book by Jim Thorp, and our usual abstracts of the in-press scholarly works that our colleagues have written. If you do not feel like networking, and if you do not play sports, never fear! Just bring an article or two to read at the conference!

Third, we have two contributions regarding situations through which couples researchers and therapists need to know how to navigate. As part of our Clinician's Corner column, Jean-Philippe has provided crucial information that one needs to know if one works with Hispanic couples. This article is part of a two part series, so look for my contribution in the next newsletter regarding the factors to consider when working with African American couples. I hope that we receive additional contributions to this series from those of you who have expertise in working with couples from other important groups. For those of you who are the only couples researchers in your departments or institutions, Annmarie Cano has provided helpful tips on how to collaborate and make your life easier amongst our individually oriented colleagues.

Finally, this newsletter includes a new Kudos section, which provides a forum to show off our accomplishments. As the Couples SIG is composed of many dynamic and distinguished persons, I hope to receive many more Kudos announcements for the next newsletter! Happy reading, and goodbye for now!



Professional Book Review

Brief Couple Therapy: Helping Partners Help Themselves, by W. Kim Halford

Reviewed by Dan O'Leary, Ph.D.

Psychology Department
State University of New York at Stony Brook

The review of the couple therapy literature in the first three chapters of this book is alone worth the price of the book. The review is an excellent summary of the literature, and it is written in a clear, practical fashion. I will routinely recommend it to graduate students and practicing therapists.

Halford provides the specific ingredients of a therapeutic approach, and he suggests how you may combine the elements in a clinical setting. At the same time, he is fully aware that practitioners often are only minimally influenced by published research in choosing the therapeutic approach they wish to take. In my own opinion, they are likely to be influenced by books like this and perhaps even more importantly through workshops based on material like that in this book. The choice of one's general therapeutic approach is most likely determined by one's graduate training. Given that this book review appears in a behavior therapy publication, one could expect the reader is a behavior therapist of some ilk. As behavior therapists who have seen an number of summaries of the marital literature or who may have had to take a continuing education course to retain a license or certification, they may wonder what is new that they can use to be more effective therapists. Halford makes clear that behavioral couple therapy is a powerful intervention with large effect sizes (.9 to 1.0). However, Halford also presents evidence that relatively wide variations of couple therapy like emotion focused therapy, insight oriented couple therapy, and self-regulatory couple therapy also have

empirical support, with most support having been provided for the emotion focused therapy. One then wonders how this book may influence practitioners, especially since Halford argues that our ability to be effective in marital therapy has not changed for many years. I believe that practitioners change in small increments as they incorporate a new idea or a new emphasis into their practice. This practitioner was most influenced by the emphasis on getting the clients to take responsibility for the goal setting and the change, the central theme of this book.

Halford "has a schematic assessment tool to help make a decision about the kind of intervention that may be needed in a specific case."

Couples often resolve their own conflicts, and this book's approach is to capitalize on the ability of individuals to bring about their own changes. Halford cites the 1970's work of Kanfer and Karoly as a basis for his application of behavioral self-control theory. The central concept of the approach is that partners, not therapists, produce long term change in couple relationships. This emphasis on self-change has been promoted by many therapists of different persuasions for many years, but the emphasis has not been brought to the marital therapy context in as bold a form as it has herein.

The review correctly states that various forms of marital therapy have

demonstrated their efficacy in controlled trials, but that the presumed mechanisms of change may not account for the changes reported by the clients. Given that the causal mechanisms of therapeutic change have yet to be demonstrated, Halford believes that the assessment and goal setting used often in the initial sessions of therapy may account for changes seen in therapy. He reports two studies of brief, three-session interventions that were successful in changing relationship satisfaction. Given the changes found in the two studies, an argument is made for brief marital therapies. In addition, two national surveys of couple therapy, one in Australia and one in Germany, found that the mean number of sessions attended was low relative to the number of sessions reported in efficacy studies. Further, the number of sessions was unrelated to the magnitude of change in relationship satisfaction.

The assumption that couples with significant marital distress can change a great deal in short order is one that many would question. In fact, the view that therapy can be very brief is one that was promoted by behavior therapists in the 1970s, but it is a view that is now challenged in many quarters, especially where the clinical problem has been shown to be quite stable, e.g., schizophrenia, bipolar disorder, conduct disorders, attention deficit disorders, and various forms of aggression in adults, to name just a few. Halford certainly does not assert that all couples can profit from brief therapy, but he does believe that many can within three to four sessions.

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Professional Book Review

“Catch a Falling Star” A Review of *Self-Regulation Couples Therapy* by W. Kim Halford

Reviewed by **Robert L. Weiss, Ph.D.**

Psychology Department
University of Oregon

In our professional lives as marital therapists and researchers we sometimes lose sight of the optimism, the promise, the fulfillment that relationships can bring. Mostly we see intimacy gone wrong; anger, disappointment and hostility replace optimism, hope and fulfillment. Kim Halford has taken major steps in helping us catch this falling star. Those of us familiar with Halford's optimism, warmth, and unflappable support for committed adult relationships—seen in his numerous papers and conference presentations-- will also see these same characteristics racing through the pages of this therapist's manual. In his view, couples' therapy is a personal undertaking (for therapist and spouses alike). This might explain why, in breaking with tradition, he asked me --one of the persons to whom he has dedicated his book-- to review it for SIG members. Like many others in this field, I count myself among Kim's friends and loyal supporters. Clearly, the responsibility for not misleading you is mine, but a reviewer is never objective; reviews are by nature evaluative, judgmental, and reflect the opinions of the reviewer. Objectivity in this sense is less important than the credibility of the reviewer.

Behavioral Couples Therapy (BCT) is no longer a technology for imposing relationship change. Jacobson and Margolin's original BCT manual (1979) foreshadowed some of this change (e.g., notions of collaborative alliances). Baucomb and Epstein's *Cognitive Marital Behavior Therapy* (1990) was a clear mold breaker focused on the role of

individual cognitions. And now, allegedly still within the behavioral arena, Jacobson and Christensen's *Integrative Couples Therapy* (ICBT) (1999) has turned us sharply to the right, making “acceptance and change” largely an individual matter. There are also notable developments in non-behavioral arena as well. Greenberg and Johnson's emotionally focused couples' therapy, which stresses couple vulnerabilities and attachment issues, belies current interest in the role of individual variables in couples' therapy. Not yet a mainstream form of couples' therapy, Miller and Rolnick's *Motivational Interviewing*, is a clinically generic application of humanism-with-a-kick. It also puts the onus of change squarely within the individual. The confluence of these seemingly diverse approaches to couples is here in Halford's *Self-Regulation Couples Therapy*. For here there is far less emphasis on teaching the usual mutual change techniques; instead we learn how best to utilize each spouse's experiences in helping them develop self-regulation meta skills. Had I been asked I would have named the book “Mr. Rogers Visits the BCT Neighborhood.”

As if we didn't have plenty of acronyms! To the list of BMT, BCT, CBT, TBCT, ICBT, we now have SRCT. In *Self-Regulation Couples Therapy* Halford makes explicit his views on “better living through inward technology” in a caring, detailed, personalized, highly readable, systematic, “how to” manual that is filled with the knowledge and techniques gleaned from numerous empirical studies.

How to negotiate goals, how to assess their attainment, and how to determine that one is on course are all richly described and carefully explained. This is not marital therapy by the numbers: as a manual it is not technique driven. Refreshingly, it is strategy driven.

New marital therapists sometimes fail to get the big picture early enough in training. This manual will solve that problem. There is a wealth of information about making intervention-informed assessment decisions. We are urged to include the broader contexts of family life in our assessments (e.g., those given by employment, health, life stresses).

I especially liked the logic of Halford's multistage approach to intervention. Not every couple needs everything we know how to deliver. SRCT is built on three major intervention structures: brief self-guided change, relationship psychoeducation, and therapist-guided change. Each option represents greater therapist involvement. SRCT provides the therapist with a rationale and a strategy for engaging individual self-regulation meta strategies. Similar to other approaches (e.g., motivational interviewing, ICBT, or EFT) being able to empathetically join the spouses on their emotional level is a fundamental therapist skill. Therapists must be able to move spouses from their inflexibly held positions by encouraging self-appraisal, self-goal setting, and self-change, all in a non-confrontational way. (The latter is at the core of motivational interviewing.) One

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Notes From Natalie and Debbie

The Graduate Student Column

34th Annual AABT Conference – Couples' Happenings and So Much MORE!

November 16-19, 2000 - New Orleans

Hello From Your Wild and Crazy SIG Graduate Student Presidents! We hope you are all getting ready to hit the "Big Easy" in a few weeks! Being the diligent graduate students we are, we've done some research to help you get geared up. So here is your very own Nawlins (that's local speak for New Orleans of course) Survival Guide!

1. Well, first things first – what do you pack?! The average temperature for November is 61 degrees, with a high of 70 and a low of 51. November seems to be the driest month in New Orleans but be sure to bring your trusty raincoat and umbrella anyway!

2. Where to go, what to do? This "happening" city has lots to offer so we'll just list a few highlights:

Aquarium of the Americas	504-581-4629	(1 block from the hotel)
Audubon Zoo	504-581-4689	(About 7 miles from the hotel)
French Quarter (duh)		(3 blocks from the hotel)
Mardi Gras World (fun!)	504-361-7821	(1 mile from the hotel)
Riverwalk Marketplace		(Right behind the hotel!)
Tours: Cypress Swamp Tours	800-633-0503	
Louisiana Swamp Tours	888-30-SWAMP	
Cemetery Tours (cool and creepy)	504-588-9357	

Music: Too much to list but check out this website: www.moiono.com There's also this cool concept called the Magic Bus Shuttle (504-314-0710) which picks you up at the hotel and takes you around to cool clubs!

Events: There isn't much in the way of festivals during November but check out this website: www.nolalive.com

3. Oh yeah, the conference! (Conference schedule presented on page 6)

PROFESSIONAL BOOK REVIEW CONTINUED FROM PAGE 3 – DAN O'LEARY, Ph.D.

He has a schematic assessment tool to help make a decision about the kind of intervention that may be needed in a specific case. The schematic provides guidelines for three types of interventions (1) self-change [1-6 Sessions], (2) relationship psychoeducation [7-10 Sessions], and (3) therapist guided change [11-25 sessions]. The proof of the pudding will be outcome results from varied research teams that support or refute the view that significantly distressed couples can profit from relatively brief therapy.

Halford is to be commended for his attention to partner abuse and family violence. In fact, there is more attention to this issue than I have seen in any marital therapy book. He notes research by our research group at Stony Brook repeatedly showing that physical aggression is common in early marriage and in couples seeking

marital therapy. He suggests caution in the assessment of these couples and makes concrete suggestions for self-report inventories that can be used to assess physical aggression against a partner. He does not make any iron clad rules about who could benefit or who should not receive marital therapy if physical aggression is present in the relationship. However, he makes clear that it is important to develop a safety plan and to evaluate the likelihood of risk to a client (usually the female partner). Further, Halford provides a specific illustration of alternatives that should be discussed with anyone in an abusive relationship. The partner abuse area is replete with guidelines for excluding couples for marital therapy when there is a single instance of physical aggression, but such guidelines are not well tied to any

research base on the very high prevalence of physical aggression in young couples. Until we have data to the contrary, the Halford approach makes excellent sense to me. My own preference is to exclude partners when the level of psychological aggression is high, when the physical aggression has existed for a long time, and/or when one partner feels intimidated by the other.

The therapeutic community can look forward to therapy outcomes from clinicians and researchers based on the emphasis on self-change for couples. To paraphrase President Kennedy, a therapist might find the occasion to repeatedly challenge clients early in the intervention with this important theme from the Halford self-change approach: "Ask not what your partner can do for you, ask what you can do for your relationship?"

(End Of Review)

Notes From Natalie and Debbie

The Graduate Student Column, Continued from page 5
34th Annual AABT Conference – Couples' Happenings and So Much MORE!
November 16-19, 2000 - New Orleans

<u>DATE AND TIME</u>	<u>EVENT TYPE</u>	<u>EVENT TITLE</u>	<u>LOCATION</u>
THURSDAY, NOV 16th			
6:00pm – 9:00pm	Couples SIG Special Event	Individual Variables In Couples Research And Therapy	Newberry Room
FRIDAY, NOV 17th			
8:30am – 10:00am	Clinical Roundtable-1	Couples' Researchers as Clinicians: A Look Behind the Curtain	Grand Salon D
9:00am – 12:00pm	Workshop-2*	Behavioral Couples Therapy for Alcoholism & Drug Abuse	Grand Salon 4
9:00am – 12:00pm	Workshop-3*	Treatment of Erectile Dysfunction & Relapse Prevention Strategies	Grand Salon 6
10:15am – 11:45am	Symposium-10	Heterogeneity Among Men Engaging in Intimate Partner Violence: A Focus on Antisociality	Grand Ballroom 10
10:30am – 12:30pm	Master Clinician Seminar-2*	Integrative Behavioral Couples Therapy	Prince of Wales
1:30pm – 2:30pm	Poster Session – 4A	Couples and Family: Couples Therapy and Parenting Issues	Hilton Exhibition Center
1:30pm – 3:00pm	Symposium-18	The Influence of Culture and Context on the Intimate Relationships of African Americans	Jasperwood
2:00pm – 5:00pm	Workshop-12*	Advances in Cognitive Behavioral Couples Therapy: Assessment & Intervention with Behavioral Patterns and Cognitive Themes	Grand Salon 10
6:30pm – 8:30pm	SIG Cocktail Hour	Cocktail Hour and Poster Exposition	Grand Ballroom
SATURDAY, NOV 18th			
8:30am – 10:00am	Clinical Roundtable-6	Cognitive Approaches to Understanding & Treating Couples	Grand Salon 12
9:00am – 10:30am	Symposium-32	Chasing the Trajectory: Advances in the Study of Couples Over Time	Magnolia

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Notes From Natalie and Debbie

The Graduate Student Column, Continued from page 6
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November 16-19, 2000 - New Orleans

SATURDAY, NOV 18th (Continued)

10:30am – 12:00pm	Symposium-34	Overcoming Roadblocks in Cognitive Therapy (Incl. Couples Research)	Grand Ballroom B
12:45pm – 2:15pm	Symposium-47	Understanding Validation: Theory, Assessment and Relation to Psychopathology (Incl. Couples Research)	Belle Chase
1:00pm – 2:30pm	Symposium-49	Characteristics of Partner-Aggressive Women	Grand Salon D
2:30pm – 4:00pm	Symposium-52	Private Practitioners in Clinical Trials: The Example of Marital Therapy Research	Rosedown
2:30pm – 4:00pm	Symposium-53	From Courtship to Divorce: Life Span Perspectives of the Association Between Marital Discord and Depression	Belle Chase
4:00pm – 5:00pm	Meeting	Couples' SIG Meeting	Eglinton & Winton
5:00pm – 6:00pm	AABT Presidential Address		
7:00pm – 9:00pm	Couples SIG Dinner!	The Steamboat Natchez casts off at exactly 7pm for the two hour river cruise. It is located at the RiverWalk central dock, a 5-minute trolley ride or 15 minute walk (5-6 blocks) from the Hilton Conference Hotel. A Happy Hour with bar and buffet are available starting at 6pm on the Steamboat Natchez.	

SUNDAY, NOV 19th

8:30am – 10:00am	Symposium-58	Multi-Site Clinical Trial of Couple Therapy: First Findings	Grand Ballroom D
8:30am – 10:00am	Symposium-57	Cheaper, Faster, Cleaner? Contributions and Limitations of Web-Based Methodologies to Behavioral Research (Incl. Couples Research)	Grand Ballroom C
10:15am – 11:15am	Poster Session-14A	Couples and Family: Abuse and Violence	Hilton Exhibition Center

* = Requires Fee and Registration

Well, that about covers it for now. So, pack up and get ready for a weekend to remember!
And laissez les bon temps rouler! (I'm working on my Louisiana Lingo – we don't get much of that out here in Denver!)

Your Graduate Student Presidents, Natalie Monarch and Debbie Larson

Clinician's Corner

Hispanics in Couples Therapy

Jean-Philippe Laurenceau,

Ph.D.

Why is issue of Hispanic culture an important one to consider in couples therapy? First, the world is becoming more diverse culturally, particularly in the US, where a widely publicized projected statistic is that Hispanics will comprise the largest "minority" group in the US, accounting for approximately 25% of the population by the year 2050 (US Census Bureau, 2000). This statistic implies that the opportunities for psychologists to work with members from this sector of the population will only continue to increase. Second, there is some data to suggest that marital/couples problems are among the most frequent problems raised by Hispanic clients of mental health professionals (Lopez & Hernandez, 1987). Third, many couple interventions, because of their focus on an active, short-term, and skills-oriented approach, have much to offer to this group if they can be delivered in a culturally-sensitive way (Rosado & Elias, 1993).

What is Hispanic Culture?

Before attempting to raise selected issues and suggest some guidelines when working with couples in which one or both members are Hispanic, I will provide the definition of culture that will form the basis of this piece. Culture refers to "the values, beliefs, and practices that are frequently shared by groups identified by variables such as ethnicity, gender, and sexual orientation" (p. 370, Lopez et al., 1989). Thus, as suggested from the definition, differences between members of different cultures often reflect underlying differences in

values and beliefs. It should be noted, however, that differences discussed in this piece may not hold for the specific spouse or couple that may come before a couples therapist.

Hispanics, or Latinos, are an identified cultural group for several reasons because individuals in this group, or their descendants, are from countries where the commonly shared language is Spanish. Moreover, as will be discussed below, members also largely share in the values of *marianismo*, *machismo*, and *familismo*. Nevertheless, while these factors are common among all Hispanics, there is tremendous diversity within the Hispanic cultural groups, reflected in a mixture of races, countries of origin, socio-economic histories, emigration factors, and customs.

While I will be invoking a cognitive-behavioral couples framework for discussing how traditional Hispanic values can influence both couples processes as well as processes of couple therapy, these issues likely generalize to other couple therapy approaches.

“Hispanic sex-role values tend to be organized around the constructs of *machismo* and *marianismo*.”

Hispanic Cultural Values

The role of values in therapy cuts across therapists of all orientations and modalities. Nevertheless, the effects of therapist values on psychotherapy may be particularly potent in the delivery of marital treatments because spouses must struggle to incorporate interventions into their relationship patterns while simultaneously attempting to

maintain the stability of their relationship (Lakin, 1988). Values that are potentially transferable in marital therapy include opinions and stances on potent issues such as: the indicators of the quality of marital relationships; attitudes towards conception, pregnancy, and abortion; marital fidelity and extramarital relationships; sex-roles; religious beliefs; and child rearing and discipline practices. Furthermore, marital and family therapists may hold strong and, at times, contradictory positions on these issues with respect to their clients. This discrepancy may influence whether the therapist may consider the spouses' views as privy to adjustment or correction (Bergin, 1980; Lakin, 1988).

As an example for the current discussion, there appear to be sex-role values within Hispanic families that may present challenges to the marital therapist, and particularly the BCT therapist, when attempting to engage in therapy with these clients. Hispanic sex-role values tend to be organized around the constructs of *machismo* and *marianismo* (Garcia-Preto, 1996).

For Hispanics, traditional sex-roles are average cultural norms that play a central part in marital and family functioning. Overall, men assume the role of the dominant authority figure in the Hispanic family, embodying qualities that fall under the code of behavior known as *machismo*: masculinity, physical strength, respect, and dominance (Comas-Díaz & Duncan, 1985; Paniagua, 1994). Among Hispanic fathers, *machismo* is reflected in the demonstration of respect and submissiveness from family members, including his wife and children.

The female counterpart for this construct is known as *marianismo* (Paniagua, 1994). This construct is derived from the cult of the Virgin Mary, in which women are considered to be morally and spiritually

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CLINICIAN'S CORNER, CONTINUED FROM PAGE 8

superior to men. Women are expected to take care of children at home, devote daily activities to cooking and cleaning, and engage in activities that benefit the children and husband. Because of their moral and spiritual superiority, women are able to sacrifice themselves by enduring suffering for the good of the family and husband. However, in accepting and acknowledging a husband's authority and dominance, women usually assume power at home (Boyd-Franklin & García-Preto, 1994). Unlike the current trends in the U.S., "role flexibility is not rewarded in Hispanic communities. The father is the head of the family, the wife takes care of the children, and children must behave according to the father's rules (p. 41, Paniagua, 1994)."

In addition to the adherence of sex-roles based on *machismo* and *marianismo*, perhaps the most significant value that all Hispanics share is that of *familismo* (Garcia-Preto, 1996). *Familismo* refers to the utmost importance that is placed on family unity and cohesiveness. This value reflects the belief that the goals and needs of the group (i.e., family) come above and beyond the goals and needs of the individual.

Understanding the central function that sex-roles play in Hispanic couples and families is crucial to conducting successful and effective marital therapy with members of this ethnic group. Consider the hypothetical case of a recently immigrated young Colombian family who has been referred to a marital therapist because of marital tension. As the initial sessions unfold, the wife expresses depressive symptoms and bodily complaints in response to the tremendous responsibility for providing caretaking and nurturance to family members: mediating disputes between the husband and children, finding schooling for the children, shopping, cleaning the home, cooking for the family, and supporting her husband in his transition to a new occupation. Fulfilling the expectations of her role as mother has also

contributed to resentment toward her husband and children. Without an understanding of the traditional roles the men and women play in Hispanic families, a BCT therapist may take this opportunity to highlight and problem-solve around a clear discrepancy in husband and wife responsibilities in the hopes of establishing greater sex-role equality. This attempt would be in line with the thinking of marital therapists who suggest that marital therapy presents a unique occasion for the modification of inequities in sex-roles (Gurman & Klein, 1983; Jacobson, 1983; Rampage, 1995). Yet, such an attempt may go against the couple's values on sex-roles.

In the preceding clinical situation, direct attempts toward suggesting that the couple's sex-role standards and expectations are dysfunctional and should be changed may be experienced by the couple as too premature, simplistic, and devaluing (Boyd-Franklin & Garcia-Preto, 1994). Such an intervention does not recognize that the wife's role as the family anchor, while consisting of self-sacrifice and compromise, can also be highly valued and regarded in Hispanic communities. In this case, maintaining the stability of the family supersedes the wife's individual goals and needs. Instead of initially suggesting more equality and sharing of familial responsibilities, a marital therapist might encourage the husband and the wife both to express their respective levels of satisfaction and dissatisfaction with their family roles. This type of intervention may allow the wife to identify what she would like to change in the marital relationship and who else in the family may also be utilized in future interventions (Boyd-Franklin & Garcia-Preto, 1994). In addition, the unacceptability of the values of *machismo*, *marianismo*, and *familismo* in the U.S. can also be a major source of tension for Hispanic families in this country. Attempting to change these values can lead to disruptions in extended family and community dynamics, both being large sources of social support for Hispanic families (Paniagua, 1994). Moreover,

encouraging the wife to be more assertive in her request for help with family responsibilities may be counter-therapeutic. As Paniagua (1994) asserts, " If during the first session a therapist recommends that a Hispanic wife should have the same freedom and independence as her (Hispanic) husband, this recommendation would be an error, which could lead to attrition, and a sign of lack of understanding of that particular value upon the family (p. 45)."

Cultural Values & Couples Behavior Change

Culture can be viewed as a set of variables that have an important influence on behavior, and thus may enter couple therapy as part of a functional analysis (Hayes & Tomarino, 1995, Tanaka-Matsumi & Higginbotham, 1996). The following are a set of steps involved with conducting a functional analysis of behavior utilizing a culturally-sensitive perspective:

1. Gather information regarding the client's presenting problem. This involves asking when the problem began, defining the problem in behavioral terms, identifying the antecedents and consequences, asking when is the problem not a problem, asking what the couple has done to cope with the problem, asking how significant others and family feel about this problem.
2. Have the couple describe *their* view of the problem. Determining the norms for the problematic behavior in question requires the therapist to be familiar with the culture's values and how the values may create a context for the identified problem. Consulting with members of that particular culture may help.
3. The therapist discloses *his/her* therapeutic model for explaining or understanding the problem.
4. Compare/contrast the two models.

5. The therapist works with the partners to come up with a mutually acceptable "story." The story should encompass each partner's perspective, identify what the target behaviors will be, and pinpoint suitable criteria for problem improvement.

(Continued on next page)

CLINICIAN'S CORNER, CONTINUED FROM PAGE 9

6. Lastly, discuss what interventions can be used to change the target behaviors. These interventions can include: skills acquisition (e.g. communication and problem solving training), monitoring and changing maladaptive relationship cognitions (e.g., self-statements and beliefs), developing adaptive emotion regulation strategies, developing rules for conflict management, and enhancing intimacy through positive activity scheduling. In addition, ensure that the client understands and agrees with the rationale of how the interventions will lead to change.

Judging which norms for behaviors are to be applied when assessing problems is the balancing act that the culturally sensitive therapist must perform (see #2 above). Multicultural approaches of psychological assessment refer to the *etic* vs. *emic* distinction (Draguns, 1981). *Etic* refers to universal norms for behaviors while *emic* refers to group-specific norms for behaviors. It is also important for the therapist to be aware of and assess individual and couple norms for behavior.

When working members of couples with culturally diverse backgrounds, the couple therapist should be cognizant of potential type I and type II errors. The first type of error involves ignoring or being unaware of cultural issues when they are at the crux of the presenting problems. The second type of error involves assuming that cultural issues are at the crux of the presenting problem when it is not the case. Thus, when applying norms of

behavior, clinicians can be susceptible to err on the side of minimizing clinically significant problems or err on the side of overlooking clinically significant problems (Lopez and Hernandez, 1986). For example, a therapist may suggest a Hispanic wife try to be more accepting of her husband's ongoing infidelity, keeping in mind that her culture appears to accept men's extramarital affairs (a potential manifestation of the Hispanic value of *machismo* and *marianismo*). While some Hispanic wives may view affairs by men as within norms and acceptable, many Hispanic women don't. Moreover, the view that all Hispanic males embody "macho" attitudes may bias the therapist from entertaining the hypothesis that important needs are not being met through the relationship leading the husband to attempt to meet these needs elsewhere.

Concluding Comments

Be aware that much of our research on cultural differences addresses group differences, while clinical work with couples is done at the individual level. Thus, a therapist must entertain both cultural hypotheses as well as alternative hypotheses as explanations for presenting problems. Moreover, some identified couples problems may be related to clashes between cultures (both within the couple, or between the culture of the couple's country-of-origin and the culture of the U.S. majority). In these cases, one goal of therapy is to facilitate the development of a couple's shared bicultural identity on several dimensions upon which partners and cultures can differ. This includes independence and interdependence in relationships, gender roles, the role and involvement of extended family members, expressions of intimacy and closeness, balancing power, and parenting styles.

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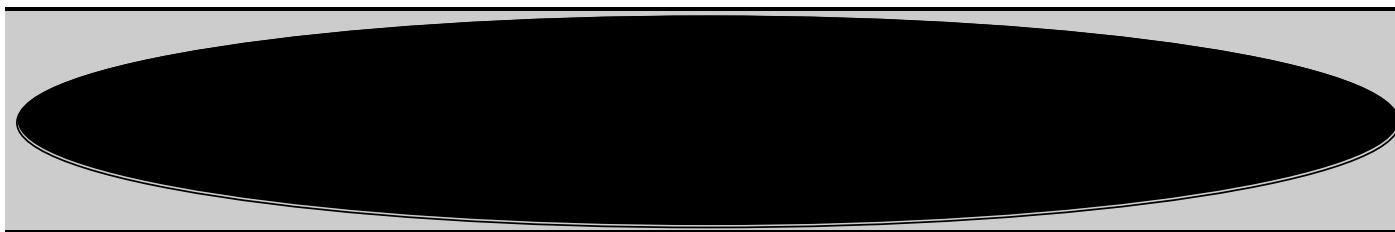
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Annmarie Cano, Ph.D

Since earning my doctorate in 1998, I have been a faculty member at two different institutions. In each department, I was the only faculty member with couples research and therapy training. I will describe the advantages and disadvantages of this situation and to encourage all of you to do more networking.

Advantages & Disadvantages Of Being The Only Child

There are advantages to being the only couples researcher in a department. One advantage is that the department probably recruited you to do couples research and therefore, you are a highly valued member of the department. Another benefit is that relationships researchers often get to pick the best students because our area of study is intrinsically interesting. Last, relationships research dovetails nicely with a wide variety of other research areas that may be represented in the department: child behavior problems, psychopathology, behavioral medicine, social cognition, aging, to name a few. The internal research collaborations can be rewarding for you and your students.

“we can’t just go next door and chat about couples research issues with a colleague. This is where the AABT listserv and annual conventions come in very handy!”

However, there are some disadvantages to being the only couples researcher in a department. First, although the department wanted you there, they are not

always sure what to do with you once you are there. Believe it or not, some faculty still view couples research as a fad area in which nothing can be operationalized. Although I have not received direct comments referring to couples research as “fuzzy” science, I have heard my share of jokes about what it must be like for my husband to be married to a couples researcher or therapist! Colleagues in situations similar to mine have also mentioned the possibility that overly sensitive faculty members may become resentful of couples researchers’ abilities to attract great students, sometimes from their own labs. Because students want to work with us and it is easy to develop good collaborative relationships with others, we also have the possibility of getting over-extended. Finding good mentors and just saying no graciously is key. Last, we can’t just go next door and chat about couples research issues with a colleague. This is where the AABT listserv and annual conventions come in very handy!

Networking & Collaborating



I have found collaboration to be particularly key in terms of being the only couples faculty member in a department. Although I will focus on collaborating for new projects, I believe that some of my suggestions

also apply to collaborations in which you are able to add a couples dimension to already on-going projects. I usually start by finding answers to the following questions: Does my collaborator value a couples focus? Will my collaborator and/or I be expected to learn a new literature? How much work will my collaborator and I each contribute at all stages of the project? Can I get along with this person? What will be the outcome of the project (e.g., publications, presentations) and how will authorship be divided? Expect to spend a great deal of time just figuring out what you can do together, knowing that sometimes after all that reading and meeting, a joint project may not be feasible. I am currently collaborating with another clinical psychologist in my department who is interested in the quality of life of bone marrow transplant (BMT) survivors and treatment issues involving this population. My piece of the project will generally involve BMT survivors' marital functioning. We first had several casual lunch meetings to throw around ideas followed by more formal meetings where we actually outlined our expected contributions. My collaborator has provided me with a few key articles that are most relevant to my contribution to give me a quick picture of the state of the field. At this point, it looks like this will be a fruitful collaboration.

There are many reasons why attempts at intradepartmental collaboration can fail (e.g. dissatisfaction with roles, other obligations). This is when networking outside the department can be rewarding (and surprisingly easy to do!). When I first moved to the Detroit area two years ago, I had lunch at least three

(Continued on next page)

The Only Couples Researcher, Continued from page 11

times per month with different people I called out of the blue as well as contacts provided by other faculty members. Everyone I contacted was interested in having at least one lunch meeting to discuss how my areas of interest (i.e., marital problems and depression, marriage and health) might fit into their programs. My lunch dates included university faculty members from the College of Nursing, College of Education, and Departments of Sociology and Social Work as well as members of Departments of Family Medicine, Community Medicine, Consultation-Liaison, Neurology, and Psychiatry at area hospitals. I also attended grand rounds several times even when the topic was not relationship-specific. Granted, these lunches and meetings took a lot of energy but several of these lunch meetings resulted in workable research relationships: two in family medicine departments, two in pain clinics, and one in nursing. One of these collaborations has resulted in an NIMH-funded grant on the interrelationships between marital functioning, depression, and chronic pain adjustment. During these networking meetings, I asked the same questions I noted earlier. I also marketed the couples field by educating my contacts about how the couples literature relates to their areas of expertise. Once you agree to work together, several other questions need to be answered: How familiar are your collaborators with controlled research? Are your students welcomed in the collaboration? Your collaborative relationships can benefit students by exposing them to a variety of professionals, providing an "in" when it comes to finding clinical placements, and teaching them how to market couples research in various settings. What were my contacts interested in? In general, the family medicine departments and departments of social work were interested in issues of family violence assessment. Pain clinics seemed to be most interested

in issues of family support and cost analysis of psychological treatments. The consultation-liaison physicians and psychologists were recommending individual and couples research in Gastroenterology and Urology clinics. Other possibilities across universities include Departments of Communication, Criminology, Human Development, Anthropology. The possibilities are endless. It just means that you have to pound the pavement to find out who lives in your neighborhood. I have found these meetings quite rewarding and I truly believe that these collaborations have helped me in terms of project conceptualization and implementation. So, call a few people, shake some hands, have some lunch. Trust me, it's worth the effort.



“Catch a Falling Star” Book Review, Continued From Page 4

must learn how to move from “You’re the problem!” to “What can I do in my behavior to make us function better?” From a “stages of change” perspective, Halford agrees that not every spouse is initially at the “change” stage. Ambivalence, poor efficacy expectations, and poor affect regulation are among the likely impediments to change. We learn how to enhance spouses’ interest in self-regulation meta competencies and then how to help them self-assess whether they have the necessary skills. If skills are lacking then psycho-education and then, subsequently, therapist guided self-regulation become appropriate. Even the more experienced among us will benefit from the numerous illustrations.

One of the pressing questions for couples’ work is deciding if and when a case is *not* a marital therapy

case. SRCT is uniquely positioned to answer this question because the couple is involved behaviorally in assessing progress at every stage. The couple is fully engaged in the decision process. Continued failure of a couple to acquire and use the necessary self-regulation meta skills is a sure signal that marital therapy is not indicated.

Like so many other manuals for therapists, I found that this one does not deal very completely with individual psychopathology. We generally acknowledge how individual behavioral disorders are not uncommon in this work, but there is not a lot of “how to” when it comes to working with these in the context of marital therapy. I suspect that the more difficult folks (e.g., those with borderline issues) would opt out of this marital therapy since it requires more inner resources than they have initially. Nonetheless, individuals besieged with depressive disorders might well benefit from this approach.

In training clinicians over the years I often suggested that my role is to show them how to string --in a different manner-- the beads of clinical skills they already have. Halford has gone beyond this by offering us a somewhat different and compelling string as well.

(End of Review)

**DON'T FORGET
THE SPECIAL SIG
EVENT - IT ISN'T
IN THE BOOK!**

***Thursday, November
16th, 6-9pm, Newberry
Room.***

This year's SIG Special Event session features a combined program of methodology and theory dealing with individual variables in couples research and therapy.

Self-Help Book Review

Can We Be Saved? Relationship Rescue and the Bashing of Couple Therapy and Theory Steven R. Thorp, University of Nevada, Reno

Relationship Rescue (2000; \$22.95), by Phillip McGraw, Ph.D., reached number one on the New York Times national bestseller list and the author has been a guest on The Oprah Winfrey Show. The book was also lauded in the October 13, 2000 issue of the popular magazine Entertainment Weekly.

Dr. McGraw declares that he will not use “psycho-babble” and promises to give the reader “straightforward, no-nonsense answers that work...” (p. 1). However, he then introduces “that part of you that I call your core of consciousness,” (p. 2) and proceeds to use that same phrase six more times before the next page has ended. He later encourages the reader to put the relationship on “Project Status,” internalize his “Personal Relationship Values,” and eliminate “bad spirits” ad nauseum.

Dr. McGraw’s writing implies that his book is the only true path toward a quality relationship. What is most troubling, however, is that he consistently derides the profession and theory of couple therapy, while failing to provide any evidence to demonstrate that his approach helps couples. At the outset, he tells us of his design to eschew the “crap” dispensed by the profession of couple therapy over the past 50 years. He disparages generic communication skills and “textbook therapies and psychological theories” (p. 9). He shuns “active listening” (p.

7), tells us that the need for empathy is “a crock” (p. 40), and recoils from the common therapist’s advice to use the “skills” of problem-solving and “conflict resolution” (p. 45, quotation marks in original). Dr. McGraw assures us that he will not rely on theory in his text, but rather he will teach us the truth. In that pursuit, the research of the past 50 years has apparently escaped him. We are provided with no hard data. Dr. McGraw fails to mention that others, for years, have noticed that couple therapy has much room for improvement (Jacobson & Christensen, 1996), and he does not cite anything from the vast literature on couple interventions that work (see Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998, for a review).

Dr. McGraw dispenses some face valid advice. He states that individual change is often more fruitful than trying to change one’s partner. He also makes the key point that people are rarely taught relationship skills. He implicitly shares the zeitgeist of the profession toward pragmatic approaches that emphasize acceptance as well as change strategies (e.g., Jacobson, Christensen, Prince, Cordova, & Eldridge, 2000). His seven steps to salvation are: (1) assessing the relationship; (2) correcting distorted thinking; (3) eliminating individual “bad spirits” (ineffective behaviors); (4) learning “Personal Relationship Values;” (5)

learning the ‘formula’ for success (relationships should meet the needs of both partners and be built on friendship); (6) reconnecting to each other; and (7) maintaining the gains imbued by the book.

He writes that self-righteousness, personal attacks, insecurity, and complacency are bad. Conversely, “I statements,” specific self-disclosures, patience, honesty, and diplomacy (AKA communication skills) are good. Doing something for one’s partner that is positive and observable, such as an affection note (AKA “behavioral exchange”) is good. Specific written definitions of goals, with timelines, specific steps needed, accountability, and clear outcome data (AKA problem solving) are also good. He says, “The best relationships involve a thorough understanding of the other person” (p. 138; AKA empathy).

Dr. McGraw states that “the measure of success must be results” (p. 162) and he “encourages us to look at outcomes” (p. 170). I could not agree more. In the end, how do we know that this self-help book actually helps couples? I enjoyed the anecdotes, but show me the data! Sadly, Dr. McGraw provides us with no psychometric properties to support his assessments and no research (let alone randomized controlled studies) to support his treatment method. I recommend that our clients spend their money elsewhere.

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What's In Press Kick-Off!

Attachment Security And Marital Satisfaction: The Role Of Positive Perceptions And Social Support

Cobb, R. J. & Davila, J., In-Press.

We examined how positive perceptions about partners' attachment security predicted supportive behavior and satisfaction in newlywed marriage. We tested a mediation model in which positive perceptions were associated with adaptive support behavior, which in turn predicted increases in marital satisfaction. 172 couples completed self-report measures of attachment security, perceptions of partner's attachment security, and marital satisfaction within six months of marriage and again one year later. Social support behavior was assessed by videotaped interactions at the initial session. Structural equation models indicated that positive perceptions served a relationship enhancing function that was enacted, in part, through couples' supportive interactions.

Refining The Association Between Excessive Reassurance Seeking & Depressive Symptoms: The Role Of Related Interpersonal Constructs.

Davila, J. Journal of Social and Clinical Psychology, In-Press.

Two studies examined the validity of Joiner and colleagues' (e.g., Joiner, Alfano, & Metalsky, 1992) measure of excessive reassurance seeking, and specifically examined whether the association between excessive reassurance seeking and depressive symptoms was better accounted for by conceptually related interpersonal variables also known to be associated with depression (e.g., sociotropy, attachment insecurity). Results from cross-sectional and longitudinal analyses in college student samples generally supported the validity of excessive reassurance seeking and its association with depressive symp-

oms. The implications of these findings for the role of excessive reassurance seeking in depressive vulnerability are discussed.

Social Support In Marriage.

Dehle, C., Larsen, D., & Landers, J.E. American Journal of Family Therapy, In-Press.

The current study examines the role of perceived adequacy of social support provided by spouses for both marital and individual functioning. Married individuals (N = 177) recorded the adequacy of specific supportive behaviors provided by the spouse on a daily basis for seven days using the Support in Intimate Relationships Rating Scale (SIRRS). Support adequacy was defined as the match between the support received and the support desired. Spouses who reported inadequate levels of social support from their spouses also reported lower marital quality, more depression symptoms, and perceived the stresses in their lives as more uncontrollable and unpredictable. Further, hierarchical multiple regressions indicated that perceived support adequacy accounts for significant unique variance in marital quality, depressive symptomatology and perceived stress, even after controlling for social desirability. Discussed limitations of the study and implications of the findings for clinical work with couples.

The Effects of Negative Racial Stereotypes & Afrocentricity on Trust & Relationship Quality within Black Couples.

Kelly, S. & Floyd, F. J. Journal of Family Psychology, In-Press.

Racism may cause Blacks to internalize negative racial stereotypes and become mistrusting and distressed in intimate heterosexual relationships. In addition, theory and evidence conflict as to whether or

not Afrocentricity is positively associated with couple outcomes, and clarity is needed regarding how negative stereotypes and Afrocentricity combine to impact couple relationships. Contrary to predictions, questionnaires completed by 73 Black couples revealed that internalized negative stereotypes alone generally did not predict relationship problems. However, the combination of internalized negative stereotypes and high Afrocentricity for men was associated with lower reports of partner dependability, an aspect of relationship trust, as well as decreased dyadic adjustment for both partners. In addition, Afrocentricity was associated with less perceived partner dependability and satisfaction for the couples. Only the women's socioeconomic status was associated with the predictors, and controlling for socioeconomic status failed to alter the associations between predictors and couple outcomes. Findings suggest that racial issues are important constructs to study within Black couple relationships, and that complex and conflicting racial attitudes held by Afrocentric Black men may cause deterioration in Black couple relationships.

Daily Experiences of Intimacy: A Study of Couples.

Lippert, T. & Prager, K. J. In-Press.

The present study examined people's working definitions of intimacy, which emerge through daily interactions that are perceived as intimate by the participant. We proposed that working definitions should be reflected in a set of interaction characteristics that prompt relationship partners to label their interaction as intimate. Participants were 113 cohabiting couples who completed questionnaires and kept diaries of their interactions for a week. Inter-

(Continued on next page)

**WHAT'S IN PRESS KICK-OFF,
CONTINUED FROM PAGE 14**

action characteristics explaining perceived intimacy were interaction pleasantness, disclosure of private information, the expression of positive feelings, the perception of being understood by one's partner, and the disclosure of emotion. Further, more satisfied couples perceived their interactions as more intimate and showed stronger associations between interaction intimacy and partner disclosure than did less satisfied couples. Findings indicated that couple characteristics are more salient than person characteristics as predictors of intimacy in interactions.

Religion In The Home In The 1980s And 90s: Meta-Analyses And Conceptual Analyses Of Links Between Religion, Marriage And Parenting. Mahoney, A., Pargament, K. I., Tarakeshwar, N. & Swank, A. B. Journal of Family Psychology, In-Press.

We reviewed 94 studies published in journals since 1980 on religion and marital or parental functioning. Meta-analysis was used to quantify religion-family associations examined in at least three studies. Greater religiousness appears to decrease the risk of divorce and facilitate marital functioning, but the effects are small. Greater Christian conservatism is modestly associated with greater endorsement and use of corporal punishment with preadolescents. Findings suggest greater parental religiousness relates to more positive parenting and better child adjustment. The scope, meaningfulness, and potential strength of findings are restricted due to reliance on global or single-item measures of religious and family domains. To facilitate more conceptually and methodologically sophisticated research, we delineate mechanisms by which the substantive and psychosocial elements of religion could benefit or harm family adjustment.

Correlates of Intimate Partner Violence Among Male Alcoholic Patients. Murphy, C.M., O'Farrell, T.J., Fals-Stewart, W., & Feehan, M. Journal of Consulting and Clinical Psychology, In-Press.

Factors associated with male-to-female partner violence were investigated in 303 heterosexual couples with a treatment-seeking alcoholic male partner. Partner violent (PV) male alcoholic patients (N = 183), when compared to non-violent (NV) male alcoholic patients (N = 120), had higher levels of antisocial personality characteristics, greater alcohol problem severity, greater use of other drugs, higher levels of relationship distress, and stronger beliefs in the link between alcohol consumption and relationship problems. Demographic factors did not account for these group differences. Analysis of unique and shared associations revealed that: (1) after controlling for the patient's antisocial personality characteristics, relationship adjustment and drug use remained significantly associated with partner violence, whereas alcohol problem severity did not; (2) relationship distress and alcohol problem severity had independent associations with partner violence; and (3) beliefs in the link between drinking and relationship problems were associated with partner violence independent of antisocial personality characteristics, alcohol problem severity, and relationship distress.

Understanding the Relationship Between Religiosity and Marriage: An Investigation of the Immediate and Longitudinal Effect of Religiosity on Newlywed Couples. Sullivan, K.T. Journal of Family Psychology, In-Press.

The association between religiosity and marital outcome has been repeatedly demonstrated. However, a complete understanding of this relationship is hindered by theoretical and methodological limitations. The purpose of the current study was to test three explanatory models by assessing two samples of newlywed

couples. Findings indicate that religiosity is associated with attitudes toward divorce, commitment, and help-seeking attitudes cross-sectionally. Longitudinal effects, however, are most consistent with a moderating model, wherein religiosity has a positive impact on husbands, and wives' marital satisfaction for couples with less neurotic husbands, and a negative impact for couples with more neurotic husbands. Overall, the impact of religiosity is weak over the first four years of marriage. Theoretical propositions are offered to guide future research in delineating the types of marriages that may be most affected by religiosity.

Attendance Enhancing Procedures in Group Counseling for Domestic Abusers. Taft, C.T., Murphy, C.M., Elliott, J.D., & Morrel, T.M. Journal of Counseling Psychology, In-Press.

A quasi-experimental design was employed to examine the effectiveness of motivational enhancement techniques in increasing session attendance and reducing dropout among 189 men undergoing group domestic abuse counseling. The treatment retention procedures were associated with significantly greater session attendance and lower dropout rates even after controlling for demographic factors. Increased session attendance was associated with lower post-treatment relationship violence and criminal recidivism among those who received the treatment retention intervention. The intervention appeared to be particularly effective with ethnic minority clients. Findings indicate that supportive treatment retention procedures during the course of therapy can reduce the high dropout rates commonly reported in counseling programs for male domestic abuse perpetrators, and can help ameliorate race differences in session attendance.



... END OF NEWSLETTER ...

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '00

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Notes from Joanne & Jean-Ph'lippe

Hello Everyone! It's been a very busy winter for the Couples SIG and we've got a number of important things to update you about. First, as you all probably know, we have a new web site that is being managed by Jean-Philippe. It's got a new design and a number of new features available and in progress. For example, in addition to maintaining many of the features of the original website, we have added links to many SIG members' websites, included a gallery of pictures from the last AABT conference, and are working on a SIGgestions section. In case you have not seen it yet, you can visit: www.aabtcouples.org. Importantly, we also have a new listserv set up. We have set up a password-protected archive of past listserv threads and have made it possible to add/remove yourself and post to the list via a web-based interface. These resources can be accessed through the Listserv link on aabtcouples.org. And we've been very happy to see that the listserv has been active and that there have been lots of interesting and helpful exchanges. Please feel free to contact Jean-Philippe (jlaurenceau@miami.edu) for any suggestions or comments regarding the SIG website or Listserv.

Second, we are making good progress on plans for the next AABT convention in New Orleans. Once again, Bob Weiss has been instrumental in helping to organize our annual SIG event and Joanne is actively working on negotiating with the AABT administration to make sure that we have a place and time to hold our event. As soon as we know more details, we'll send out info over the listserv. What we can tell you now is that we've lined up an exciting group of people to discuss the study of individual difference variables in couples research and treatment. We hope to see you all there!

Third, a number of our members served on the program committee for AABT this year, but we had to do a little extra work to make that happen. Only two of us were originally asked to participate, but many of us felt that the Couples SIG had not been well represented enough on the committee, especially given the high number of couples-related submissions. So Bob negotiated with Mike Petronko who agreed to add more members. In the end, we were well-represented. Thanks to Bob and all the committee members for their participation on this important committee, and thanks to all of you who volunteered to participate.

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 wonderful spring and summer, and we'll see you all in November!

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

Couples Research and Therapy Newsletter

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Minutes from the SIG Business Meeting, November, 11, 1999
Cathy Cohan, Ph.D. & James Cordova, Ph.D.

1. Announced SIG conference activities: the SIG Tribute to Neil Jacobson, and SIG cocktail meeting.
2. Report from Kieran Sullivan, the treasurer. We are out of money, but we'll be back in the black when dues are collected. Regular members pay \$15 and graduate student members pay \$5. If you cannot pay Kieran at the conference, send her a check.
3. Report from Barb Kistenmacher, the newsletter editor. You should have received your newsletter. In the future, we will circulate electronic versions of it, either on our web site or via PDF files, rather than hard copies. Electronic distribution will save on the cost of printing and mailing the newsletter.
4. Report from Sara Berns and Ron Rogge, the grad student co-presidents. There is great potential to develop this position.
5. Sara Berns expressed her thanks to the SIG members who generously provided support and assistance to her after Neil Jacobson's death.
6. We brainstormed about the main SIG activity at the next conference. Five ideas were offered for the SIG activity at the next conference:
 - 1) integration of nonbehavioral constructs into the behavioral model (e.g., individual difference variables),
 - 2) what comprises the assessment phase of marital therapy, how is violence assessed during this phase of treatment?
 - 3) funding sources for marital research, especially marital therapy research,
 - 4) methodological issues related to the analysis of longitudinal data (e.g., missing data, balanced designs, autocorrelated errors),
 - 5) methodological issues related to interdependence between respondents in marriage research.

(Continued on page 3)

Outgoing Editor's Comments

Barb Kistenmacher, M.A.

I traveled 3000 miles from Eugene Oregon to NY city to pass the baton off to Shalonda who resides in the neighboring state of NJ...am I dedicated or what? As I make the big hand-off to Shalonda, I would like to take the opportunity to thank everyone (you know who you are) who supported my efforts in newsletter composing. Serving as the editor not only let me use my creative side, but also gave me an excuse to get to know some of you – that was clearly the best part! Although I will miss the connection I felt to the marriage group while serving as the editor, I will also enjoy kicking back and reading future newsletters created by Shalonda and editors to come!

Incoming Editor's Comments

Shalonda Kelly, Ph.D.

Hey fellow SIGers! I am Shalonda Kelly, your new newsletter editor. I hail from sunny southern CA, I have a Ph.D. from Michigan State, where I worked with Frank Floyd and Michael Lambert, and I am currently an assistant professor in clinical psychology at Rutgers University in NJ. I'm happy to take the reigns from your ever friendly and helpful previous editor, Barb Kistenmacher. Though I have only been a part of the SIG for mere months, it seems to be a busy and increasingly sophisticated group of folk. For example, in the past two years, this SIG has begun to take graduate student concerns very seriously by including a graduate student column in the newsletter and tailoring its activities so as to be more relevant to students. The couples SIG has also maintained our commitment to both research and clinical work (i.e. the "what's in press" and "clinician's corner" columns – kudos, Barb Kistenmacher!). In the short time that I've been on board, we have started an internal archive of our popular listerv discussions, and have developed a fully functioning web-site (<http://www.aabtcouples.org/>) boasting some SIG members' interests and qualifications (also see: <http://darkwing.uoregon.edu/~rlweiss/473/siglinks.html>). These strides occurred thanks to SIGers' suggestions and the work of Jean Philippe Laurenceau and Bob Weiss.

The listserv comments have demonstrated how exciting our field can be! This year, the conversations and debates include how well researchers can predict divorce and what we can say about the effectiveness of our interventions, the woes of obtaining funding for marital research when it's not considered a disorder, statistical/methodological considerations in marital research, how laypersons view us, and even more important, how do we disseminate our important findings to them. Thus, besides our regular columns, the current newsletter features contributions designed to address two key issues: how we may obtain grant money to do this important work, and what factors are important to consider in disseminating our findings.

Beyond keeping us abreast of couple related developments, I believe that this newsletter is also a way for us to form a community. Towards that end, I would like to add a "Kudos" section in the next issue of this newsletter, which would highlight the accomplishments of a) graduate students, b) newer professionals (i.e. up to six years post degree), and c) the bigwigs. So I solicit your endorsements of folk you want to congratulate, as well as your ideas about how to make this newsletter even better. Happy reading, and goodbye for now!



Minutes from 11/99 SIG Meeting (Continued from page 2)

7. We discussed three options for scheduling the main SIG activity at the next conference. 1) Previously we had scheduled a coding meeting on Thursday morning. Advantage: We got a room for several hours at no charge. Disadvantage: Folks had to arrive a day earlier for the conference. 2) This year, after much wrangling by Bob Weiss, we scheduled the tribute session during the conference. Yet future conference organizers may or may not provide a room during the conference at no charge to the SIG. Advantage: The time of the meeting does not extend travel plans. Disadvantage: This opportunity may not be available every year. 3) We also discussed scheduling the main SIG activity on Thursday afternoon. Advantage: The time may not extend travel for some. Disadvantage: The time competes with the AABT

institutes and workshops, so AABT would likely charge the SIG for the use of a room. We voted on options one and two. About two-thirds of those present voted, and the vote was pretty equal. The new co-presidents and Bob Weiss will take up the issue when they begin planning for next year's conference.

8. Congratulations to Casey Taft, whose poster, "Enhancing session attendance in group treatment for domestic abuse perpetrators." won first place in the grad student poster competition. Julie Schumacher's poster, "The association of attitudes and motives for dating aggression in a sample of partner aggressive high school students," earned honorable mention. Thank you, poster competition committee: Don Baucom, Rick Heyman, Gayla Margolin, Steve Sayers, and Bob Weiss. Tammy Goldman Sher will replace

Bob on the committee next year. 9. The following people volunteered to be on the program committee for next year's conference: Jennifer Langhinrichsen-Rohling, Kristy Coop Gordon, Steve Sayers, Joanne Davila, Bob Weiss, James Cordova, Jean-Philippe Laurenceau, Lynn Rankin Esquer, Matt Johnson, Tammy Goldman Sher, Caroline Kohn, and Cathy Cohan. We'll forward those names to the next conference chair.

10. Congratulations to Debra Larsen & Natalie Monarch, who were elected as the new grad student co-presidents.

11. Congratulations to Shalonda Kelly, who was elected as the new newsletter editor.

12. Congratulations to Joanne Davila and Jean-Philippe Laurenceau, who were elected as the new co-presidents.

Notes From Natalie and Debbie

The Graduate Student Column

As the new graduate student co-presidents of the Couples SIG, we thought it might be useful to just introduce ourselves. Natalie Monarch spent her undergraduate years at the University of Wisconsin - Madison and then went on to complete her masters with Andrew Christensen at Madison's Rose Bowl rival, UCLA. She is now finishing her third year of graduate school with Howard Markman and Scott Stanley at the University of Denver - clearly not a Rose Bowl contender. Natalie, better known as "Nat", "the Nat", "Natster", is currently in the depths of dissertation work with a main focus on relationship commitment and couple identity. Debra Larsen did her undergraduate work at Brigham Young University, but came back to her native Idaho to complete her graduate work at Idaho State University. Deb is now in the home stretch of her academic career at ISU. She'll apply for internships next year while finishing the last of her class requirements. (Bribes are avail-

able for putting in a good word for her at selected internship sites.) She most recently has been working on research with Crystal Dehle regarding couples' support behavior and the effects of financial strain on partners and dyads. Her final dissertation topic is, however, yet to be revealed by an experience of great metaphysical enlightenment. As we have no earth shattering news about our student co-presidential contributions to the Couples SIG yet, we would like to request any useful (or even useless) ideas SIG members may have about ways we can contribute to the cause. In lieu of news about our successes, we thought perhaps solicitation of new student members might be accomplished by sharing our top ten reasons to be a student member of the AABT Couples SIG. 10. There are all kinds of great ideas bantered around by SIG members...a great resource for research ideas. 9. The list serve is humorous and informative. 8. It's a status symbol...one even better than a

mail-order diploma! 7. SIG members enjoy a stimulating debate...pick a topic, any topic. 6. The SIG is proof that not everyone has given up on marriage as a viable lifestyle choice. 5. There are some difficult questions being asked about relationships and some exciting answers being suggested by SIG members. 4. If you're a little eccentric or have a colorful personality, you'll fit right in. 3. Couples SIG members are very supportive any efforts at research in their field. 2. It's a rush being in the same room with so much brain power at convention time. And the top reason to be a student member of AABT Couples SIG (drum roll, please): Either: 1. If you're crazy enough, the members will unanimously support you and give you a powerful title like Graduate Student Co-President! OR 1. A great Couples SIG dinner in New Orleans on our advisors (hint hint).

Self-Help Book Review

Christensen, A., & Jacobson, N.S. (Eds.) (2000). Reconcilable Differences. NY: The Guilford Press.

Hardback: \$23.95. <http://www.guilford.com>

Shirley May Harmon Hanson, RN, PMHNP, Ph.D., FAAN, CLFE, LMFT

A new book is out on the market that is worth having on your book shelf, especially if you are a behavioral counselor/therapist working with couples. It was written by two well known prolific psychologists, Andrew Christensen and Neil S. Jacobson, the latter who died in 1999 right before the production of this book. This book evolved out of research grants sponsored by the National Institute of Mental Health. Funding was received to compare integrative couple therapy with traditional behavioral couple therapy, to determine their relative effectiveness both immediately after treatment and at follow up periods.

This practical guide is written not only for professionals, but also for the lay public - the clientele we serve. It offers new solutions for couples frustrated by continual attempts to make each other change. We know that even though people love each other, their differences will eventually cause conflict. The question is whether or not it has to get in the way of healthy, happy, and long lasting relationships. Drs. Andrew Christensen and Neil S. Jacobson developed a particular therapeutic approach to get at the core couple issues of conflict and closeness that they named Integrative Couple Therapy.

The purpose of the book is to help ordinary people who are struggling with conflict in their own relationships to understand these conflicts they have with their partners and to transform these conflicts into greater peace and intimacy. This book gives couples a way to get out of the eternal impasse created by partners trying to get each other to change and helps them learn to accept each other as they are. Whew, that is a tall order! Couple conflict gets transformed into intimacy

when partners look at their deep emotions (disappointment, hopes, strengths, and weaknesses) and use this opportunity to learn more about each other and the interaction process. Thus conflict offers not only the threat of alienation but the possibility of intimacy. When acceptance of each other comes, it opens path-ways for change.

The book is divided into four parts: (1) The anatomy of an argument, (2) From argument to acceptance, (3) Deliberate change through acceptance, and (4) When acceptance is not enough. The first part, "the anatomy of an argument", analyzes typical conflicts in relationships as to understand how simple comments or gestures can explode and how wars escalate over time. Some of the themes and case studies in this section are "You're wrong," "How can you be that way?" "Can I give to you without losing me," "I do but I don't" (incompatibilities), "You know how to hurt me," and "A cure worse than the disease (relationship problems as solutions). Part II, "From argument to acceptance," demonstrates ways that partners can foster acceptance of each other. Acceptance is not resignation or passiveness, and it cannot be demanded or forced. But acceptance is essential to ease the conflicts in relationships and serves as the foundation to facilitate changes in ourselves and each other. The chapter includes acceptance and change, acceptance through understanding, acceptance through compassion and acceptance through tolerant distance. "Deliberate change through acceptance," Part III, addresses ways in which couples pursue change directly but in the context of

acceptance. Accepting our own difficulties in changing or our partner's negative reaction to changes, is part of the challenge of this approach. The chapter includes dilemmas of deliberate change, acceptance foibles, genuine change, and how change and intimacy can emerge from defeat. Part IV, "When acceptance is not enough," examines cases where there are special individualized issues that must be dealt with, such as depression, abuse or infidelity. This includes an essential chapter about when couples discover that self help is not enough and the why, when, where, and how of calling in professionals. It was disappointing that marriage and family therapists as a separate professional group were not listed along side of psychiatrists, psychologists, social workers, and counselors in this list of professionals who work for couples. The book ends with a few internet resources, the reference list and the index.

At the end of every chapter there are exercises and homework that guide the couple who is reading and doing the work. It is suggested that partners read this book in tandem with each other, no matter what their gender or marital status since couple relationships take on many forms in the modern world.

In sum, this book is a well-researched and well-written guide to help quarreling couples to extricate themselves from arguments that never quit and lead to dissonance and giving up. It is straightforward in its approach and will be helpful to professionals who are learning about Integrative Couple Therapy as well as for couples who are on a self-help path or who are working with a mental health professional

The Funding Process for Couples Researchers (Or how we learned to stop worrying and love writing grants)

Richard E. Heyman, Ph.D., & Amy M. Smith Slep, Ph.D.

It feels funny, at this early stage in our careers, to be asked to write an article on how to get grants. There are certainly SIG members with longer and more illustrious grant track records than ours, but they're too busy to write this piece. So, you're stuck with us.

Perhaps some background is in order. We both have research professor appointments at Stony Brook, which basically means that we if bring our own money, the University will give us some space and let us park in the faculty/staff lot. Why do we live off of grants, with all their attendant insecurity, when we both are ostensibly employable? Four words: Oregon Social Learning Center. Seeing what Jerry Patterson, John Reid, and their colleagues have built seemed like the best gig in the world, if you could get it. So, in 1996, with about one and one-half years of funding left, and two very expensive mortgages, we committed to get ourselves fully grant funded, or die trying. We proceeded to submit 16 applications (new or resubmitted entries) on partner and/or child maltreatment, four of which were funded. This is what we learned in the process.

◆ *1. Find a fundable topic.* Given current NIH priorities, if you're interested in straight marital processes, find interesting DVs to add. Depression, partner abuse, child maltreatment, health problems, and many other "fundable" problems are related to marital processes. Remember, you may be brilliant, your ideas may be wonderful, but someone else is supposedly going to give you a lot of the taxpayers' money to solve a problem. It's their money, so they get to decide where they want to invest it. It's up to you either to (a) convince them that the problem that you intend to solve is worth the investment; or (b)

adjust your plans so that you are solving something that they want solved.

◆ *2. Seek diverse funding.* Beyond NIH, there is funding available from NSF, private foundations, and the U.S. military, among others. For example, the U.S. Air Force is currently funding us to develop equations to estimate the prevalence of child and partner maltreatment. Various military branches use PREP. Templeton Foundation grants have funded work by SIG members. The more diverse the funding opportunities you seek, the more likely that you'll eventually succeed.

5. Find critical colleagues: "If colleagues that you've sought out aren't giving you equally tough feedback, your proposal will suffer."

◆ *3. Learn the System* — NIH accepts grant applications three times a year, National Institute of Justice (NIJ) twice a year, Centers for Disease Control (CDC) sporadically. NIH accepts unsolicited grants; NIJ does also, but relies mostly on requests for applications (RFAs); CDC relies almost entirely on RFAs. Mark Eddy's web site for the Early Career Preventionist Network has some excellent information to help you learn the system:

www.oslc.org/Ecpn/pinfo.html

◆ *4. Befriend Your Project Officer* — Contacting your project officer is to grants what going to office hours is to college. It's a fantastic resource if you can screw up the courage to use it, but few do. But you've got to understand this: the project officers are paid to help you. It makes them look good, and brings in more money for their portfolios, if they get good grant

submissions. They can help you learn how to pitch your ideas.

◆ *5. Find critical colleagues* — Our philosophy on pre-submission feed-back is this: the review committee is going to be brutally honest. We'd rather hear about problems before we submit the grant (and have an opportunity to fix them) than after we submit it. Our colleague (and Amy Slep's mentor) Susan O'Leary is masterful at telling us what we need to hear — not what we want to hear — about our drafts. Typically, we've thought through our purpose and methods, but have left gaps in the writing. Common comments from Sue: "You have a theory here, you're just not explaining it to the reader," "I don't understand what you're trying to say here," "Interesting section, but it's off topic from the rest of the proposal. Eliminate it. [Often said about a piece that you're particularly proud of]" "There is a missing link in your thinking," "Why are you using this measure?" If colleagues that you've sought out aren't giving you equally tough feedback, your proposal will suffer.

◆ *6. Develop a Thick Skin* — Committees' (and colleagues') evaluations can hurt if you take them personally. Remember, this is not a referendum about your personal worth or your intelligence. Critiques may sting, but they're one of the few ways to push yourself to improve beyond your current limitations.

◆ *7. Submit, submit, submit* — The joke in real estate is that the three most important factors are location, location, location. The parallel in grant getting is submit, submit, submit. First, you only learn by doing, and the more you write the more you'll learn about the process. Second, submitting a lot is like stock diversification — by spreading your risk

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What's In Press Kick-Off!

Infidelity and Separations Precipitate Major Depressive Episodes and Symptoms of Non-Specific Depression and Anxiety

Cano, A., & O'Leary, K.D.

Journal of Consulting and Clinical Psychology, In press

This study examined whether humiliating marital events (HMEs; husbands' infidelity, threats of marital dissolution) precipitated Major Depressive Episodes (MDEs) when controlling for marital discord. Twenty-five women who recently experienced a HME and 25 control women who did not experience a HME participated. Both groups reported similar levels of marital discord. Results indicated that HME participants were six times more likely to be diagnosed with a MDE than control participants, even after controlling for family and lifetime histories of depression. HME participants also reported significantly more symptoms of non-specific depression and anxiety than control participants. However, HME and control participants did not report significantly different numbers of anhedonic depression and anxious arousal symptoms. The research and clinical implications of these findings are discussed.

Life Stressors and Husband-to-Wife Violence, Cano, A., & Vivian, D. Aggression and Violent Behavior: A Review Journal, In press

Empirical work suggests that there may be multiple pathways accounting for the relationship between life stressors and husband-to-wife violence. Contrary to previous reviews of the literature, the current review found that the existing evidence supports a direct association between the life stressors and husband-to-wife violence. In addition, a number of variables mediate and moderate the relationship between life stressors and

violence including marital satisfaction, depression, attitudes accepting of husband-to-wife violence, violence in the family of origin, and alcohol abuse/dependence. We conclude this review by identifying remaining problems in the research and recommending possible solutions.

Marital Satisfaction and Pain Severity Mediate the Association Between Negative Spouse Responses to Pain and Depressive Symptoms in a Chronic Pain Patient Sample

Cano, A., Weisberg, J.N., & Gallagher, R.M.

Pain Medicine, In press

The current study investigates marital satisfaction and pain severity as mediators of the relationship between spouse responses to pain and depressive symptoms, as well as possible sex differences in these relationships. 165 married patients with chronic pain who were evaluated and treated at a comprehensive pain and rehabilitation center, completed several questionnaires including the West Haven-Yale Multidimensional Pain Inventory, Beck Depression Inventory, and the Marital Adjustment Test. Analyses were conducted separately for male and female patients. Correlations revealed gender differences in the associations between marital functioning, pain severity, and depressive symptoms. Path analyses suggested that more frequent negative spouse responses to pain were associated with increased pain severity and decreased marital satisfaction, which in turn, were associated with increased depressive symptomatology. Similar results were found regarding multivariate relationships for male and female patients. Results suggest that marital therapy aimed at improving communication and coping skills may be an appropriate treatment for depression and pain in married chronic pain

patients, regardless of gender.

Wives' Disclosure of Marital Conflict to Their Respective Best Friend

Julien, D., Tremblay, N., Bélanger, I., Dubé, M., Bégin, J., & Bouthillier, D.
Journal of Family Psychology, In press

Husbands' and wives' conversations with their respective best friend (N = 88) were coded to assess spouses' and friends' mutual influence in regulating support and interference with regard to spouses' marriage, and to assess the impact of spouses' sex and marital satisfaction on the conversation processes. Dissatisfied husbands and wives expressed fewer positive and more negative views of marriage than satisfied husbands and wives and the friends in the two groups. There were no group and no sex differences in interference sequences. There were group and sex differences in support sequences. Friends of satisfied wives and those of dissatisfied husbands were more likely than satisfied wives and dissatisfied husbands to get support for their positive views of marriage. The findings are discussed with reference to the specific effects of outsiders' support and interference on satisfied and dissatisfied marriages.

Beyond The Workplace : Results Of An Exploratory Study Of The Impact Of Neurotoxic Workplace Exposure On Marital Relations

Julien, D., Mergler, D., Baldwin, M., Sassine, M.P., Cormier, N., Chartrand, E., Bélanger, S. Journal of Industrial Medicine, In press

The impact on family life and social relations that may result from symptoms associated with exposure to neurotoxic substances has never been addressed. This exploratory study assessed the associations between exposure to neurotoxic agents in the workplace, mental health, and marital

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Thoughts about Dissemination: A Panel Discussion

Bob Weiss, Ph.D

I convened a panel to answer questions about issues in disseminating the knowledge we, as marital researchers, generate. The questions were intended to be pithy and to push the envelope in hopes of shedding light on what some might consider our difficult social and scientific responsibility. The panelists included Andrew Christensen, J. Mark Eddy, W. Kim Halford, and Stephen Sayers. Although I have abstracted from their responses, be advised that their comments have been taken out of context and thus may fail to capture the true depth, sagacity, and profundity these people are capable of displaying on the other auspicious occasions we have heard from them.

What is it that marital researchers have to disseminate? Here, the panel was very positive and optimistic...

"...a sophisticated system of assessment of couple relationships"

"...we are disseminating specific methods for accomplishing change, both for existing problems and for preventing relationship problems in the future"

"...We have an extensive literature base on the nature and determinants of relationship violence."

"We have an empirically supported approach to enhancement of couple relationships (PREP)."

What standards would you propose as necessary before taking to the air waves?

"Replication, in multiple labs, in relevant, multi-problem populations."

"I think concerted effort on the part of marital researchers to come up with

reasonable standards for an intervention ready for the "air waves" is much needed."

The panelists included Andrew Christensen, J. Mark Eddy, W. Kim Halford, and Stephen Sayers.

"I think that the general standards (i.e., efficacy demonstrated in several randomized controlled trials or equivalent time-samples design) that Chambless and Hollon [JCCP, 66 (1), 7-18] proposed are a good starting place."

"I propose absolutely none. ... The general public needs more informed debate, not protection from professional advice that any particular group of individuals disapproves of."

"...So my current view is that 'if it is good enough for presentation to our colleagues, we should be prepared to talk to the press about it.' Of course, our research may be so esoteric, or downright boring, that we are spared this ethical dilemma."

'if it is good enough for pre-sentation to our colleagues, we should be prepared to talk to the press about it.'

Do you think it possible to evaluate whether dissemination has made a difference?

"Yes. The keys to measurement in this context can be found in the methods of public health research."

"Yes, in fact I think this is a crucial research area that we are only just

starting to grapple with. The evaluation of assessment will require the development of new research approaches, but it can be done. For example, Matt Sanders evaluated the effects of a family-focused television show series including parenting principles in terms of its impact upon parenting problems in new Zealand"

"I think it is possible to evaluate the impact of dissemination. Just don't ask me how."

Are there ways in which dissemination of couples' research findings could be counterproductive?

"Yes. A substantial portion of the population mistrusts 'scientific' or 'expert' -based information. One domestic violence researcher once told me he heard some folks at a public meeting denounce his viewpoint by commenting sarcastically, 'Oh, he must have written a book or something.' "

"In spite of the likelihood of some negative effects, I believe that the positive effects of an educated public far outweighs the negative effects. Furthermore, as a practical matter, I think it is impossible to keep the lid on our findings. This is the age of information; there is a great thirst for psychological information; people will find it and report it. We can choose to ignore the dissemination of psychological knowledge, or we can participate in it, hoping to bring our expertise to bear on the topic."

"Not if the findings are accurately presented. The real problem is that there is lots of media coverage of relationship issues, but little of this coverage is related to scientific research."

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What's in Press Kick-Off, Continued From page 6

difficulties. Fifty-five male workers and their spouses completed standardized measures of mental health and difficulties. Workers' exposure to neurotoxic substances was evaluated by questionnaire and interview, using a semiquantitative classification system. A positive relation was observed between exposure level and measures of workers' psychological symptoms and marital stress; no relation was observed between workers' exposure level and wives' psychological symptoms. More severe exposure to neurotoxic substances was associated with wives' reports of more severe marital conflicts, and this association was mediated by husbands' psychological symptoms. As compared to low exposure husbands, high exposure husbands reported higher degrees of stress surrounding marital discussions, more consistent incidence of minor physical aggressions of wives, and the number of marital conflicts. Results confirm that neurotoxic exposure is a risk factor for mental health and suggest how this may influence marital relations. Because of the importance of these findings for the well-being of workers and their families, these associations should be further studied.

Immediacy Behaviors and Synchrony in Satisfied and Dissatisfied Couples

Julien, D., Brault, M., Chartrand, E., & Bégin, J.
Canadian Journal of Behavioral Sciences, In press

This study examined whether the organization of positive behaviors during marital problem-solving discussions discriminated satisfied from dissatisfied couples. Maritally satisfied (10) and dissatisfied (10) couples' interactions were coded with an observation system assessing partners' respective immediacy behaviors. We used sequential analyses to assess synchrony between the two partners' changes in levels of immediacy behaviors. The findings showed that, relative to dissatisfied

couples, satisfied couples showed stronger associations between the two partners' respective changes in levels of immediacy behaviors. The findings suggest that interactional synchrony is a useful framework for discriminating satisfied and dissatisfied couples' communication patterns. Further analyses of speech-turn organization may help understanding positive communication in marriage.

What's In Press BOOKS

Brief Couple Therapy: Helping Partners Self-Regulate Change

Halford, W.K.
Guilford, In press

Empirically supported approaches to couple therapy share an emphasis on systematic assessment, feedback by the therapist of the results of assessment, and negotiation of therapy goals. In this book Kim Halford argues that these common elements to effective therapy can be used to assist many distressed couples to self-direct change in a brief form of couple therapy. A three-level model of the intensity of therapy is proposed. The first level is a brief therapy of 3 to 4 sessions focused on assessment, feedback and self-directed goal-setting. The second level is also a brief therapy of up to 8 sessions that adds relationship psycho-education to assessment. The third level is a more traditional form of couple therapy involving therapist guided change strategies derived from cognitive-behavioral, emotion-focused and insight-oriented couple therapies. A self-regulation theoretical framework is described that guides the application of the three levels of couple therapy. This book is a practitioner's manual providing detail on the content and process of couple therapy.

The Psychology of Couples and Illness: Theory, Research, and Practice

Schmaling, K. & Sher, T.
APA Press, In Press

The true meaning of a couple's vow to stay together "in sickness and in health" cannot be fully appreciated until illness strikes. In reality, the

psychological and physical strains of illness affect both the ill and healthy partners. With the majority of adults involved in intimate relationships, and chronic illness on the rise, the impact of illness on couples has become a significant new area of psychological research and clinical practice. *The Psychology of Couples and Illness* is the first book in the emerging field of the psychology of couples to examine the juncture of psychology and medicine.

To begin to unravel how illness affects relationships, as well as how relationships influence illness, the book presents cutting-edge empirical data from psychologists who study and work with couples. Contributors explore biological, and immunological research; specific illnesses, such as cancer; organ systems, such as the respiratory system; and health-related behaviors, such as smoking. Destined to be the definitive text in the field, this book will be a valuable and welcome resource to those working with couples, from psychologists to nurses, to clergy.

Dissemination Panel Discussion Continued from page 7

Should we contribute our own disagreements to public scrutiny before we have reached a consensus of our own?

"No. Our disagreements will reach the public anyway, and highlighting them, as you seem to suggest, would only reduce our credibility. Much of the public does not have the time/interest to digest and critically evaluate these differences. Interested parties from the non-marital or nonscientific areas will discover and evaluate them as they see fit without our help."

"No. The public needs to know that there is uncertainty in some areas, and consensus in others. To pretend otherwise is misleading. I think it is ethically dubious."

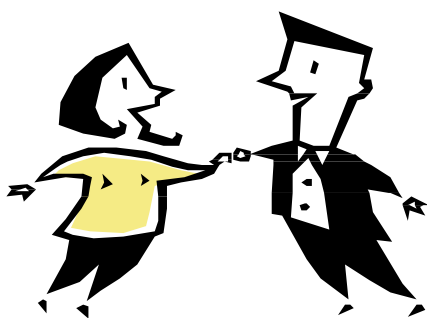
"I don't think we should make a point of sharing our disagreements with the public. However, I don't think it is harmful at all for the public to see that

experts disagree. Again, I think it can promote a healthy skepticism.”

Your choice of a question....

“Question: What is our greatest failing in the behavior-marital/couples area?” Largely fueled by our perceived successes, it is our tendency to avoid trying harder to integrate methods, models, and variables from other areas of psychology, and other fields of scientific study altogether.”

“Question: What is our agenda in seeking to disseminate marital research?” The current set of questions lead me to feel that the agenda is to protect ourselves, to prevent a colleague saying something dumb that makes us all look collectively dumb. The real agenda should be to promote better couple relationships. To achieve that we need to raise the level of debate in the community. Marital researchers who feel they have something useful to say should go to the media and state their piece. Groups like the AABT interest group can facilitate that by discussions such as the current one, providing training for members in presenting to the media, and having media spokes people who are available to the media for comment when the media seeks such input.”



And there you have it. Some comments from some very busy people who were willing to put their thoughts on paper. There was substantial optimism, concern that we be open about what we know and what we don't know, and above all else, to be educators. A genuine concern for contributing to the quality of marriage for the greater good came through loud and clear, as did a refreshing rejection of guild-ism.

The Funding Process, Continued from page 5

around, the greater the likelihood that some of your ideas will pay off and the more profitable you'll be in the long run. Finally, if you have multiple grant possibilities, the disappointment over any one will be reduced.

“as they advertise for the lottery, ‘You’ve gotta play to win.’”

◆ 8. *Submit for the Right Reasons* — Although looming tenure decisions (or in our case, impending foreclosure) are useful incentives, only a burning interest in a topic will carry you through the hard work and criticism inherent in this process. We resonate to something that Tony Biglan of the Oregon Research Institute wrote (archived on the ECPN site): “One thing that has worked for me is to never take it too seriously. Some say they would be very distressed to have to support themselves on grant money. Somehow I have usually been able to maintain a frame of mind in which I wrote the grant proposals because they were things I wanted to do, not because I had to have a job.”

In conclusion, as they advertise for the lottery, “You’ve gotta play to win.” If the odds of getting funded by NIMH are only 10%, the odds if you don't submit something are 0. If you submit carefully constructed projects to several funding agencies and respond to RFAs when they appear, your chances will grow substantially.

Notes from Kieran Treasurer’s Report

We currently have 147 Couples SIG members. Once all dues were paid and all conference expenses were accounted for, our balance was \$843.56. We then paid \$70 to Jean-Phillipe for internet set-up. We now have a total of \$773.56.

Letter From The AABT SIG Committee Chair

“Dear SIG Leaders, ...at AABT's June 1999 Strategic Planning and Board Meetings, a set of five long-range goals were developed to guide the organization over the next several years. It was decided that, each year, AABT's President would select one goal for the organization to focus on that year. Our current President, Art Nezu has selected Goal #4, which is to increase the quality of treatment available by supporting research on development and evaluation of treatment. All of the various committees within AABT have been asked to develop initiatives in support of this goal. In this vein, we have developed two SIG-related initiatives and would like to ask for your help in implementing them.

The first initiative is simply to ask you to help "spread the word" about this goal to your SIG members, by including information about it in communications with them (e.g., include a "blurb" about this in your next newsletter, share it in an email to members, post it on your website, etc.).

The second initiative is to ask that each SIG to select one of their posters at the SIG poster session at the 2000 Convention to be recognized as the best one in terms of supporting /furthering Art's goal. AABT will provide some type of visual marker that can be placed on each of these posters at the convention (e.g., blue ribbon). In addition, we would like to ask that each SIG consider providing some type of minimal incentive /reward for the "winning" posters (e.g., a 1-year free membership in the SIG to the first author or all the authors)...” Andrea Seidner Burling, Ph.D. SIG Committee Chair

Editor's Note: This was sent to all SIG leaders. Please spread the word! We will vote in November on the student poster that best exemplifies research on development and evaluation of treatment.

Clinician's Corner

Spirituality & Religion In Couples Therapy Scott Stanley, Ph.D.

For many, faith and spiritual beliefs are the central organizing principles of life. As such, these beliefs and practices can play a major role in relationship dynamics, especially in family relationships where religious traditions and expectations often play a major role. For those who are not traditionally religious (or non-traditionally religious), there are core belief systems that may have great impact on their relationship. Integrating a couple's beliefs into the practice of therapy can yield more robust outcomes.

Risk Factor or Protective Factor?

There have been many studies over the years that touch on the ways in which religious faith and practice affect romantic relationships (especially marriage): 1) More religious persons can be said to be slightly more likely to have happy and stable marriages. 2) persons marrying for the first time who come from different faith backgrounds are generally at greater risk. 3) The risk level expressed in the prior statement can be entirely mitigated, if not changed to a strength, if one partner has converted to the faith of the other. 4) When one partner is practicing a faith that the other does not practice, greater religious activity is more to likely increase the odds of a break up. 5) In a study of particularly strong methodology and theory in this domain, Mahoney, Pargament, et al., (1999) looked at how proximal (e.g., joint religious activity) and distal (e.g., individual faith) religious variables related to marriage quality. They found that the "proximal religious variables directly reflect an integration of religion and marriage, and were consistently associated with greater global marital adjustment, more perceived benefits from marriage, decreased marital conflict, more verbal collaboration, and less use of verbal aggression and stalemate to

discuss disagreements for both wives and husbands." One could generally conclude that, for most couples that are religious, their beliefs and practices can be of protective benefit for the marriage—and are therefore useful for consideration in couples' therapy.

Clinical Importance

Here, I only offer a few, brief examples. To be clear, couples often present with problems that are not necessarily more effectively treated by understanding their larger beliefs. However, for many couples, we cannot fully understand the "why" of their relationship without understanding what they believe. For example, for the more traditionally religious person, the marital relationship may be viewed not only as foundational to family life, but as a personal, life-long ministry of each partner to the other. For therapists who are non-conventionally religious or not religious at all, such a view can have overtones of unhealthy self-sacrifice. Yet, for religious couples, such beliefs may be associated with better quality marriages as well as greater motivation for marital therapy or education. Therefore, the therapist who is not of the same world view as their client should be particularly sensitive to the differences or risk less effective treatment, or even alienation of the couple. Since surveys show that the average mental health professional is substantially less religious than the average client, being mindful of the differences is essential.

A particular challenge is faced when you come to believe that one or both partners hold religious or other core beliefs that are at odds with the stated goals of treatment. For example, suppose you are working with a woman who is married to a man who is, for all intents and purposes, a philanderer (poor prognosis), yet, she believes she is to continue an endless cycle of forgiving

based in her religious beliefs. It can be especially helpful to directly discuss your difficulty with their viewpoint, essentially asking the client to help you to understand how you can best help her. This example also points to the value of being able to consult with a minister of the faith background of the client. Doing so can help you understand if the client's stance is truly derived from the belief system or if, instead, it might be driven by something less faith based such as attachment history. For example, in many belief systems, there is a clear understanding of the difference between forgiveness and reconciliation. Knowing the distinction can be incredibly valuable in helping the client see options that were not in view before.

One constellation of issues often encountered by couples' therapists derive from interfaith marriages. When working with such couples, it is often paramount to openly and directly discuss the differences and the implications of them. The exception to this is when neither partner is practicing a faith they were exposed to when younger. One must ask about such matters to determine their role in a couple's dynamics. Sometimes differences that are rooted in religious/cultural backgrounds do not manifest as such, and may be evident in differences that seem more secular, such as differing views on appropriate child discipline. When such differences are rooted more in ideology and core belief, rather than simple preference, helping the couple work as a team may be far more difficult.

Based on many years of studies in social psychology on intrinsic and extrinsic religiosity, you are likely to find that the people who seem healthiest will be those who are either intrinsically religious or not religious at all. There is an extensive

(Continued on next page)

literature on such things, dating back to Allport and Ross in the 1950s. With intrinsic religiosity, persons find their core meanings and master motivations in their faith. Those who are primarily motivated by extrinsic factors (church is a nice place to meet people) or who will endorse anything religious sounding tend not to look as good on a host of measures. Even a simple clinical assessment of this basic distinction between faith types can provide you with valuable clinical insight. Closely related to this point, recent work by McCullough, Worthington, & Rachal (1997) suggests that when people forgive others primarily for the purpose of freeing themselves up (a focus on personal benefit), forgiveness is more

likely to decay. People who forgive primarily to bless the other show a more robust form of forgiveness. After recently hearing Worthington speak, I have changed part of the message I give to some couples where I might have, in the past, stressed the individual benefits of forgiveness. This is just one example where understanding something about how the partners view life and relationships can have important clinical consequences. It is also a great example of how research and theory can directly inform clinical practice.

There are particularly useful strategies open to you when working with two partners who are religious or spiritually inclined—and of similar faith backgrounds. Chiefly, the

therapist may encourage the partners to find (or expand upon) expressions of faith that they can join in together. This strategy is a direct extension of findings from basic research such as Mahoney et al.'s study. There are at least two potential benefits of the typical enactment of this advice: first, the joining of the two in highly salient, meaningful activities; and, second, the building of a stronger social support system (e.g., if they were to become involved together in a smaller group at their religious organization).

In summary, understanding the core beliefs of two partners can lead a therapist into motivational structures and behavioral practices that can lead to better outcomes when well considered.

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Announcements

**WE KNOW YOU'D LOVE
TO CONTRIBUTE!!!**

Contact Shalonda anytime
about doing a piece for the
Fall/Winter Newsletter!

Don't be shy!!!

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**Don't Forget the
Special SIG Event!!!**

(It will be held Thursday

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT – SIG Fall '01

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Notes from Joanne & Jean-Philippe

Hello everyone! It is a bittersweet experience to write this, our last newsletter installment as Co-Presidents of the SIG. In a few weeks, at the convention, we'll be electing new Co-Presidents. So, we want to take this opportunity to tell you all what a pleasure it has been to serve as your SIG Co-Presidents, and we want to thank you all for your assistance in helping us continue to make the SIG a strong presence at AABT.

We very much hope that you will join us at the AABT Convention in Philadelphia. We've got a lot of great things planned and we look forward to seeing you there. Here are some highlights:

SIG Special Event – Thursday, November 15th, 12-3pm, Rooms 302/303. In response to the yearly call for a methodology seminar, this year's SIG Special Event session features a presentation by Niall Bolger, Ph.D., well-known methodology expert on the faculty at New York University, who will present a workshop on **“Analyzing Diary Data from Couples”**. A description of Dr. Bolger's workshop is below:

“Diary methods are becoming increasingly common in studies of couples. These methods are becoming popular because they allow one to examine patterns of change over time in a couple and to study couple differences in these patterns. The analysis of diary data from couples poses special problems, however, and this workshop will describe methods for tackling them. An example dataset will be used, and analysis approaches using HLM and SAS will be described. Participants will receive copies of the dataset and syntax for conducting the analyses.”

Although Dr. Bolger will be focusing on data collected using a daily-diary methodology, we want to note that the analyses and approaches he will discuss are applicable to all types of repeated measures dyadic data. Please join us for this very unique opportunity!

SIG Poster Exposition and Welcoming Reception – Friday, November 16th, 6:30-8:30pm, Grand Ballroom. We've got 5 fabulous posters to be presented:

Birchler, G. R., UCSD School of Medicine, & Fals-Stewart, W., Research Institute on Addictions. Use of behavioral couples therapy with alcoholic couples: Effects on maladaptive responses to conflict during treatment.

(Continued on the next page)

Couples Research and Therapy Newsletter

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KUDOS!

MOVING UP!!

APA has accredited Idaho State University's 'new' doctoral program in clinical psychology, and they are hoping to attract more students. Our own Crystal Dehle is a faculty member there.

Barb Kistenmacher passed the licensure exam and started a small private practice in midtown Manhattan (near Grand Central Station), where she is taking referrals.

Jenny Langhinrichsen-Rohling received tenure and promotion at the University of South Alabama.

REPRESENTATION!

Kudos to each of the five presenters at this year's annual Couples SIG Poster Exposition, and kudos to Bill Fals-Stewart and Gary Birchler for the winning poster that was most consistent with this year's AABT Presidential initiative regarding increasing treatment effectiveness.

PERSONAL MILESTONES

Ben Karney just had a beautiful baby!

Jenny Langhinrichsen-Rohling had her third child, Ryan Alexander, born on March 23rd



CO-PRESIDENT'S COLUMN, CONTINUED

Cano, A. Wayne State University. Couples coping with chronic pain.

Fals-Stewart, W., Research Institute on Addictions, & Birchler, G. R., UCSD School of Medicine. Behavioral couples therapy with alcoholic men and their intimate partners: The comparative effectiveness of bachelor's and master's level counselors.

Flanagan, K. M., Penn State University, & Clements, M. L., Fuller Theological Seminary. Discounting marital positivity: How perceptions of typicality are related to satisfaction.

Sayers, S. L., McGrath, K., & Coyne, J. C., University of Pennsylvania Health System. Modification and extension of the conflict patterns questionnaire for use with patients with heart failure.

Also, please be sure to be there when we present the award for the poster most consistent with this year's AABT Presidential initiative, "To increase the number of clients receiving effective treatment by increasing the number of providers and provider systems applying effective treatment programs."

Annual SIG Business Meeting – Friday, November 16th, 10-11:30am, Room 406. We will catch up on SIG business, make decisions about future SIG goals and activities, collect dues, present the Graduate Student Poster Award, and elect the following new officers: Co-Presidents, Student Co-Presidents, and Newsletter Editor. Come ready to nominate and vote! Please don't miss this important meeting, and come early – last year it was standing room only. We're hoping for an even better turn out this year.

Graduate Student Poster Award – Presented at the Annual SIG Business Meeting. Join us as we recognize and celebrate the very important contributions being made by students to research on couples.

See you in few weeks!

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

Editor's Comments

Shalonda Kelly, Ph.D.

Hello, couples SIG-ers! I'm sure that many of you are eagerly awaiting our chance to renew old acquaintances, learn new CBT technology, and share your work at the upcoming conference. This issue of the newsletter provides an exciting preview of this work, with our regular in-press column, announcements of important opportunities in the field, and updates on life milestones for our members in the "Kudos" section. James Cordova and Steven Sayers outline and assess the different

(Continued on the following page)

EDITOR'S COMMENTS, CONTINUED FROM P. 2

methods by which divorce risk is assessed, discuss the need for a risk model, and refer us to notable publications in this area. Given the high divorce rate, Jean-Philippe Laurenceau's overview of Blaine Fower's book is timely, as he highlights marital goals that can help couples to reap more satisfaction from their marriages. Finally, towards removing the necessity of maneuvering through the convention book, our graduate student co-presidents, Debra Larson and Natalie Monarch have again given us a detailed overview of couples-focused events, as well as a list of sites and restaurants of interest in Philly. The number and variety of these events are a testament to the dynamic work of our SIG members and leadership!

Like our co-presidents, I am a bit sad at ending my term as your newsletter editor. This position has given me a unique opportunity to network with many of you via discussing and reading your important contributions, build friendships, and expose myself to a wider variety of information on couples research and therapy than I had previously known. I am greatly appreciative of the willingness of many of you to share encapsulated versions of your work. In addition, I thank members such as Bob Weiss (we'll miss you at the conference) and Barbara Kistenmacher (the past newsletter editor) who regularly gave me helpful suggestions, and the current officers who gave me regular columns and reports. I anticipate that the future newsletter editor will similarly enjoy serving our SIG.

See you in a short while!

ANNOUNCEMENTS

RESPONSE TO THE SEPTEMBER 11TH TRAUMA:

AABT will include a special event to educate interested professionals on the latest information regarding evidence-based approaches to crisis intervention following tragedies such as the September 11 attacks on the United States. It will take place from 8:30 PM until 10:00 PM on Thursday November 15, on the first evening of the AABT Meeting (Philadelphia Marriott). This event is free to all mental health professionals, regardless of whether they have registered for the general AABT meeting. The evening has been organized by Sonja V. Batten, Ph.D., and Melissa A. Polusny, Ph.D., the incoming and current presidents of the *AABT Disaster and Trauma Special Interest Group*. The list of distinguished speakers include Robin H. Gurwitsch, Ph.D., Edna B. Foa, Ph.D., Dean G. Kilpatrick, Ph.D., Steven C. Hayes, Ph.D., and Richard M. Gist, Ph.D. For more information, please check out the AABT website (www.aabt.org). **This event is not in the AABT program book, so please pass on this information!**

Excerpted from an e-mail notice received from Martin M. Antony, Ph.D. Program Chair, AABT 2001

NEW GRADUATE STUDENT OPPORTUNITY AT STONY BROOK:

Our own Rick Heyman and Amy Slep, research faculty at Stony Brook, are planning on taking one graduate student. Feel free to pass this information along to students of yours who may be considering Stony Brook, and let Rick and Amy know about excellent candidates at AABT.

FELLOWSHIPS FOR RESEARCH ON SEXUALITY:

The Sexuality Research Fellowships Program, funded by the Ford Foundation, seeks to contribute to a more thorough understanding of human sexuality by encouraging researchers to formulate new research questions, generate new theories and apply new methods in sexuality research. It provides dissertation and postdoctoral support for social and behavioral research on sexuality. It is intended for scholars conducting research in the United States (although a related initiative is targeted toward professionals and scholars in Vietnam). Each fall, the program sponsors a Fellows' conference so that Fellows can meet, form productive alliances and gain a better understanding of important research issues. For more information, please contact:

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Rates of Marital Success & Failure

By Steven L. Sayers, Ph.D. & James V. Cordova, Ph.D.

What do we know about divorce rates and risk for divorce? We consistently hear the now infamous statistic that 50% of first marriages end in divorce, but what do we actually know about the meaning of this statement and of what genuine utility it is?

Population-based crude rates

According to the National Vital Statistics Report (US Department of Health and Human Services, 2001) the marriage rate per 1000 in the year 2000 was 8.7 and the divorce rate per 1000 was 4.1 (47% of the marriage rate) on a population base (in millions) of 273.1. This rate, often referred to as the *crude* rate, has been within that range since the 1970s. Essentially this means that each year the population loses half as many married couples as it gains. What are some of the issues with translating this into predicting that 50% of all first marriages will end in divorce? The first issue is that the people getting divorced in any given year are, for the most part, not the same people that got married that year. Most precisely, these data tell us in population terms, the number of marriages added to the general population in any given year (exactly analogous to the comparison of annual births and deaths, the only other statistics given in the same NVSS report). The composition of the cohorts that make up the crude rate influences this rate a great deal. For example, as the age at first marriage of baby boomers increased, the marriage rate decreased, and then

later the marriage rate increased as these baby boomers began marrying. Changes in the marriage rate, the denominator of the crude rate, thus affect the crude rate without a necessary change in the divorce rate.

“The annual divorce risk may be helpful in terms of predicting the number of divorces we can expect from within any given research sample, which may help in planning longitudinal studies”

Crude rates are useful in some ways. They allow researchers to make better educated guesses concerning the number of divorces we are likely to see within any given research sample, allowing us to plan our studies accordingly. In addition, at a societal level, these rates inform policy and resource allocation. Finally, they become embedded in the public consciousness, contributing to both to organizational agendas and to individual assumptions about their own marriages and the marriages of others. On the other hand, they are of little utility in estimating divorce risk.

Annual and Cumulative Risk

In fact, the principal difficulty with studying the prediction of divorce is that the annual rate of divorce is relatively low and thus, even within a relatively large sample collected for longitudinal couple research, one can expect to see relatively few divorces

over the course of the study. The NVSS estimates the 1990 number of divorces per 1000 married women over 15 years old to be 20.9 (2.09%). Thus, all else being equal (which of course they are not), in a sample of 500 newly-wed couples, one would expect approximately 15 divorces per year, accumulating about 75 divorces over 5 years (almost exactly the number of divorces reported by Kurdek, 1998, in his six-year longitudinal study of 538 couples). This is a cumulative risk over 5 years of 13.9%. In his sample of 73 established marriages, Gottman (1994) reported 9 divorces over a four-year period, a divorce rate of 3% a year (note the similarity to the NVSS rate). The four-year cumulative risk of the Gottman study is 12.3%.

In contrast, Martin and Bumpass (1989) reported a 23% 5-year cumulative risk of divorce for first marriages, using data from the June 1985 Current Population Survey. The *lifetime* risk was estimated at 64% , although there are important caveats to this estimate. This study was a population-based survey, but the assessment was a cross-sectional and retrospective interview of cohorts of women married since 1970. The data were then extrapolated to estimate lifetime risk, based on the retrospectively reported data for events in the period from 1970-1985. Women were the basis of this study because of a documented lower quality of marriage history data for males. Addition-

(Continued on the next page)

**RATES OF MARITAL
SUCCESS & FAILURE,
CONTINUED FROM PG. 4**

ally, rates were adjusted upward from 57% based on the estimable effects of underreporting.

The annual divorce risk may be helpful in terms of predicting the number of divorces we can expect from within any given research sample, which may help in planning longitudinal studies that aim to gather useful numbers of divorces over a reasonable period of time. The cumulative rates offer some estimate of the risk of marital disruption over an individual's lifetime. At the same time, these rates allow for no more refined prediction of divorce because they do not identify risk factors for divorce that tailor risk statements to individuals.

“Overall statements of risk of divorce have little meaning when the risk varies among individuals with different individual and relationship characteristics.”

Another factor that makes estimating divorce rates difficult is that the rate is different for different cohorts. As societal factors fluctuate, cohorts begin to vary in the likelihood of divorce. Rate estimates have to be extrapolated statistically for current marriages and there is disagreement as to the methods of extrapolation.

Definitions of marital success and failure

An additional issue is that researchers calculating divorce rates sometimes do and sometimes do not include separations (legal or otherwise) into the estimate. The NVSS report includes both legal divorces and annulments, but does not include legal separations. Glenn (1998)

used an alternative to simple separation or divorce in a study that examined marital success over the lifespan. Using data from the National Opinion Research Center at the University of Chicago (Davis & Smith, 1994), he defined marital success as persons in intact first marriages who responded to a single question whether their marriage was “very happy” (the alternatives were “pretty happy, or “not too happy”). Failure of a first marriage was defined as marriages that were currently judged by the respondent to be less than “very happy” or a first marriage that ended due to legal separation, or divorce. Note that this definition integrates the idea of marital satisfaction and legal separation and divorce in the idea of marital success. The study found using this index that over 70% of respondents indicated having a successful marriage at one year, declining rapidly to 40% at 11 years of marriage, and approximately 25% at 51 years of marriage. Thus, using this rather strict, single-question, definition of marital success, approximately 75% of first marriages are at-risk of failure over an individual's lifetime.

The reader may note, however, that in Glenn's study lifetime risk of divorce is not the primary research question—the study challenged the oft-quoted U-shaped pattern of marital satisfaction across the lifespan—and it serves as an example of alternative definitions of marital success and failure. Also, readers should note that the data examined was not comprised of one sample followed longitudinally, but instead used 5, 10-year cohorts pieced together to form the sample.

Characterizing Individual Risk

Overall statements of risk of divorce have little meaning when the risk varies among individuals with different individual and relationship characteristics. Most informal discussions of divorce ignore very powerful demographic predictors of divorce, such as early age of first marriage, lack of a high school level education, having children before marriage, and previous marriage. The rates of marital dissolution for women who marry in their teens are twice those of women who marry after the age of 22 (Martin & Bumpass, 1989). Nonwhite ethnicity is a powerful predictor of marital instability, even though the reasons for the effects of ethnicity have not been extensively investigated. The 15-year cumulative risk of marital dissolution among the lowest risk groups (i.e., relatively higher education and age, no children before marriage, no previous marriages) is 18% for Caucasians but 38% for Blacks (White, 1990). A host of other factors also have been examined as predictors of marital success and failure, including dysfunctional communication, personality style (e.g., high neuroticism, low conscientiousness), wives' employment, and parental divorce (Karney & Bradbury, 1995).

“Risk models could provide the overall framework for an explanatory model of marital dysfunction...”

The maximum benefit of this line research will be gained by using all these risk factors to develop a *risk model*, which would help explain who is statistically most likely to be at risk of

(Continued on page 7)

Self-Help Book Review

Jean-Philippe Laurenceau, Ph.D.
University of Miami

Beyond the Myth of Marital Happiness: How Embracing the Virtues of Loyalty, Generosity, Justice, and Courage Can Strengthen Your Relationship ([Blaine J. Fowers, Ph.D.](#); 2000, Jossey-Bass/Wiley, 241 pp.)

Sometimes we need to understand why we do things in order to understand what we may be doing wrong. Reading Dr. Blaine J. Fowers' Beyond the Myth of Marital Happiness invited me to rethink why we relate in marriage, so as to come closer to understanding what may be going wrong when marriages go awry.

"Man is by nature a social animal." (Aristotle)

The classical work of Aristotle makes note of a fundamental human motivation: the need to feel connected with others. Notably, Dr. Fowers also borrows central ideas from Aristotle to highlight the factors that contribute to a strong marriage. Many of these factors, however, are not discussed in your typical couples self-help book. As such, this book encourages a perspective that may be useful to both laypeople and academicians alike. Moreover, the reviewer of this book dusted off his collection of Aristotelian work in order to re-read some of his classical thinking, and he was pleasantly intrigued.

The central thesis of Beyond the Myth of Marital Happiness is that the almost exclusive focus on emotional satisfaction and need fulfillment in marriage has contributed to the ideal of marital happiness as a myth in American life. Modern conceptions of marriage (both lay and academic)

may be placing too much emphasis on satisfaction as a superordinate goal. As such, many entering this union may end up falling short of this expectation. While the obvious trend in divorce rates may reflect this state of affairs, recent research in marital relationships has also pointed to the finding that disappointment and disillusionment may explain dissatisfaction and divorce as much as does intractable conflict.

"Things that cause friendship are: doing kindnesses; doing them unasked; and not proclaiming the fact when they are done." (Aristotle)

The basis of a good marriage is a good friendship. Dr. Fowers reminds us that according to Aristotle, there are three types of relationships that one can have in marriage (as well as friendships). The first is an Advantage Relationship, where the relationship is based on the mutual benefits that the partners can provide for each other. A Pleasure Relationship is one in which the partners offer one another pleasure rather than benefits. A serious disadvantage of these types of relationships, however, is that they are primarily self-serving in their focus on receiving benefits or pleasure. These types of relationships usually only last as long as there are mutual benefits or the experience of pleasure continues.

Dr. Fowers argues that modern day marriage has tended epitomize these two types of relationships. A third type of relationship, Character Relationships, focus on shared understanding for and commitment to what is worthwhile in life and seeking it, a mutual recognition of each partner's strengths, and the ability to work together as a team to realize the shared goals. While Character Relationships can be both beneficial and pleasurable, they go beyond these foci towards the shared goals as a couple. Interestingly, the experience of emotions such as happiness and contentment are really best conceived as by-products of the identification of shared couple goals and working together as a team to pursue them.

Happiness is a sort of action. (Aristotle)

So is "Marital Bliss" the goal of marriage? Or is it really the experience of a couple working together towards mutual goals? Beyond the Myth of Marital Happiness persuasively conveys the argument that while there is no one specific set of communication patterns, emotional experiences/expressions, or relationship-related thoughts that are associated with a healthy marriage, a common theme is the ability of the couple to work together towards a shared life. Thus, happiness comes about in
(Continued on next page)

BOOK REVIEW, CONT'D

the actions that the couple takes towards their mutual goals.

In these days of "empirically supported treatments," Fowers invites us to broaden our perspective on an underlying model of marital functioning that goes beyond satisfaction and stability. To do so, researchers need to consider ways of assessing aspects of strong and healthy marriages that do not necessarily rely solely on positive sentiment, good communication, and the ability to manage conflict. While these traditional indicators are very important aspects of healthy marriages, what is it that will help partners to persevere even when

feelings may be negative, communication is challenging, and conflict is present?

A weakness of this book as a self-help reference for couples is the loose translation of the virtues of marriage into everyday practice (for both couples in distress as well as the practicing mental health professional). A thorough development of the interventions associated with the perspective heralded in Beyond the Myth of Marital Happiness may have had to force Dr. Fowers beyond the scope of this book, but such an attempt would be welcomed by this reviewer.

This book at first glance may not seem to speak to a behaviorally-oriented audience as those

reading this newsletter. Nevertheless, Beyond the Myth of Marital Happiness does not ask us to lose our behavioral underpinnings, but rather, to try broadening them!

In closing, a final classical quote also gave me cause for thought:

***"Accordingly I conclude that the appropriate age for marriage is about the eighteenth year for girls and for men the thirty-seventh plus or minus."* (Aristotle)**

While one of the greatest thinkers, clearly, Aristotle may not be right about everything!

RATES OF MARITAL SUCCESS & FAILURE, CONT'D FROM PG. 5

marital failure. Risk models could provide the overall framework for an explanatory model of marital dysfunction, and also allow more tailored statements about individual risk of poor outcomes in marriage. A discussion of risk models is well beyond the scope of the current article, but turn to the following cursory list regarding risk models and related topics: predictors of marital instability (Karney & Bradbury, 1995; Gottman, Coan, Carrere & Swanson,) methodological problems in prediction (Gottman, Carrere, Swanson, & Coan, 2000; Stanley, Bradbury, & Markman, 2000; Heyman & Smith Slep, 2001), and developmental models of risk (Bradbury, 1998; Sayers, Kohn, & Heavey, 1998).

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- White, L. K. (1990). Determinants of divorce: A review of research in the eighties. *Journal of Marriage and the Family*, 52, 904-912.

What's In Press Kick-Off!

Understanding infidelity: Correlates in a national random sample. Atkins, D. C., Baucom, D. H., & Jacobson, N. S. Journal of Family Psychology

Infidelity is a common phenomenon in marriages but is poorly understood. The current study examined variables related to extramarital sex using data from the 1991-1996 General Social Surveys. Predictor variables were entered into a logistic regression using presence of extramarital sex as the dependent variable. Results demonstrated that divorce, education, age when first married, and two "opportunity" variables—respondent's income and work status, significantly impacted the likelihood of having engaged in infidelity. Also, there were three significant interactions related to infidelity: (a) between age and gender; (b) between marital satisfaction and religious behavior; and (c) between past divorce and educational degree. Implications of these findings and directions for future research are discussed.

Antecedents and consequences of negative marital stressors. Cano, A., Christian-Herman, J., O'Leary, K.D., & Avery-Leaf, S. Journal of Marital and Family Therapy.

Many couples seeking therapy report the occurrence of severe, negative marital stressors (e.g., infidelity, threats of marital dissolution). In addition, existing research has demonstrated that these marital stressors precipitate Major Depressive Episodes and psychological symptoms. The

current longitudinal study examines the antecedents and consequences of negative marital stressors in order to help clinicians and researchers develop interventions that might prevent these stressors and their outcomes. Forty-one women completed a semi-structured interview and measures of marital discord and depressive symptoms within one month after experiencing a marital stressor (baseline) and at a 16-month follow-up. The results indicate that baseline marital discord contributes to the occurrence of additional marital stressors during the follow-up period. While baseline depressive symptoms do not predict additional marital stressors, depressive symptoms along with marital discord predict future depressive symptoms. Finally, baseline marital discord and additional marital stressors contribute to future marital dissolution. Clinical and research implications are discussed.

A comparative analysis of Integrative Couple Therapy and Cognitive-Behavioral Couple Therapy. Chapman, A., and Dehle, C. Cognitive and Behavioral Practice.

The purpose of the paper is to provide behaviorally and cognitive-behaviorally oriented couples' therapists with a comparison of Integrative Behavioral Couples Therapy (IBCT; Christensen & Jacobson, 1996) and Cognitive Behavioral Marital Therapy (CBMT; Baucom & Epstein, 1990) that highlights similarities and differences between these two therapeutic

approaches to treating marital discord. Both approaches derive from traditional behavioral marital therapy (BMT) but have emphasized emotional and cognitive factors more so than BMT. IBCT's contextual, or radical behavioral, viewpoint has translated to interventions that aim to establish a dyadic context supporting acceptance, empathy, and understanding through both acceptance and behavior change strategies. Rooted in social cognitive theory, CBMT also aims to increase acceptance, empathy, and understanding, but does so primarily through change-based interventions that target dysfunctional cognitive, behavioral, and affective responses and processes. It is our contention that understanding the relationship between the underlying theories and practices of these empirically supported approaches may improve their effective dissemination and use within the practice community.

Associations between anxiety and marital adjustment. Dehle, C. & Weiss, R. L. (in press). Journal of Psychology.

Cognitive-behavioral theories of marital functioning and contextual models of close relationships highlight the importance of proximal affect states, like anxiety, in couple functioning. Despite these assertions, research examining the role of state anxiety is noticeably absent from the literature on intimate relationships. The current study examines state anxiety and marital

(Continued on the next page)

What's In Press, Continued

adjustment in a sample of 45 couples. Hierarchical regression analyses indicate that husbands' time-1 anxiety is predictive of both their own and their wives' subsequent reports of marital adjustment. Wives' time-1 anxiety was not predictive of either their own or their husbands' subsequent reports of marital adjustment. Discussion focuses on the role of husband anxiety in marital adjustment, and implications for further study of the contextual model of close relationships.

Forgiveness in marriage: The role of relationship quality, attributions and empathy. Fincham, F.D., Paleari, G & Regalia, C. Personal Relationships.

Italian husbands (n=79) and wives (n=92) from long term marriages provided data on the role of marital quality, and affective reactions and attributions for partner transgressions in promoting forgiveness. Structural equation modeling revealed that, as hypothesized, positive marital quality was predictive of more benign attributions that, in turn, facilitated forgiveness both directly, and indirectly via affective reactions and emotional empathy. Unexpectedly, marital quality did not account for unique variance in forgiveness. Compared to husbands, wives' responsibility attributions were more predictive of forgiveness whereas empathy was a better predictor of forgiveness in husbands than in wives. The findings are discussed in terms of their implications for the burgeoning therapeutic literature on forgiveness.

Change in Relationship Knowledge Representations.

Pietromonaco, P., R., Laurenceau, J-P., & Feldman Barrett, L. In A. L. Vangelisti, H. T. Reis, and M. A. Fitzpatrick (Eds.), Stability and change in relationships. New York: Cambridge University Press.

Few relationship theorists have delineated the process of change in relationship knowledge, but most would agree that the ability to change contributes to the quality and longevity of a relationship. The purpose of this chapter is to examine the processes that might underlie change in representations of relationship knowledge. We draw from various literatures to develop a series of proposals for how relationship representations might shift and change over time. The social-cognitive literature provided information about change in other kinds of knowledge representations (e.g., the self, attitudes, stereotypes), whereas the literatures on close relationships and marital intervention approaches provided information about change specifically in relationship knowledge. In particular, theory and research on marital interventions (e.g., cognitive-behavioral) that explicitly seek to change couples' beliefs, expectations, and goals about their relationship provided clues to the process of change. Taken together, the core idea is that change in relationship knowledge is a dynamic process that is closely tied to immediate and enduring life contexts.

Marital cognitions and depression in the context of marital discord. Sayers, S. L., Kohn, C. S., Fresco, D. M., Bellack, A. S., & Sarwer, D. B. Cognitive Therapy and Research.

A prepublication version is available at: http://www.marriagewise.org/articles/sayers_CTR.pdf

The cognitions of 63 couples were examined to explicate the link between marital conflict and depression. Following a laboratory-based marital problem solving discussion, spouses listed cognitions about these discussions and thoughts about the future of their relationship. Cognitions also were assessed using the Automatic Thoughts Questionnaire and Marital Attitude Survey. Self-reported assessments of mood were obtained before and after the problem solving discussion. Depressed wives exhibited significantly more self-blame and hopeless thoughts than nondepressed wives. Self-blame, partner-blame, and hopelessness in reference to the problem solving discussions were associated with spouses' mood states after a problem solving discussion, albeit in different ways. The results support the importance of hopelessness and blame in understanding the link between marital discord and depression.

Understanding the relationship between religiosity and marriage: An investigation of the immediate and longitudinal effect of religiosity on newlywed couples. Sullivan, K.T. Journal of Family Psychology.

The association between religiosity and marital outcome has been repeatedly demonstrated. However, a complete understanding of this relationship is hindered by theoretical and methodological limitations. The purpose of the current study was (Continued on the next page) to test three explanatory models by assessing two samples of newlywed couples. Findings

indicate that religiosity is associated with attitudes toward divorce, commitment, and help-seeking attitudes cross-sectionally. Longitudinal effects, however, are most consistent with a moderating model, wherein religiosity has a positive impact

on husbands, and wives' marital satisfaction for couples with less neurotic husbands, and a negative impact for couples with more neurotic husbands. Overall, the impact of religiosity is weak over the first four years of marriage.

Theoretical propositions are offered to guide future research in delineating the types of marriages that may be most affected by religiosity.

Notes From Natalie and Debbie

The Graduate Student Co-Presidents' Column
35th Annual AABT Conference – Couples' Happenings and So Much MORE!
November 15-18, 2000 - Philadelphia

Hello SIGers!! Are you ready to see Philadelphia? It's ready for you...no matter what your pleasure is! Of course, *most* of your pleasure will be the conference, but in case you need a break...

Sites you might want to catch:

Independence Hall and Liberty Bell

Address: Chestnut St. & 5th to 6th (7 blocks East of the hotel)

Hours: 9 AM – 5 PM

Cost: Free (Includes a MUST-SEE informative tour of Independence Hall)

Betsy Ross's House

Address: 239 Arch Street (9 blocks west on Market then 1-2 blocks north)

Hours: 10 AM to 5 PM Cost: Free

Franklin Institute Science Museum

Address: 20th St. and Benjamin Franklin Parkway (15 blocks N.W. of the hotel)

Hours: 9:30 AM to 5:00 PM

Cost: \$9.50-\$15.00

(Tribute to Benjamin Franklin's work; large museum with hands-on exhibits)

Philadelphia Museum of Art

Address: 26th St. and Benjamin Franklin Parkway

Hours: 10 AM to 5 PM

Cost: \$7

(10 Acres and 200 galleries of artwork; also the filming site for your favorite Rocky/Sylvester Stallone scene)

Philadelphia Zoo

Address: 34th St. and Girard Avenue

Hours: 9:30 AM to 5 PM

Cost: \$10.95 (America's 1st zoo; specializes in unusual breeds of animals)

Options with a variety of choices to satisfy your palate:

Penn's Landing

Address: Delaware River from Market St. to Lombard (East 12 blocks)

Historic park commemorating William Penn's landing site has several restaurants along the waterfront.

Reading Terminal Market

Address: 11th St. and Arch St. (within blocks of the hotel!)

Contains a variety of eateries; everything from Amish sticky buns to gourmet take-out Italian.

Must try foods in Philly: Cheesie steaks, soft pretzels, water ices, and tasty kakes.

Regardless of your interests, information about the attractions and eating options is also at the following web sites:

www.philadelphia.citysearch.com (everything from weather to sports events; includes a "weekend planner" search and listings of the top restaurants and entertainment spots.)

www.gophila.com (information about **tour options** and a lot of other info about Philly)

www.philadelphia.travelape.com (gives a rating and info about cost and times for sites)

www.frommers.com/detinations/philadelphia/ (gives more in depth info and directions)

www.independencepark.org (great information about the historic sites) **But back to the conference...**

35th Annual AABT Conference

<u><i>Date and Time</i></u>	<u><i>Event Type</i></u>	<u><i>Event Title</i></u>	<u><i>Room Number</i></u>
<i>THURSDAY, NOV 15th</i>			
12 noon – 3:00pm	Couples SIG Special Event	Analyzing Diary Data from Couples	Mariott 302/303
1:00pm – 6:00pm	Institute-6*	Anger and Intimate Partner Assault	TBA
<i>FRIDAY, NOV 16th</i>			
10:00am – 11:30am	Meeting	Couples' SIG Meeting	406
10:15am – 11:45am	Symposium-9	Overcoming Resistance in Cognitive Therapy (Partial Couples Focus)	Grand Ballroom H
10:30am – 12:00pm	Panel Discussion 4	Dialectical Behavior Therapy Adapted for the Treatment of Partner Violent Men	Grand Ballroom D
12:00pm – 1:30pm	Symposium-14	Partner-Violent Men: Predicting and Understanding Response to Treatment	Grand Ballroom B
12:00pm – 1:30pm	Symposium-16	Conceptualization and Treatment of Infidelity	Grand Ballroom K/L
1:30pm – 4:30pm	Workshop-8*	Cognitive-Behavioral Techniques With Families	Grand Ballroom J
<i>6:30pm – 8:30pm</i>	<i>SIG Cocktail Hour</i>	<i>Cocktail Hour and Poster Exposition</i>	<i>Grand Ballroom</i>
<i>SATURDAY, NOV 17th</i>			
9:00am – 10:30am	Panel Discussion-15	Approaches to Defining and Measuring "Treatment as Usual"	Grand Ballroom K
10:15am – 11:15am	Poster Session-8	Couples; Families; Parenting; Sexual Issues	Franklin Hall
10:15am – 11:45am	Symposium-32	The Developing Cognitive Therapist (Partial Couples Focus)	Grand Ballroom F
10:30am – 12:30pm	Master Clinician Seminar-5*	Assessment and Treatment of Sexual Dysfunction	304/305/306
11:45am – 12:45pm	Symposium-37	Information Processing in Couples: Couple Functioning and Treatment Implications	Grand Ballroom D
1:30pm – 4:30pm	Workshop-17*	Behavioral Couple s Therapy for Alcoholism and Drug Abuse	Grand Ballroom I

35th Annual AABT Conference, Continued

<u>Date and Time</u>	<u>Event Type</u>	<u>Event Title</u>	<u>Room Number</u>
1:30pm – 4:30pm	Workshop-21*	Family-Focused Treatment of Adult & Adolescent Bipolar Disorder	414/415
2:30pm – 4:00pm	Symposium-46	Treating Couples in Context: The Many Faces of Couple Interventions	Grand Ballroom F
5:00pm – 6:00pm	AABT Presidential Address		
SUNDAY, NOV 19th			
9:00am – 10:30am	Symposium-56	The Effects of Marital Therapy: Posttreatment Results of a Dual-Site Clinical Trial	Grand Ballroom F
9:00am – 12:00pm	Workshop-23*	Family Interventions in Schizophrenia	407/408/409
CANCELLED	Workshop-25*	Brief Couple Therapy: Helping Partners Help Themselves	414/415
10:45am – 12:15pm	Symposium-62	The Role of Primary, Secondary, and Tertiary Interventions in Defining a Comprehensive Approach to Promoting Marital Health	Grand Ballroom G

* = *Requires Fee and Registration*

Get ready for a great time in Philly!

Deb and Natalie

TREASURER'S NOTE

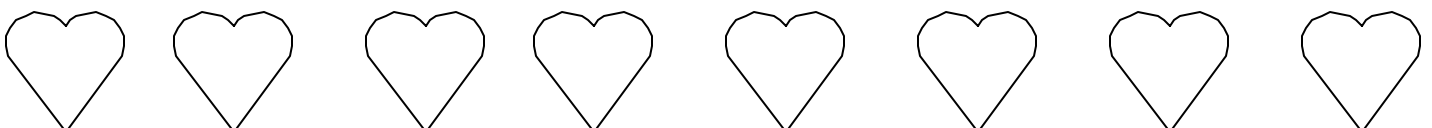
Erika Lawrence, Ph.D.

Hello all! Here is an update on the AABT Couples SIG Treasury and upcoming dues collection. Currently, we have \$1275 in our account, and much of that will go toward paying conference-related fees next month. Dues for this year, and any dues owed for previous years, can be paid at the AABT Couples SIG meeting in PA. Dues are \$5 for students and \$20 for non-students. You may pay by cash or check, payable either to me or to the "AABT Couples SIG." If you will not be attending the conference, or you are wondering how much you owe, please feel free to contact me at: erika-lawrence@uiowa.edu.

Also, I'm trying to update the membership directory, so if any of your contact information has changed in the last year or two, please send me your new information. After the conference, my goal is for us to have a current membership list on the website, listserv and membership directory.

Looking forward to seeing you all at AABT!

...END OF NEWSLETTER ...



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.

(Continued on Next Page)

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:

Erika Lawrence, Ph.D.
Department of Psychology
Univ. of California, Los Angeles
405 Hilgard Avenue
Los Angeles, CA 90095-1563

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	Terrell@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!

Couples Research & Therapy *Newsletter*

The Newsletter of Couples Research & Therapy AABT–SIG Fall/Winter '02

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Notes from the Triumvirate

SIG Co-Presidents’ Column

Notes from the Triumvirate

It is October, thus time to think about falling leaves, midterm exams, HIPAA extensions, and dinner reservations at AABT. The upcoming conference has a lot to offer those interested in marriage.

The **preconference meeting** has been scheduled for Thursday November 14, from 4:30pm until 7:30pm in Carson, room 3. During the last year there was a sustained dialogue on the listserve on a wide range of issues pertaining to the current state of couples research. Topics included the need for improved theory, the need for a relational disorder in the DSM, and the connection between marital research and public policy. Due to the tradition of observational methodologies in this group, we felt the topics from the listserve should be discussed in a venue where affect could be coded. Therefore, the preconference meeting will consist of the following two panels:

1. **Couples Research and Theory: Where We are and Where We are Headed?**
Panel members will include: Don Baucom, Deborah Capaldi, Joanne Davila, and Kim Halford.
2. **Couples Research and Public Policy: How do we get there from here?**
Panel members will include: Rick Heyman, Terry Patterson, Scott Stanley, and Bob Weiss

With this group of researchers, the preconference meeting can’t miss. We plan to devote half of each session to panel presentations and half to audience discussion. We think you will find this meeting worth attending and an excellent way to begin the conference.

We will also have our **business meeting** on Saturday from 10:30AM to noon in Sierra 1 & 2. We know that this time overlaps with two symposia of interest to the group. Annmarie is working on getting the time and location switched. So, please watch the listserve and the schedule addendum for a change in the time and location of the SIG business meeting.

Our SIG has reserved a table at the **networking lunch** to be held on Friday 12:30 to 1:45 in the Ballroom. The cost is \$15. We hope you will take advantage of this opportunity to discuss your interests and concerns with your colleagues. You can sign up for this on the registration form.

We will have some posters in the **SIG Expo and Cocktail Party** in the Reno Ballroom from 6:30 to 8:30 on Friday night.

The student representatives to the SIG are planning a **dinner on Saturday night**. Watch for announcements regarding this supper.

It promises to be a full and informative weekend. We look forward to seeing you at the conference and hearing about your work over the last year.

*Annmarie Cano
Kristina Coop Gordon
Matthew D. Johnson
SIG Triumvirate*

Couples Research and Therapy *Newsletter*

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Editor's Comments

Susan Stanton

I write this note as I am knee-deep in putting together posters, presentations, plane tickets, hotel reservations, and, of course, skiing plans. We have reached that wonderful time of year when we hear about exciting research, chat with friends, eat too much, and dance way too much. This year we have the bonus of blowing all of our holiday money at the casinos and injuring ourselves in time for our vacations!

In anticipating all the joys of AABT, our co-presidents provide a guide to the myriad of couples research and clinical discussions, workshops, posters, policy considerations, business meetings, networking opportunities, and parties available at the annual AABT conference in Reno, not to mention the fun sights and tastes of this city!

This issue also primes our thinking about interesting new couples topics with some terrific articles in the current issue. Kristi Gordon and colleagues urge us to conduct research and treatment on infidelity in a conceptually useful framework of this tough, multifaceted relationship difficulty. We are challenged by Keith Harris to adopt a valuable methodological technique of physiological measurement to understand our constructs better with an article describing theoretical, practical, and monetary considerations in this approach. Adam Troy and Jean-Phillippe Laurenceau review some good plane reading for us, while many of you point to our readings for the next year by announcing your in press publications. We have many reasons to congratulate some of you at the conference, as seen in Kudos!

Please contact me at stanton@email.unc.edu to contribute to the Spring/Summer 2003 newsletter. It's never too early!

TREASURER UPDATE

Erika Lawrence

Hello all. I am very much looking forward to seeing all of you in November. Our treasury contains approximately \$1800, which will allow us to: (a) pay for all of our SIG costs at this November's AABT convention, (b) hold a pre-convention meeting on the Thursday before the conference, and (c) even bring in Terry Patterson as a guest speaker!

With regard to SIG membership: we have approximately 75 student members and 90 non-student members, for a total of approximately 165 members in our SIG. Please be aware that everyone in the SIG is presumed to be on the SIG listserve and have access to the SIG website. Feel free to contact me if for some reason you are not connected to one of these resources and would like to be.

As always, dues are \$20 for faculty members/professionals and \$5 for students/1st year Ph.D.s. I will bring the membership list to our SIG meeting at the November conference, so that you all will have a chance to update your contact information and/or pay dues for the current academic year. If you will not be able to attend the SIG meeting at AABT but would like to pay dues for the current academic year, you may mail me a check made out to the "AABT Couples SIG" at:

Erika Lawrence, Ph.D.
Department of Psychology
University of Iowa
11 Seashore Hall East
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See you soon!

KUDOS!!!

Joanne Davila is now in the Department of Psychology at SUNY Stony Brook where she has been promoted to Associate Professor.

Miriam Ehrenshaft announces the birth of Oliver Jonah Ehrenshaft Shindell on October 1, 2:35 a.m., 7 pounds 4 ounces. They are both doing great.

Frank Fincham, director of clinical training, was one of four faculty members in the College of Arts and Sciences at SUNY—Buffalo to be named SUNY Distinguished Professors by the Board of Trustees. The designation as distinguished professor—a rank above full professor and the highest in the SUNY system—denotes exceptional contribution in an academic field through publications, national and international research presentations, research findings and the training of students. (From an article by Sue Wuetcher, *Univ. of Buffalo Reporter*, 9/26)

Carlos Fruzzetti was born August 31 to parents Armida and **Alan Fruzzetti** and his three siblings.

Keith Harris and his wife Amy welcomed McKenzie Marie on October 25 at 9:08 a.m., weighing in at 7 pounds 10 ounces.

Jean-Phillippe Laurenceau was awarded an NIH Scientist Development Award for New Minority Faculty.

Michael Lorber received a predoctoral National Research Service Award (NRSA) from NIMH, for one year, effective Sept. 1, 2002.

Terry Patterson has been elected a Fellow of APA, through the Division of Family Psychology (43). He is also co-chairing a Work Group on Relational Diagnosis for Division 43, in collaboration with AABT and Couples SIG members.

Kieran Sullivan and his wife had a baby boy, Liam, on April 23, 2002. He was 8 pounds, 12 ounces and 21 inches long.

A Framework for Understanding Infidelity Empirically and Clinically

Kristina Coop Gordon, Ph.D., University of Tennessee-Knoxville

Data from the National Opinion Research Center at the University of Chicago suggest that approximately 37% of all men aged 50 to 59 and 19.9% of all women aged 40 to 49 report that they have had an affair at least once during their marriage or marriages (Lauman, Gagnon, Michael, & Michaels, 1994, pp. 215-216). In addition, a survey of practicing couples therapists revealed that therapists consider affairs to be the second most damaging problem couples face and the third most difficult problem to treat (Whisman, Dixon, & Johnson, 1997). Consequently, given that infidelity touches a large percentage of couples and can cause a great deal of damage to a relationship, it is important that marital therapists and researchers develop a better understanding of this phenomenon.

A Framework for Researching and Treating Infidelity

Recently, my colleagues (Beth Allen, Dave Atkins, Don Baucom, Doug Snyder, and Shirley Glass) and I have developed a framework for understanding infidelity and the factors involved in its development, maintenance, and recovery. Currently we are in the process of reviewing the literature as it pertains to this framework in an attempt to provide some coherence and structure to a rather fragmented area of research. The framework, as presented by our group at AABT last November (Gordon, Atkins, Allen, Snyder, Glass, & Baucom, 2001) suggests that there are specific phases of development for an affair which consist of: predisposing factors, approach, initial extramarital involvement, maintenance, discovery/disclosure, and recovery. The literature can be organized into this framework and this organization should provide a clearer picture of how these studies inform our understanding of why affairs occur, why they end, and who recovers. However, even more importantly, this organization provides a clearer picture of where the gaps are in our knowledge and where we need to focus our attention. Similarly, this framework provides a clinical function in that it provides clinicians with a guide to formulating a coherent timeline of how an affair developed and why it did so.

Predisposing factors refer to enduring vulnerabilities that pre-exist the affair but may contribute to the likelihood of the person's engaging in the affair. The most common and stereotypical example would be relationship distress; however, less commonly acknowledged factors may be more distal influences such as the occurrence of an affair in one's family of origin or familial beliefs and attitudes about conflict. Approach refers to factors that are more proximal to the current affair's occurrence and that may more directly influence the decision to have an affair, such as sudden increases in relational distress, the availability of a willing

affair partner, and a job atmosphere that condones or even encourages sexualized behavior. The initial extramarital involvement factor addresses issues or situations that may facilitate an individual's "crossing the line" into actual sexual behavior, or into clearly "forbidden territory" in the case of an emotional affair. Examples of these factors might be a long business trip with the potential affair partner or alcoholic disinhibition at a holiday party. Whether the affair then becomes on-going versus a one night stand may be influenced by maintenance factors, such as decreased investment in the marriage, reinforcing properties of the affair, or conversely, increasing guilt over the betrayal. The discovery or disclosure of the affair encompasses such issues as the suspicion of the injured partner, the guilt of the participating partner, renewed interest in the marriage by the participating partner or recognition of the potential costs of the affair. Finally, the response phase may be affected by a variety of factors such as the pre-morbid functioning of the relationship, individual abilities to contain and regulate affect, attitudes toward forgiveness, etc. As a final note, each of these phases should be considered in regard to four domains: *intrapersonal*, or factors regarding the participating partner; *spousal*, or factors regarding the injured partner; *marital*, or factors regarding the marital relationship; and *contextual*, or factors such as job stress, in-law problems, or features of the affair partner.

When the existing research is reviewed in light of this framework, it becomes clear that there are major gaps in our empirical knowledge. For example, a majority of the research is on potential "predisposing" variables that differentiate people who engage in extramarital affairs from those who do not. Very little attention is paid to spousal factors that contribute to the context of the affair, nor is there much empirical study of factors that encourage individuals to initiate, maintain, or disclose an affair. Furthermore, the literature focused on examining the predisposing factors tends to fixate upon demographic variables, as this information generally is gleaned from large sociological data sets. For example, whereas we may have numerous studies indicating that men engage in infidelity more than women do, we have no studies empirically examining the source of this gender difference, and thus are left with only speculation. As clinicians, we cannot change an individual's gender (unless we also are surgeons); therefore, this information does not offer a great deal of clinical utility. Greater knowledge about all phases of infidelity and responses to infidelity, as well as more sophisticated examination of psychological constructs

underlying this phenomenon is necessary to help develop a better understanding of, and treatments for, this problem.

A Case Study

Similar gaps in couples' understanding of their affairs can cause great distress in their relationships. Often when couples present for treatment following the discovery of the affair, they are primarily focused upon one domain (usually the participating partner or the marriage) and its contribution to the affair, but they find that this narrow focus is not enough. In our treatment pilot study, one injured partner expressed his frustration: "I understand why she was unhappy with me in our marriage. What I don't understand is why she had an affair instead of telling me how unhappy she was." Consequently, out of his confusion he was interpreting her behavior as a lack of love for him or alternatively as an act of deliberate spite. These attributions caused him to fluctuate between extreme anxiety that she would leave him and cold rage at what he perceived as her willful attempts to hurt him. When he had these anxieties and such little understanding of how she could have come to have this affair, he could not move beyond the affair to focus on the wife's legitimate problems with their marriage.

His initial point was a good one; many individuals experience marital distress at some point in their lives, yet not everyone resorts to an affair. This husband's experience serves as a good example of the need for an awareness of a wider framework when assessing the "causes" of an affair. In this case, as the therapist examined more fully the various phases of the affair development across all domains, the husband was able to see more clearly how his wife came to have the affair. When the time came to explore how the affair occurred, the intervention began with the relationship. Clearly, several factors in their relationship structure and communication strategies placed this relationship at risk. Most strikingly, the husband demonstrated a number of invalidating behaviors when the couple discussed areas of conflict, and in response the wife withdrew from all communication with him; both admitted that this had been a problem from the beginning of the relationship. This pattern could thus be considered a predisposing factor. Furthermore, more recently, the wife consistently felt abandoned as the husband experienced increased job stress and spent many days and nights working on a project, often not talking to her for days on end. As this was a recent development that was more proximal to the time of the affair, this may be considered an approach factor. However, as mentioned before, the husband did not see how these problems lead to an affair rather than her insisting on

counseling or telling him how upsetting his behavior was to her. At that point, the therapist began to explore all the options she had at the point of realizing her dissatisfaction with the relationship and why she chose the response that she did.

As we explored these options, we covered more distal predisposing factors than the relational distress, and discussed expectancies about conflict that both partners had developed in their families of origin. We also explored their previous romantic and sexual histories and found a similar experience of profound rejection and insecurity, making both of them vulnerable to invitations to flirtations with members of the opposite sex. Essentially, these pieces of information emerged as distal predisposing influences on this couple that make them both vulnerable to an affair (interestingly, the husband had had an affair in a previous marriage). As this information was added to the couple's understanding of the context of the affair, it became clear how confronting her husband did not seem to be an attractive or effective choice for the wife, and why she instead chose to confide her troubles to her attractive, sympathetic, and pursuing male co-worker, the presence of whom served as an approach factor. Her husband was able to alter his attributions about his wife's malicious intent and to accept that she still may care about him, but that she also made poor decisions about how to handle her dissatisfaction. This shift in his understanding enabled him to forgive the affair and to focus more freely on their current relational difficulties, particularly his invalidation of his wife. Similarly, the wife gained a better understanding of how her husband's own insecurities drove his obsession with his work, allowing her to approach the issue with greater sensitivity and less affect, and making her more effective in developing better solutions with him.

Infidelity is likely to be multiply determined; in a different relationship with a more responsive spouse, this wife might not have withdrawn and sought out another male companion. Similarly, if she had not had a history of rejection and familial conflict, she might have confronted her spouse more effectively and forcefully, and an affair might not have been an option. Space necessitated a drastic simplification of this case, preventing an example of every cell of our framework. However, the point remains that when facing an issue as difficult as an affair, a comprehensive contextual understanding of the precipitants that takes into account both distal and proximal influences is likely to be necessary for effective treatment.

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Wired for Love:

Studying Physiological Reactivity in Married Couples

By Keith W. Harris
University of California, San Francisco

Few researchers employ physiological measures in their studies of marital interaction. The scarcity of physiology studies in the marital literature is more likely due to lack of training and resources than to lack of interest. More importantly, it seems possible that couples researchers have underestimated the contributions that physiological measures can make to their overall understanding of marital functioning. The goal of this article is to familiarize members of the Couples SIG with the marriage and physiology literature and to perhaps inspire some to broaden their studies of couples to include measurement at the physiological level.

Why Study Physiology in Married Couples?

Physiological data can be a valuable complement to customary measures of marital interaction. Take for instance a study of positive and negative affect in marital conflict. A typical approach might include self-report (e.g., pre- and post-interaction ratings of affect) and observational data (e.g., behavioral coding of the interaction). Consider an interaction that is mostly positive except for a brief highly negative exchange in the middle. Whereas pre/post ratings of affect would not capture the variability in this case, continuous physiological data would likely reveal a spike in arousal during and after the negative exchange. Though observational coding could capture the behavioral variability in this example, it too could be informed by physiological data. Couples often behave atypically in the laboratory (Foster, Caplan, & Howe, 1997), and a calm demeanor may belie significant internal emotion and arousal. An interaction that appears positive on the surface could be the product of two angry people on their best behavior. Physiological measurement would offer a window into the putative internal turmoil such an interaction might generate. Since most physiological measures are not under conscious control, physiological data offer a means of circumventing the self-presentation bias that is endemic to observational studies of marital interaction.

Selected Findings from the Marital Interaction and Physiology Literature

Marriage provides a perfect venue for the study of physiology: happy marriages buffer each spouse from stress and are health promoting (House, et al., 1988), while unhappy marriages not only fail to buffer spouses from

stress, but also contribute to stress via increased conflict (Kiecolt-Glaser, et al., 1993). John Gottman and his colleagues were the first to study marital interaction and physiology systematically, and in the past twenty years they have gathered a wealth of data on the role of physiological arousal in marital dissolution. The other leader in this field, Janice Kiecolt-Glaser, has accumulated compelling data on the effects of marital conflict on immune and endocrine functioning. The following sections outline the important findings from these pioneers' laboratories and offer suggestions for future inquiries.

1. Marital conflict is physiologically arousing.

✓ To the extent that conflict is characterized by negative behavior, it is physiologically arousing. Similarly, distressed couples typically exhibit greater reactivity in laboratory interactions than nondistressed couples because they engage in more negative and less positive behavior. It should be noted, however, that even happily married newlywed couples exhibit elevated stress hormones after conflict (Kiecolt-Glaser et al., 1996).

2. Physiological arousal impacts the marriage.

✓ Gottman and colleagues' (e.g., 1996) work suggests that diffuse physiological arousal (DPA; i.e., a high arousal state) during conflict is predictive of divorce. DPA is problematic for couples because it limits constructive behavior and often leads to behavioral escalations. Additionally, the discomfort of DPA can lead participants to withdraw or avoid conflicts entirely, leading to greater problems in the future.

3. Physiological arousal impacts health.

✓ Low marital quality is associated with greater likelihood of illness and symptom exacerbation. The link between marital quality and health is thought to be physiological arousal during marital conflict. In support of this, Kiecolt-Glaser and colleagues have shown that marital conflict is associated with elevated stress hormones and down-regulation of the immune system (e.g., Kiecolt-Glaser et al., 1993). In essence, marital conflict operates as a chronic stressor, weakening the immune system's ability to prevent illness.

(CONTINUED ON FOLLOWING PAGE)

4. There may be gender differences in physiological arousal

✓ The evidence on gender differences in physiological reactivity is decidedly mixed, with studies concluding that husbands are more reactive, wives are more reactive, or that no differences exist (cf., Gottman & Levenson, 1988; Kiecolt-Glaser, 1996). At the risk of oversimplification, Gottman suggests that husbands are more reactive and that this explains husband withdrawal behavior (i.e., it is a means of physiological soothing). Kiecolt-Glaser, on the other hand, suggests that wives are more reactive and that this explains the finding that wives exhibit poorer health than husbands in distressed marriages. Because their studies differ in methods and populations, a direct comparison of Gottman and Kiecolt-Glaser's gender findings is beyond the scope of this article.

5. Certain traits and behaviors have a stronger association with physiological arousal than others.

✓ Traits such as dominance and hostility are associated with elevated cardiovascular reactivity in marital interaction (e.g., Smith & Brown, 1991). Negative behaviors such as Gottman's four horsemen of the apocalypse (criticism, defensiveness, withdrawal and contempt) are also associated with increases in physiological arousal. Regarding positive behaviors, numerous studies have concluded that they are not related to physiological functioning, while recent evidence suggests that positive behavior may be related to lower stress hormones and lower heart rate during conflict (See Kiecolt-Glaser & Newton, 2001 for review). It is my contention that marital conflict is the wrong domain in which to examine the effects of positive behavior on physiological arousal. A more fruitful domain might be social support (see discussion of my dissertation, below).

Suggestions for Future Inquiries

The marriage and physiology literature has focused primarily on harmful interactions between spouses and the long-term damage these interactions can cause. While it is important to understand the harm spouses can inflict on one another, it is equally pressing to understand the ways spouses help each other. In fact, one of the most obvious conclusions to be drawn from the marriage and physiology literature is that couples therapy ought to include techniques for soothing the physiological reactivity that accompanies stressful interactions. Social support is a potentially valuable domain for understanding the way marriage buffers spouses from the effects of stress. In my doctoral dissertation I measured physiological arousal during social support interactions and found that support (i.e., positive behavior) from a spouse was associated with lower heart rate and blood pressure. This was true only for wives, however. For many husbands, the social support interaction took the form of a confession, which can be highly physiologically arousing even in the presence of a supportive spouse. Further research is needed to understand

the ways that spouses can physiologically soothe one another.

Beyond the physiological indicators of stress (e.g., blood pressure, heart rate, cortisol), couples researchers are beginning to study the physiological concomitants of gender (e.g., testosterone), bonding (e.g., oxytocin), and positive affect (e.g., electrical activity in the muscles responsible for smiling), to name but a few. Below are two additional intriguing but unanswered questions regarding marital interaction and psychophysiology.

❖ *Is love a chemical addiction?*

Everyone is familiar with the honeymoon period in a relationship, where everything is exciting and fresh. Panksepp and colleagues' work with animal models suggests that elevated levels of endogenous opioids may cause this sense of euphoria. As with any addiction, the new lover seeks repeated contact with the object of his/her affections in order to regain the "high." Forced separation creates psychological and physiological withdrawal, complete with separation distress that can mimic depression (Panksepp, 1998). Though much of the work on opioids has been conducted on animals, the possibilities for couples research are exciting.

❖ *Is there a neurological substrate for marital satisfaction and marital stability?*

Neuroscience may hold unique promise in the study of marital interaction. Davidson and colleagues have reported that positive emotions are associated with greater activation of the left frontal region, and negative emotions with greater activation of the right frontal region of the brain. What might we learn from EEG or ERPs collected while couples observed a videotape of their interaction? Might satisfied couples exhibit greater left frontal activation? Might this asymmetry be predictive of marital stability or therapeutic outcomes? Because asymmetrical left activation occurs in approach-related emotions and right activation in withdrawal-related emotions (Davidson, 1992), at the behavioral level might we even see neurological concomitants of demand-withdraw behavior?

Conclusion

Though researchers have been studying physiology in marital interaction for over twenty years, the field is young and many unanswered questions remain. Skilled behavioral researchers such as those in the Couples SIG would be welcome additions to the field. For those whose curiosity has been piqued, below are recommendations for further reading and a cost estimate for setting up a laboratory to measure autonomic responses during marital interaction. Autonomic responses that could be measured in the lab without great expense or blood draws described below include cardiovascular activity (e.g., heart rate, cardiac output, vagal tone, blood pressure, total peripheral resistance) and electrodermal activity such as skin conductance level.

(TABLE, RECOMMENDED READINGS, AND REFERENCES ON FOLLOWING PAGE)

Table 1. Cost estimate for lab equipment measuring autonomic nervous system activity in couples (from Biopac Systems, Inc: www.biopac.com)				
Apparatus	Description	Unit Price	Qty	Amount
MP100 System for PC ^a	Core component, necessary to run the entire system	\$3,495.00	1	\$3,495.00
Electrocardiogram Amplifier ^a	Measures heart rate, interbeat interval, vagal tone, respiratory sinus arrhythmia	\$545.00	2	\$1,090.00
Noninvasive Blood Pressure System ^a	Measures blood pressure noninvasively and continuously	\$4,995.00	2	\$9,990.00*
Electrodermal Response Amplifier ^a	Measures skin conductance level (SCL)	\$545.00	2	\$1,090.00
Electrodermal Response Transducer ^a	Necessary for measurement of SCL	\$125.00	2	\$250.00
ECG Cable Extension ^a	Connects ECG electrodes to amplifier	\$145.00	4	\$580.00
Electrode to Amplifier Cable ^a	Connects SCL electrodes to amplifier	\$15.00	4	\$60.00
8mm Adhesive Collar ^b	Used to fasten electrodes to skin	\$15.00	10	\$150.00
Electrode Gel ^b	Used to improve conductivity of electrodes	\$15.00	4	\$60.00
			Total:	\$18,245.00
* Note: Instead of the noninvasive system, a digital sphygmomanometer (BP Cuff) can be used pre- and post-interaction for a crude measure of blood pressure change and a savings of nearly \$10,000.				
^a One-time purchase				
^b Consumables (i.e., repeat purchases necessary)				

Recommended Reading

- Cacioppo, J. T. & Tassinary, L. G. (1995). Principles of Psychophysiology: Physical, Social, and Inferential Elements. New York, NY: Cambridge University Press.
This edited book holds a wealth of information on psychophysiology. It is organized into sections on conceptual foundations, biological foundations, general concepts, systemic psychophysiology, and statistical analysis of psychophysiological data.
- Kiecolt-Glaser, J. K. & Newton, T. L. (2001). Marriage and health: His and hers. Psychological Bulletin, *127*(4), 472-503.
The definitive current review of marriage and physiology studies. As the title suggests, the review is organized around the positive and negative impact of marriage on health, with special emphasis on possible gender differences.

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Notes From Danielle and Lauren

Couples' Sig Graduate Student Co-Presidents' Column

Since AABT is right around the corner, we tried to gather information about the Reno and Lake Tahoe area. There are plenty of activities and attractions in the Reno and Lake Tahoe area. Of course, some activities will depend on the weather. We look forward to seeing you at the SIG couple dinner!

Weather

Weather in Reno during November is quite variable. The average high is 56 degrees, and the average low is 24 degrees.

Casino Nightlife

Before Las Vegas, Reno was the gambling capital of Nevada. Although Reno is not as well known for gambling today, the city boasts many casinos. To find out more information on specific casinos, check out the websites below:

Atlantis Casino Resort	www.atlantiscasino.com
Boomtown Hotel Casino Reno	www.boomtowncasinos.com
Eldorado Hotel/Casino	www.eldoradoreno.com
Flamingo Hilton	www.flamingoreno.net
Harrah's Reno	www.harrahs.com
Peppermill Hotel Casino Reno	www.peppermillcasinos.com
Silver Legacy Resort Casino	www.silverlegacyreno.com

Golf

Golf in November? For more information on golf courses in Reno go to <http://www.golfrenolaketahoe.com/>. The site has a course finder section to help you find the right golf course for you.

Skiing and Winter Sports

The Reno and Sparks areas get much less snow than the Lake Tahoe Basin. So, it is possible to play a round of golf in Reno in the morning, and ski in surrounding areas that same afternoon. Most of the ski resorts are open by Thanksgiving. Some resorts are more likely to be open in November because they have snow-making abilities. For example, two years ago Alpine Meadows opened on November 1. The following website provides general information regarding skiing in the area: www.renolaketahoe.com/ski/. Below you will also find the web address for several ski resorts:

Skiing in North Shore Lake Tahoe

Resort	Web-address	Phone number
Alpine Meadows	www.alpinemeadows.com	(800)-441-4423
Boreal Mountain Resort	www.borealski.com	(530)-426-3666
Diamond Peak Ski Resort	www.gotahoe.com	(800)-468-2463
Donner Ski Ranch	www.donnerranch.com	(530)-426-3635
Granlibakken Ski Resort	www.granlibakken.com	(800)-543-3221
Mt. Rose-Ski Tahoe	www.skirose.com	(800)-754-7673
Soda Springs	www.skisodasprings.com	(530)-426-3901
Squaw Valley USA	www.squaw.com	(800)-545-4350
Sugar Bowl	www.sugarbowl.com	(530)-426-3847

Skiing in South Shore Lake Tahoe

Heavenly Ski Resort	www.skiheavenly.com	(530)-541-1330
Homewood Mountain Resort	www.skihomewood.com	(800)-525-7669
Kirkwood	www.kirkwood.com	(209)-258-6000
Sierra-at-Tahoe	www.sierratahoe.com	(530)-659-7453

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Attractions

Circus Midway Stage (www.circusreno.com)

The circus acts are free and perform daily from 11 A.M. to midnight.

Fleischmann Planetarium (www.scs.unr.edu/planet)

The Planetarium is open Monday through Friday from 8 A. M. to 8 P.M.

National Automobile Museum (www.automuseum.org)

The museum houses the most comprehensive public display of cars in the country. The museum is open Monday through Saturday from 9:30 A. M. until 5:30 A.M.

Cablecar at Squaw Valley USA(www.squaw.com)

This tram ride allows a spectacular view of the Lake Tahoe area. Squaw Valley USA is best known for hosting the 1960 Winter Olympics.

Gondola Ride at Heavenly Ski Resort (1-800-243-2836)

Located on the South Shore of Lake Tahoe, this gondola ride climbs 6,200 feet from the Stateline. Once at the top, you can enjoy skiing (weather permitting) or hiking.

Fannette Island (www.ceres.ca.gov/sierradsp)

Fannette Island is the only island in Lake Tahoe. The island is home to the Vikingsholm castle. The only access to the island is by private boat.

Hornblower's Tahoe Queen (www.hornblower.com)

The Hornblower Tahoe Queen is an authentic paddle wheeler that sails from its pier in South Lake Tahoe to Emerald Bay.

36th Annual AABT Conference – Couples' Events and Conference Activities

Date and Time	Event	Place
Friday, November 15th 8:30 – 10:00 a.m.	Symposium: Bi-directional dating violence: Conceptual and empirical findings	Ruby 1 & 2
8:45 – 10:15 a.m.	Symposium: Marriage and family in the conceptualization and treatment of health problems	Shasta 1 & 2
8:45 – 10:45 a.m.	Master Clinician Seminar: Couple therapy with difficult problems	McKinley
11:00 a.m. – 12:30 p.m.	Symposium: Comparison of two couple therapies: Do they work, for which couples, and in what way?	Shasta 1 & 2
12:30 – 1:45 p.m.	Networking Lunch - See program for details	Reno Ballroom
12:45 – 2:15 p.m.	Symposium: Support behaviors in couples	Crystal 1
1:30 – 2:30 p.m.	Poster Session: Anger and Violence	Pavilion
1:30 – 4:30 p.m.	Workshop: Acceptance and change in couple therapy	Nevada 4
2:45 – 3:45 p.m.	Poster Session: Depression	Pavilion
2:45 – 4:15 p.m.	Panel Discussion: Extending the boundaries of couples research and practice	Shasta 1 & 2
3:15 – 4:45 p.m.	Symposium: Examining the interaction between interpersonal and cognitive factors in depression: An integrative perspective	Movie Theater 1
4:00 – 5:00 p.m.	Poster Session: Parenting, school issues, child depression	Pavilion
5:15 – 6:15 p.m.	Awards Ceremony	Carson 3 & 4
6:30 – 8:30 p.m.	SIG Exposition and Cocktail Party	Reno Ballroom

Date and Time	Event	Place
Saturday, November 16th		
8:30 – 9:30 a.m.	Symposium: Incorporating emotion regulation into couple therapy	Shasta 1 & 2
8:30 – 10:00 a.m.	Symposium: Is there a need to update traditional behavioral couple therapy for special populations?	Movie Theater 2
8:45 – 10:15 a.m.	Symposium: Bridging the marital dyad and the family triad: A process-oriented approach	Whitney
10:15 – 11:45 a.m.	Symposium: Affairs, abuse, drugs, and depression: The promises and pitfalls of couple therapy	Ruby 2
10:30 a.m. – 12:00 p.m.	<u>SIG Meeting: Couples Research and Treatment</u>	Sierra 1
11:15 a.m. – 12:45 p.m.	Symposium: Ending abusive relationships: Methods for improving dating violence intervention and prevention programs	Shasta 1 & 2
1:00 – 2:30 p.m.	Symposium: Findings from the Web: Internet-based assessment and treatment of couples	Shasta 1 & 2
1:15 – 2:45 p.m.	Symposium: The role of validating and invalidating behaviors in families	Crystal 5
2:45 – 4:15 p.m.	Symposium: Exploring the future of couples' interaction research: It's not just about problem-solving anymore	Shasta 1 & 2
3:00 – 4:30 p.m.	Symposium: Understanding the developmental course of physical aggression in intimate relationships: Using the basic research to craft interventions	Crystal 5
5:00 – 6:00 p.m.	Presidential Address	Reno Ballroom
6:15 – 7:15 p.m.	Annual Meeting of Members	Carson 1
6:00 – 7:00 p.m.	Couples SIG Student Social	Aspen Lounge
Approx. 7:00 p.m.	Couples SIG Dinner – Details to come	
7:30 – 10:00 p.m.	Bowling for Scholars – See program for details	
9:00 p.m.	Saturday Night Party	Reno Ballroom
Sunday, November 17th		
9:00 – 10:30 a.m.	Symposium: Understanding the association between cohabitation and poor relationship outcomes: Implications for preventive education and couples therapy	Sierra 1 & 2
10:45 a.m. – 12:15 p.m.	Symposium: Matchmaking in couple therapy: Enhancing efficacy through treatment selection	Sierra 1 & 2
10:45 a.m. – 12:15 p.m.	Poster Session: Treatment resistance, persistent disorders, couples and family	Pavilion

****Please try to stay Sunday morning to attend these symposia and poster session.**

Book Review

Couples in Conflict

Edited By: Alan Booth, Ann C. Crouter, Mari Clements. (2001) Mahwah: Lawrence Erlbaum Associates. Retail Price: \$59.95.

Review by: Adam B. Troy and Jean-Philippe Laurenceau, University of Miami

The study of conflict is one of the most frequently researched topics in the marital literature, and with good reason. Conflict is one of the most observable difficulties we see in marital therapy, as well as what often defines our notion of marital satisfaction. A Psychinfo search of "conflict and marriage" will reveal over 2000 published works, and a search of "conflict and marital" will reveal close to 4000 published works. As such, we have a great abundance of knowledge about the intricacies of marital conflict, including predictors of divorce from conflict discussions (e.g. John Gottman's four horsemen), maladaptive conflictual communication patterns (e.g. Andrew Christensen's demand/withdraw interaction), and a variety of research on cognitions, expectations, and emotions influencing and resulting from conflict.

So what else is there to know about conflict? Or more importantly, do we really need another book about marital conflict? These were some of the thoughts we were having as we began to read *Couples in Conflict*. Fortunately, our concerns were quickly alleviated when we noticed that *Couples in Conflict* was anything but a review of old findings. We were quickly caught up in the new perspective the book had to offer about a well-researched topic.

Editors Booth, Crouter, and Clements have compiled chapters from an interdisciplinary team of experts across the fields of clinical psychology, sociology, demography, developmental psychology, and evolutionary psychology. The contributors bring readers to a new

level of understanding regarding marital conflict, its underpinnings, effects, and remediation. No longer are we reading reviews of outdated research, or examining new findings from studies replicating old ideas, but *Couples in Conflict* tries to answer core questions about the functions conflict serve and the implications that conflict has for families, society, and intervention. With these aims in mind, the book is divided into four parts, each examining one of four questions:

1. What are the societal and bioevolutionary underpinnings of couple conflict?
2. What are the interpersonal roots of couple conflict, and the consequences for individuals and couples?
3. What effects does couple conflict have on children, and what are the mediating effects of children's individual differences?
4. What politics and programs influence couple conflict, and what works?

Beginning the volume is a series of four chapters on the societal and bioevolutionary underpinnings of conflict by Margo Wilson and Martin Daly, Jay Belsky, Frances K. Goldscheider, and Rena L. Repetti, respectively. Wilson and Daly start the book by examining the evolutionary implications of conflict differences in *Registered vs. De Facto* (i.e. "common law" marriages) marital relationships. They provocatively, but poignantly, suggest that conflict and violence

function to stabilize a relationship that is perceived as more vulnerable by males. Vulnerable, and therefore conflictual, relationships typically reflect an increased risk of female sexual infidelity, especially where there is no legal contract, females are younger, and step-children are involved. Following this piece are commentaries expanding evolutionary theory to male jealousy and female child-care (Jay Belsky) and living arrangements and financial concerns (Frances K. Goldscheider). Rena L. Repetti closes this section by examining conflict as a balance between self-interest and cooperation in marriage, a balance that is grounded in evolutionary theory. Simply put, after reading the chapters in this section, you will leave with a more solid notion of the function conflict serves in relationships and how it may have evolved to be that way.

[Wilson and Daly] provocatively, but poignantly, suggest that conflict and violence function to stabilize a relationship that is perceived as more vulnerable by males.

The next group of authors examines the interpersonal roots of conflict. Thomas Bradbury, Ronald Rogge, and Erika Lawrence present a provocative discussion of the importance of expanding our notion of what conflict is, and challenge the previous focus on conflict as the sole method to understand marital functioning. Interestingly, they suggest that incompatible goals may

be a key catalyst driving marital conflict, and argue that marital conflict may not be the sole path to marital deterioration and dissolution. Steven R. H. Beach presents some assumptions in the history of research on conflict, and suggests an alternative self-evaluation maintenance model for better understanding when partners work as a team versus when they work as adversaries. He suggests that how one performs relative to significant others affects how one views the self. Michael P. Johnson more specifically examines domestic violence, noting that the role of control has been neglected as a distinguishing feature in violent and nonviolent couple conflict. James V. Cordova finishes the section noting a need for practical issues within marital research, and presents his Marriage Checkup, consisting of a comprehensive relationship assessment and feedback session, as one such practical application of the wide range of couples research. Together, these chapters relate the factors that make up conflict, and how to best understand and evaluate it.

The third section opens with a chapter by E. Mark Cummings, Marcie C. Goeke-Morey, and Lauren M. Papp, noting a need to understand the impact on children and families within the domain of couples conflict. Expanding on this issue, Christy M. Buchanan and Robyn Waizenhofer present research on the influence of conflict on adolescent children, and the role gender and loyalty play in the family system.

Rand Conger presents one framework from a sociological perspective by which family stressors intensify caregiver conflict, which in turn influences how conflict affects children. John H. Grych finishes up the section discussing the need for refined conceptualizations and improved outcomes measures of conflict and implications for the study of child adjustment to marital conflict.

This one volume covers a variety of psychological and non-psychological theories of marital conflict, clearly calling for the necessity of greater appreciation for and attention to what some may see as a “tired” topic.

The fourth and final section of the book focuses on programs that influence marital conflict. Matthew R. Sanders leads the section by reviewing research on family interventions, and presents and explores one such family intervention entitled the Triple P (Positive Parenting Program) as an effective tool for understanding and treating behavioral problems in children by enhancing parental cooperation and teamwork. Unique features of this intervention program include its focus on family health vs. skills deficits, and the range of delivery levels to meet needs within a community. A thought-provoking commentary by Richard J. Gelles

challenges the notion of a homogenous view of conflict, and suggests that different types of interventions are necessary for different types of conflict, while explaining common features of how interventions have their effects. Theodora Ooms introduces and discusses different policies for integrating domestic violence, child adjustment, and parenting into interventions for couples. Robert Emery discusses behavioral family intervention as one tool for intervening with families, but notes the limitations and necessary improvements needed for an effective treatment. The book ends with a chapter by Chris Knoester and Tanya L. Afifi that integrates the four sections into a coherent notion of the wide range of variables affecting the course, intensity, and impact of marital conflict.

Not everyday does a book come along that integrates such a wide range of experts and ideas about such an important topic. As we read through the book, we were struck by the exemplary use of theory to explain and integrate the findings presented. This one volume covers a variety of psychological and non-psychological theories of marital conflict, clearly calling for the necessity of greater appreciation for and attention to what some may see as a “tired” topic. This book will no doubt add much to the knowledge of anyone interested in the study of marital conflict, from beginners to experts.

ANNOUNCEMENT

Joanne Davila submitted this announcement about an exciting new program. This may interest people who are advising undergraduate students on graduate programs or thinking about starting a similar program at their universities.

The Close Relationships Group at Stony Brook offers a concentration in close relationships for PhD students in clinical and social psychology who are interested in basic and applied research relevant to marriage, families, courtship and dating, and adult-adult or parent-child attachment. Our faculty and students are using developmental, experimental, longitudinal, and neuroimaging methods to explore many facets of close relationships from infancy to adulthood in community and clinic samples. We offer a unique opportunity for students to be immersed in an environment that can provide them with a diverse array of options to acquire an in-depth knowledge of the study of close relationships, including the chance to work with numerous faculty members with expertise in different areas of close relationships, to conduct independent and collaborative research on close relationships, to attend ongoing colloquia relevant to the study of close relationships, and to accompany research groups attending and presenting research at national conferences. Current core faculty include Arthur Aron, Judith Crowell, Joanne Davila, K. Daniel O’Leary, Everett Waters, and Harriet Waters. For more information, please visit our website at www.psychology.sunysb.edu/relationship

What's In Press?

Baucom, D.H., Hahlweg, K., & Kuschel, A. (in press). **Are waiting list control groups needed in future marital therapy outcome research?** *Behavior Therapy*.

Capaldi, D.M., Shortt, J.W., & Crosby, L. (in press). **Physical and Psychological Aggression in At-Risk Young Couples: Stability and Change in Young Adulthood.** *Merrill-Palmer Quarterly*.

Physical and psychological aggression was examined over a 2 1/2-year period for at-risk young couples. It was predicted first, that there would be persistence in any physical aggression across time in the group of couples who stayed together; second, that stability in levels of aggression toward a partner would be higher for men who remained with the same partner compared to men who repartnered; third, that increases in levels of aggression would occur over time for couples with the same partners; and fourth, that changes in aggression over time would be concordant for couples. Measures of aggression included reports of aggression and observed aggression. Findings indicated considerable stability in aggression for the same-, but not for the different-partner group. Length of relationship and being with the same partner predicted aggression at T2. Changes in aggression over time were highly concordant within dyads.

Cordova, J. V. (in press). **Behavior analysis and the scientific study of couples.** *Behavior Analyst Today*.

Cordova, J. V., & Dorian, M. (in press). **Observing intimacy in couples' interactions.** In P. K. Kerig & D. Baucom (Eds.), *Couple observational coding systems*. Mahwah, NJ: Lawrence Erlbaum Associates.

Cordova, J. V., & Mirgain, S. (in press). **Social problem solving training with couples.** In Chang, E. C., D'Zurilla, T. J., & Sanna, L. J. (Eds.), *Social problem solving: Theory, research, and training*. Washington, DC: American Psychological Association.

Davila, J., & Cobb, R. (in press). **Predicting change in self-reported and interviewer-assessed adult attachment: Tests of the individual difference and life stress models of attachment change.** *Personality and Social Psychology Bulletin*.

The study tested the key assumption of the individual difference model of adult attachment change: that people who have experienced certain vulnerability factors will be prone to change attachment styles because they have developed unclear models of self and others that render their attachment models unstable. This model was compared to a life stress model, which states that change occurs as an adaptation to new, interpersonally-relevant life circumstances. Changes in self-reported and interviewer-assessed attachment were examined among 94 young adults who were followed over one year. Analyses yielded support for the individual difference model for change in both self-reported and interviewer-assessed attachment. The life stress model was supported for change in interviewer-assessed attachment only. Implications for differential change processes for self-reported versus interviewer-assessed aspects of adult attachment are discussed.

Davila, J., Karney, B. R., Hall, T., & Bradbury, T. N. (in press). **Depressive symptoms and marital satisfaction: Dynamic associations and the moderating effects of gender and neuroticism.** *Journal of Family Psychology*.

Given the emphasis on within-subject associations between depression and marital quality in recent theory and practice, our study had three goals: to examine within-subject associations between depressive symptoms and marital quality over time, to address gender differences in the magnitude and direction of these associations, and to determine whether neuroticism moderates the strength of these associations. One hundred sixty four newlywed couples provided eight waves of data over four years of marriage. Hierarchical linear modeling confirmed the existence of bi-directional within-subject associations between marital satisfaction and depressive symptoms. Gender differences were rarely significant. Although neuroticism strengthened the effect of marital distress on symptoms as predicted, it weakened the effect of symptoms on marital distress among husbands. The theoretical and practical implications of these findings are discussed.

Ehrensaft, M.K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J.G. (in press.) **Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study.** *Journal of Consulting and Clinical Psychology*.

An unselected sample of 543 children was followed over 20 years to test the independent effects of parenting, exposure to domestic violence between parents (ETDV), maltreatment, adolescent disruptive behavior disorders, and emerging adult substance abuse disorders (SUD), on the risk of violence to and from an adult partner. Conduct Disorder (CD) was the strongest risk for perpetrating partner violence for both sexes, followed by ETDV, and power assertive punishment. The effect of child abuse was attributable

to these three risks. ETDV conferred the greatest risk of receiving partner violence; CD increased the odds of receiving partner violence, but did not mediate this effect. Child physical abuse and CD in adolescence were strong independent risks for injury to a partner. SUD mediated the effect of adolescent CD on injury to a partner, but not on injury by a partner. Prevention implications are highlighted.

Fals-Stewart, W., & O'Farrell, T.J. (in press). **Behavioral family counseling and naltrexone for male opioid dependent patients.** *Journal of Consulting and Clinical Psychology.*

Men (N = 124) entering outpatient treatment for opioid dependence who were living with a family member were randomly assigned to one of two equally intensive 24-week treatments: (a) Behavioral Family Counseling (BFC) plus individual treatment (patients had both individual and family sessions and took naltrexone daily in presence of family member) or (b) Individual-Based Treatment only (IBT; patients were started on naltrexone and were asked in counseling sessions about their compliance but there was no family involvement or compliance contract). BFC patients, compared with their IBT counterparts, ingested more doses of naltrexone, attended more scheduled treatment sessions, remained continuously abstinent longer, and had significantly more days abstinent from opioids and other illicit drugs during treatment and during the year after treatment. Compared to those who received IBT, BFC patients also had significantly fewer drug-related, legal, and family problems at 1-year follow-up.

Fincham, F.D. (in press). **Marital conflict: Correlates, structure and context.** *Current Directions in Psychological Science.*

Marital conflict has deleterious effects on mental, physical and family health and three decades of

research has yielded a detailed picture of the behaviors that differentiate distressed from nondistressed couples. Review of this work shows that the singular emphasis on conflict in generating marital outcomes has yielded an incomplete picture of its role in marriage. Recent efforts to paint a more textured picture of marital conflict incorporate study of spouses' backgrounds and characteristics, investigate conflict in the contexts of support giving and affectional expression and consider the ecological niche of the couple in the broader environment.

Gordon, K.C., & Baucom, D.H. (in press). **Forgiveness and marriage: Preliminary support for a measure based on a model of recovery from a marital betrayal.** *American Journal of Family Therapy.*

Johnson, M.D. (in press). **The Observation of Specific Affect in Marital Interactions: Psychometric Properties of a Coding System and a Rating System.** *Psychological Assessment.*

The Specific Affect Coding System (SPAFF; Gottman & Krokoff, 1989) has led to conclusions about which types of dyadic affect predict positive and negative outcomes in marriage, yet the lack of information about collinearity among the codes limits interpretation of SPAFF results. Psychometric properties of SPAFF were examined by assessing the interactions of 172 newlywed couples with SPAFF and with an affect rating system developed for this study. For husbands and wives, factor analysis indicated 4 distinct factors of affect, representing anger/contempt, sadness, anxiety, and humor/affection. Anger/contempt and humor/affection were associated with marital satisfaction, relationship beliefs, and appraisals of the interactions. Correlations were in the expected directions. The strengths, limitations, and implications of the data are discussed.

Kelly, S. (in-press). **African American Couples: Their importance to the stability of African American families, and their mental health issues.** In J.S. Mio & G.Y. Iwamasa (Eds.), *Multicultural mental health research and resistance: Continuing challenges of the new millennium.* NY: Taylor & Francis.

African American couples are shown to be an important family unit. Unfortunately, they have a hard time forming lasting marital bonds, as evidenced by higher than average never married and divorce rates. Much of these rates can be explained non-pathologically by the unique societal issues faced by African Americans, and by the typical methods of coping that are used. Notably, African American's strengths allow them to overcome a number of couple related issues. Readers are exposed to the mental health related strengths and weaknesses of African American couples, given therapeutic strategies designed to work with these couples, and encouraged to engage in thorough self exploration related to their own race and culture. Therapists with these skills are likely to overcome the couples' typical reluctance to enter treatment, assist these couples in using their own strengths to improve their couple relationships, and potentially strengthen their families as well.

Kline, G. H., Wood, L. F., & Moore, S. (in press). **Modified family and interparental conflict scales: Validation with young adults from divorced and non-divorced families.** *Journal of Divorce and Remarriage.*

This study investigates the reliability and validity of two modified family conflict scales, one assessing interparental conflict and the other overall family conflict. Each scale was revised in order to ease administration, improve response accuracy, and provide uniform instructions for participants from divorced and non-divorced families. The Children's Perceptions of

Interparental Conflict Scale (Grych, Seid, & Fincham, 1992) was reduced from 49 to 13 items to include only those items assessing conflict intensity and frequency. For the Conflict Subscale of the Family Environment Scale (Moos & Moos, 1994), a family member checklist was added. In addition to adding uniform instructions for individuals from divorced and non-divorced families, a 6-point response format was added to both scales. Participants (N = 375) completed the revised and original scales as well as validation measures. Findings support the reliability and validity of the revised scales in assessing young adults' perceptions of interparental and overall family conflict.

Lorber, M.F., & O'Leary, K.D. (in press). **Predictors of the Persistence of Male Aggression in Early Marriage.** *Journal of Family Violence.*

The prediction of husband-to-wife physical aggression was examined in a sample of 94 community couples in which the husband engaged in at least one act of physical aggression toward his partner during the engagement period. Predictors were measured approximately one month prior to marriage, and physical aggression was assessed again at 6, 18, and 30 months postmarriage. Seventy-two percent of the men who were physically aggressive during the engagement period were physically aggressive at one or more of the next three assessments across the initial 30 months of marriage. Nearly 62% were severely aggressive at one or more assessments. Results were generally supportive of the hypothesis that risk factors for persistent antisocial behavior would predict the persistence of aggression. More frequent physical partner aggression, aggressive personality styles, general aggressiveness, and witnessing interparental aggression in the family of origin were associated with continued aggression. Only general aggressiveness and premarital physical aggression predicted the persistence of severe aggression.

Mahoney, A., Pargament, K. I., Murray-Swank, A. & Murray-Swank, N. (in press). **Religion and the sanctification of the family.** *Review of Religious Research.* * (*an empirical psychology journal)

Despite ample evidence that global indexes of religiousness are linked to family functioning, the mechanisms by which religion uniquely influences family dynamics are not well understood or empirically documented. To advance the scientific study of religion's role in families, we delineate how the construct of sanctification applies to marital and parent-child relationships as well as to the entire family systems according to diverse religious traditions. We define sanctification as a psychological process in which objects are perceived as having spiritual character and significance. We summarize the psychometric properties of two sets of measures that we have developed to assess the sanctification of marriage, parent-child relationships, and sexuality: Manifestation of God and Sacred Qualities scales. We hypothesize that sanctification has desirable implications for family life, supporting this assertion with empirical findings from our program of research. We also highlight the potential harm that may result from the sanctification of family relationships and discuss circumstances that may present particular risks (unavoidable challenges, violations by family members, loss, conflict, and intrapsychic and institutional barriers). Finally, we discuss future research directions to study more closely the influence of religion and sanctification on family life.

Moore, T.M., Stuart, G.L., Eisler, R.M., & Franchina, J.J. (in press). **The effects of relationship aversive female partner behavior on attributions and physiological reactivity of verbally aggressive and nonaggressive males.** *Violence and Victims.*

The present study assessed the effects of aversive female partner behavior on cognitive attributions and physiological reactivity in verbally aggressive and non-aggressive college males (N=39). Participants were presented four audio-taped vignettes, which depicted hypothetical dating situations in which the female's behavior was relationship aversive or non-relationship aversive. Participants' physiological reactivity (i.e., systolic blood pressure, diastolic blood pressure and heart rate) was obtained before and after hearing each vignette. Attributional responses were obtained following the presentation of all vignettes. Relationship aversive partner behavior was expected to produce greater increases in attributional and physiological reactivity than non-relationship aversive partner behavior. Additionally, verbally aggressive males were expected to demonstrate greater negative intent and responsibility attributions and evidence greater physiological reactivity for situations involving relationship aversive partner behavior than were non-aggressive males. As hypothesized, results showed that relationship aversive partner behavior produced greater increases in systolic and diastolic blood pressure than did non-relationship aversive partner behavior. Results also showed that verbally aggressive males evidenced significantly greater negative attributions to relationship aversive partner behavior than did non-aggressive males. The potential interaction between physiological reactivity and attributions in explaining males' verbally aggressive behavior toward their female partners is discussed.

O'Farrell, T. J., Fals-Stewart, W., Murphy, M. & Murphy, C. M. (in press). **Partner violence before and after individually-based alcoholism treatment for male alcoholic patients.** *Journal of Consulting and Clinical Psychology.*

This study examined partner violence in the year before and the

year after individually-based, outpatient alcoholism treatment for 301 married or cohabiting male alcoholic patients, and used a demographically matched nonalcoholic comparison sample. In the year before treatment, 56% of the alcoholic patients had been violent toward their female partner, four times the rate of 14% in the comparison sample. In the year after treatment, violence decreased significantly to 25% of the alcoholic sample but remained higher than in the comparison group. Among remitted alcoholics after treatment, violence prevalence of 15% was nearly identical to the comparison sample and half the rate among relapsed patients (32%). Thus, partner violence decreased after alcoholism treatment, and clinically significant violence reductions occurred for patients whose alcoholism was remitted after treatment.

Schilling, E.A., Baucom, D.H., Burnett, C.K., Allen, E.S., & Ragland, L. (in press). **The effect of premarital communication skills acquisition on couples' risk of becoming maritally distressed.** *Journal of Family Psychology.*

Stuart, G.L., Moore, T.M., Ramsey, S.E., & Kahler, C.W. (in press). **Relationship aggression and substance use among women court-referred to domestic violence intervention programs.** *Addictive Behaviors.*

Although there is extensive theoretical and empirical evidence linking men's alcohol abuse and marital violence, no previous studies have assessed the substance use characteristics of "female batterers." We recruited 35 women who were arrested for domestic violence and court-referred to batterer intervention programs. We administered multiple measures of substance use and abuse and assessed the women's marital aggression, marital satisfaction, depressive symptomatology, use of general violence, and their relationship partners' substance use. We also divided the sample into

groups of Hazardous Drinkers (HD) and Non-Hazardous Drinkers (NHD). Across the entire sample, almost half of the women were classified as hazardous drinkers. Over one-quarter of the women reported symptoms consistent with an alcohol abuse or dependence diagnosis, and approximately one-quarter of the sample reported symptoms consistent with a drug-related diagnosis. Over one-half of the total sample reported that their relationship partners were hazardous drinkers. Relative to the NHD group, the HD group scored higher on measures of drug problems, relationship aggression, general violence, and marital dissatisfaction. The results of the study suggest that substance use and abuse should routinely be assessed as part of batterer interventions and that batterer programs would be improved by offering adjunct or integrated alcohol treatment.

Stuart, G.L., Ramsey, S.E., Moore, T.M., Kahler, C.W., Farrell, L.E., Recupero, P.R., & Brown, R.A. (in press). **Reductions in marital violence following treatment for alcohol dependence.** *Journal of Interpersonal Violence.*

The present study assessed the impact of an intensive outpatient treatment for alcohol dependence on alcohol use, marital violence, psychological abuse, and marital satisfaction among 24 heterosexual male patients and their partners. Patients received 5-6 days of substance abuse treatment in a partial hospital. Patient and partner assessments were conducted at baseline, 6-month follow-up, and 12-month follow-up. Results revealed decreased alcohol use in male patients as well as significant declines in the frequency of husband-to-wife marital violence and psychological abuse from baseline to 6- and 12-month follow-up. Men reported no significant changes in their marital satisfaction. Results also showed significant decreases in the frequency of wife-to-husband violence from baseline to 6- and 12-month follow-up. Female partners

reported a significant increase in their marital satisfaction from baseline to 6- and 12-month follow-up. Overall, the study suggests that the marital violence perpetrated by male patients and their female partners declined following the males' substance abuse treatment. The clinical implications of the findings are discussed.

Please contact Susan at stanton@email.unc.edu to contribute ideas or articles to the Spring/Summer 2003 newsletter.

END OF THIS NEWSLETTER

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '02

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Couples Research and Therapy Newsletter

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Notes from the Triumvirate

SIG Co-Presidents' Column

We are pleased to be writing our first column for the SIG newsletter. At the SIG meeting in November the members of the SIG decided to install three co-presidents. This marks the first time a triumvirate (Don, we hope you don't mind if we use this term instead of your suggestion) has been selected to lead the SIG. Each of us has found being a triumvir to be quite a trip, but time will tell if the trial of the triarchy results in triumph or tribulation. For those who do not already know us, let us introduce each triumvir of the triumvirate with their SIG responsibilities, research interests, graduate institution, and contact information:

Annmarié Cano

SIG Responsibilities: record keeping and reporting to AABT in triplicate.
Research Interests: marriage, depression, and chronic pain.
Graduate Institution: State University of New York at Stony Brook
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71 W. Warren
Detroit, MI 48202
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Kristina Coop Gordon

SIG Responsibilities: arranging preconference colloquium or workshop.
Research Interests: Betrayal and forgiveness, social information processing in marriage, emotion regulations in marriage.
Graduate Institution: University of North Carolina-Chapel Hill
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University of Tennessee
310B Austin Peay Building
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Matthew D. Johnson

SIG Responsibilities: write newsletter articles.
Research Interests: Developmental course of marital distress.
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Please feel free to contact any of us if you have a question or concern about the SIG. No matter will be considered too trivial.

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CO-PRESIDENTS, CONTINUED

We have heard many positive comments about the representation and schedule of marital events at the conference in Philadelphia. We would like to publicly thank Joanne and Jean-Phillippe for their efforts in getting more SIG representation on the program committee. We have already approached the new program director with the list of members from our SIG willing to serve on this committee in the future. We can also promise that we will try to keep the Christensen lab group in check at the Saturday night dance by continuing the tradition of Andy Christensen's symposium being scheduled on Sunday morning.

The SIG special event was successful despite a modest turnout. The talk on analyzing diary data with hierarchical linear modeling was informative and well received. We are still looking for a speaker or theme for this year's preconference SIG event. The SIG had decided to invite Bob Levenson, but he will not be able to make it. Kristina is looking for suggestions. There is also some discussion about where to have such an event with the suggestion of having it at Lake Tahoe being bandied about. Again, if you have thought on this please contact Kristina.

AABT headquarters has told us that all of our members must be members of AABT. This means that if you are a member of the SIG and not a member of AABT, you will have an important decision to make. We hope that you will choose the path of goodness and light and become a member of AABT. In addition, please encourage others to become members of AABT and be sure to have them note that they were recommended by the Couples SIG, because our SIG will get cold hard cash for each new convert. In the coming months we will continue to work on the preconference program and we hope to have a marital research guide to the conference for you in the Fall newsletter. Until then keep up the good science.

Annemarie, Kristi, & Matt

SIG Triumverate

Editor's Comments

Susan Stanton

What an exciting time to be in the marital field! Lively debates, creative approaches to methodology, clinical revolutions, and thoughtful challenges to our theories confirm my first impression that we rock. What other field can combine the effects of divorce on children with unanswered questions in understanding violence in marriage plus a revitalized approach to a 30-year-old therapy all in one newsletter? What other SIG has members publishing on everything from anxiety in close relationships to testosterone levels during couple interactions to adult attachment in depression? And let's face it, what other group has leaders and members as cool as our co-presidents, graduate students co-presidents, treasurer, and our kudos recipients (I don't know about that editor though—she's pretty questionable)? I'm so proud to bring all that innovation and intelligence to our couples sig newsletter! I am particularly happy to see us asking questions about how we can apply our successful research to new interventions, methodological approaches, and conceptual understandings of couples phenomenon, as exemplified by the contributors in this issue.

As quiet and nervous as I was in volunteering for this job, shyness and subtlety is not in my blood, so here is a quick introduction to me (although it would be more fun to remain an intriguing, shadowy figure). I received my undergraduate degree at Williams College in Massachusetts and I am finishing my third year in the clinical psychology program and University of North Carolina at Chapel Hill, where I am part of Don Baucom's marital studies group. Surprisingly, my research focus is on couple processes; in particular I am looking at the process of social support when one partner has an individual problem or goal. The most exciting part of my training will occur in three weeks when my lab joins Kurt Hahlweg and colleagues in Germany for an international "conference." Don assures me it is common practice to spend one day presenting material and nine days sightseeing during these international conferences. Who am I to question an eminent professor?

Please contact me at stanton@email.unc.edu to contribute to the Fall/Winter newsletter. It's never too early!

TREASURER UPDATE

Hello all. First, thank you so much for responding to my recent e-mail requests for updated contact information. With your help, I have been able to update the membership directory quite a bit, and Ragnar and I will be working to update the membership list on the website. Thank you also for catching up on past and current dues. Our treasury now contains \$1727, which puts us in good shape for next year's convention. With regard to SIG membership: we currently have 68 student members and 87 non-student members, for a total of 155 members in our SIG.

Please be aware that everyone in the SIG is presumed to be on the SIG listserv and have access to the SIG website. Feel free to contact me if for some reason you are not connected to one of these resources and would like to be.

As always, dues are \$20 for faculty members/professionals and \$5 for students/1st year Ph.D.s. If you would like to catch up on dues, you can mail me a check made out to the "AABT Couples SIG" at:

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Iowa City, IA 52242-1407

I look forward to seeing you all in November.

Take care,

Erika

Emerging Perspectives in the Study of Physical Aggression in Intimate Relationships

Erika Lawrence, Ph.D., University of Iowa

One-third to one-half of engaged and newly married couples report the presence of physical aggression in their relationships (Lawrence & Bradbury, 2001; Leonard & Roberts, 1998; O'Leary et al., 1989). Further, relationship violence is associated with a variety of physical and psychological disorders in the aggressors themselves, the victims of this violence, and the children who are raised in homes in which violence occurs (Follingstad et al., 1991; Kolbo et al., 1996). Unfortunately, there is a lack of basic research to inform intervention efforts targeting physical aggression in relationships. The purpose of this article is to present some unanswered questions and to provide a starting point for future discussion.

What is the context of physically aggressive episodes in relationships?

Our ability to answer most of the questions we have tackled to date (e.g., prevalence rates of aggression in relationships, the severity and frequency of violence enacted by men and women, whether aggression continues over the course of a relationship) must be credited in part to the Conflict Tactics Scales (CTS; Straus, 1979), the most widely-used self-report questionnaire in studies of physical aggression in intimate relationships. However, many of the unanswered questions may require novel methodological approaches in order to address them adequately. Questions about contextual factors in particular may require a move beyond questionnaire data. Behavioral observation has allowed us to get closer to the phenomenon of violence by allowing us to examine constructs such as skills and affect displayed during conflictual discussions. However, physical aggression typically is not seen in

these interactions so our observation is still one step removed from the phenomenon under investigation. A notable exception can be found in Capaldi's work (e.g., Capaldi & Crosby, 1997), in which she has evidence of couples actually engaging in moderate levels of physical aggression during their videotaped problem-solving interactions, allowing for a more direct investigation of the phenomenon. In the absence of this type of evidence, shifts in methodological approaches, such as the use of diary data or individual interviews, might allow us to begin to answer questions about the context of aggressive episodes themselves. For example, what are the antecedents/provoking factors triggering aggression for men and women? How are aggressive conflicts resolved? What attributions and/or emotional reactions do spouses experience before, during, and after violent episodes?

Are factors such as psychological domination, fear and injury truly unique to battering relationships?

In addition to addressing novel contextual questions, we might begin to challenge existing theoretical approaches and implicit assumptions about violence. For example, researchers have begun to view domestic violence as encompassing two types of phenomena. The first type is alternately referred to as situational violence, reactive aggression, or family-only violence, and the second type as battering, proactive aggression, antisocial/general violence or

intimate terrorism (Chase et al., 2001; Holtzworth-Monroe & Stuart, 1994; Johnson, 2002; Waltz et al., 2000). In an effort to further distinguish between types of aggressors or aggressive relationships, hypotheses attributed to one type of aggressive relationship could be tested empirically in another type. For example, are factors such as psychological domination, fear and injury truly unique to battering relationships? Is aggression defensive for women in reactively aggressive relationships as well as in battering relationships?

What is the developmental course of physical aggression in relationships longitudinally?

Lawrence and Bradbury (2001) found that couples that were initially moderately aggressive (e.g., pushing, slapping, throwing) were not at greater risk for marital dysfunction than initially nonaggressive couples. How could moderate aggression not place couples at greater risk for marital distress and dissolution? One possible explanation is that couples that are initially nonaggressive become aggressive over time; that is, they look like the moderately aggressive couples if their aggression is examined longitudinally. Alternatively, the moderately aggressive couples become nonaggressive over time, such that they look like the nonaggressive couples longitudinally. To address this question, it is necessary to move from the collection of cross-sectional to multi-wave longitudinal data, to differentially examine initial levels and rates of change in aggression, and to more generally move toward an understanding of the developmental course of violence over time.

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EMERGING PERSPECTIVES IN PHYSICAL AGGRESSION, CONTINUED

In terms of initial levels of aggression, one unanswered question is how couples reconcile the presence of aggression premaritally with the decision to get married. Perhaps behavioral or cognitive mechanisms are at work. For example, the aggression itself might have occurred in isolated instances and thus spouses are dismissing it as unimportant within the larger context of their relationship. Another possibility is that spousal appraisals about the aggression are generated within the context of appraisals about a larger construct such as emotional engagement, which could also include strong interspousal support and/or a strong sexual relationship. In this example, spouses might interpret physical aggression as one aspect of a globally passionate and loving relationship, which might then be associated with higher initial marital adjustment.

A related question is why spouses do not identify aggression as a problem, even though researchers have evidence that the aggression does have longitudinal consequences (e.g., Lawrence & Bradbury, 2001; O'Leary et al., 1989). Ehrensaft and Vivian (1996) found that over 60% of couples seeking marital therapy experience physical violence in their relationships, but fewer than 10% spontaneously report or identify the violence as a presenting problem. Spousal explanations for not spontaneously reporting the violence included: (a) it is not a problem, (b) it is unstable or infrequent, and (c) it is secondary to or caused by other problems. Most likely, spouses' templates for what is "normal behavior" may differ. Additionally, there is evidence that spouses report that physical aggression in relationships in general is not acceptable, although they concurrently are experiencing aggression in their own relationships. Why do such apparent contradictions exist?

An examination of rates of change in aggression over time may

provide critical information as well. For example, stable aggression suggests importance of biological or intrapersonal factors whereas unstable aggression reflects environmental or interactional factors. Establishing trajectories of aggression may determine whether we need to develop unique theoretical models and identify unique predictive forces. For example, social learning theorists have suggested that aggression increases in severity and frequency over time, and that it transitions from expressive to instrumental in function (e.g., O'Leary & Vivian, 1990). It seems likely that, although this model may apply to battering relationships, it may not be applicable to reactively violent relationships. Alternative theoretical models may be more appropriate for reactively violent relationships, such as an adaptation of a vulnerability-stress model.

...One potential intervention would be to target mate selection skills based on acceptability of aggression.

Once initial levels and rates of change in physical aggression have been explored, we will be able to examine whether the factors that predict these two aspects of the trajectories differ. For example, potential factors for initial levels of physical aggression may include violence in one's family of origin or dysfunctional attachment patterns. In contrast, rates of change in aggression over time in spouses that exhibit initial aggression may be a function of the way in which spouses cope with stress or the type of negative affect expressed during conflict. A close examination of the development of aggression longitudinally, with a focus on both initial levels and rates of change over time, would allow us to begin to answer these questions.

How do we intervene in violent relationships?

An understanding of the risk factors suggested above could inform intervention efforts as well as theoretical models. For example, if intrapersonal factors such as family of origin violence and attributions toward relationship violence are strong contributors to violence trajectories, one potential intervention would be to target mate selection skills based on acceptability of aggression. Perhaps both people in reactively aggressive relationships find aggression acceptable and choose mates based on that expectation. Alternatively, some partners may not have been physically aggressive before they entered the relationship. In that case, the aggression would have a different antecedent or cause.

Moreover, from a practical standpoint, reactively aggressive and battering relationships probably differ in the extent to which intervention might successfully decrease the aggression. Existing treatment programs targeting batterers suffer from high rates of attrition and relatively low rates of effectiveness (e.g., Hamberger & Hastings, 1993; Rosenfeld, 1992). Researchers and clinicians are beginning to suggest that male batterers cannot be effectively rehabilitated and should instead be incarcerated for life (e.g., Jacobson, 1997). Regardless of one's stance on the treatment of male batterers, it is evident that treating these men is at best extremely difficult. Further, given that male batterers have been diagnosed as having antisocial personality traits (e.g., Holtzworth-Munroe & Stuart, 1994), it seems likely that prevention of battering also would be difficult. More promising are programs undertaken early in relationships to decrease reactive violence. For example, Avery-Leaf et al. (1997) piloted a prevention program in high schools targeting attitudes toward dating aggression. Markman et al. (1993) implemented a prevention program in which they teach constructive ways to handle marital conflict,

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EMERGING PERSPECTIVES IN PHYSICAL AGGRESSION, CONTINUED

although the program's effectiveness in preventing physical aggression is still being determined. Overall, however, few violence prevention programs have been implemented or tested empirically. Basic research on battering and reactive violence can be used as a stepping stone toward the development and dissemination of community-wide prevention programs targeting different types of violence and their individual and dyadic correlates and consequences.

Why is it that, even when aggression decreases or desists over time, marital dysfunction still occurs?

Lawrence and Bradbury (2001) found that couples that were initially moderately aggressive maintained low levels of aggression over time but did not become severely distressed and did not divorce any more than nonaggressive couples did. In contrast, couples in relationships initially marked by severe aggression stopped or markedly decreased their aggressive behavior by the 2nd year of marriage, but both spouses still became severely distressed or divorced over time. What can we make of this surprising finding? Potential pathways may be behavioral or cognitive in nature. Behaviorally, it is possible that, for severely aggressive couples, emotional disengagement mediates the link between aggression cessation and marital dysfunction. That is, spouses may desist in their aggressive behavior in the 2nd year of marriage but not know how to behave during conflict, possibly as a function of poor conflict resolution models and/or familial divorce. Consequently, spouses in such relationships may emotionally withdraw on a global scale, leading to declines in physical aggression, conflict, interspousal support, and intimacy. In contrast, spouses in moderately aggressive relationships may maintain low levels of physical aggression but concurrently maintain

supportive and intimate behaviors, allowing them to continue feeling emotionally engaged and maritally satisfied despite the presence of physical aggression. An alternative behavioral pathway might be that, for severely aggressive couples, psychological aggression mediates the link between aggression cessation and marital dysfunction. That is, spouses may desist in their physically aggressive behavior in the 2nd year of marriage but, in the absence of alternative models for managing conflict, wind up replacing the physical aggression with psychological aggression. Given that psychological aggression has been found to be extremely damaging to some aspects of individual adjustment (e.g., Arias & Pape, 2001), it seems likely that increased psychological aggression would contribute to declines in marital adjustment as well. In contrast, spouses in moderately aggressive relationships may maintain low levels of physical aggression but also maintain low levels of psychological aggression, so they do not experience marital decline.

Spouses in [severely aggressive] relationships may emotionally withdraw on a global scale, leading to declines in physical aggression, conflict, interspousal support, and intimacy.

A cognitive mechanism such as spousal attributions toward relationship violence also might mediate the link between declines in physical aggression and declines in marital adjustment. Perhaps the aggression subsides but cognitive attributions are different for spouses in moderately versus severely aggressive relationships and these cognitions are maintained. That is, even though the aggression stops the damage has already been done at the cognitive level. This pathway would suggest that attributions toward violence differ for spouses in

moderate versus severely aggressive relationships as opposed to those in aggressive versus nonaggressive relationships. That is, the key factor would be that the severe aggression occurred at all, regardless of its later desistance. Another possible way that cognitions might mediate this link is through a change in attributions toward violence after the violence itself has subsided. Specifically, once the violence stops, spouses may feel safer to think about and challenge their assumptions about relationship violence. For example, cognitive dissonance may be a factor when aggression is present but once it has desisted, spouses are better able to challenge their attributions toward violence; consequently, their attributions toward relationship violence become increasingly negative and marital dysfunction increases.

How much are existing, established findings in the field affected by the possibility that violence is present in our samples?

Most of this article has been focused on unanswered questions about aggression in relationships and how best to conceptualize this phenomenon. However, our knowledge of the role of aggression in relationships necessarily affects our understanding of relationships more broadly. A strong example of this can be found in Holtzworth-Monroe and Hutchinson's (1993) paper, in which they suggested that violence accounts for the association between attributions and marital adjustment. Although a subsequent paper by Fincham et al. (1997) presented contradictory evidence, Holtzworth-Monroe's approach is notable. Specifically, knowing something about aggression changes how we think about marital adjustment and associations involving this adjustment.

Hopefully, the ideas put forth in this article serve to trigger discussions about the direction the marital violence field, and research on intimate relationships more broadly, might take over the next decade.

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KUDOS!!!

PROFESSIONALS:

James Cordova reports two exciting events. On February 25, he and his wife Cindy had a son named Samuel James Cordova. Samuel and his sister Ariana are getting along famously. James also will be moving from the University of Illinois to Clark University with a promotion to Associate Professor.

Crystal Dehle welcomed Taylor Benjamin Dehle on January 15. Mother and son are doing well.

The Effects of Divorce on Children

By Scott M. Stanley, Ph.D., University of Denver, and Frank D. Fincham, Ph.D., State University of New York at Buffalo

The effects of divorce on children have been hotly debated for decades, both because it is particularly difficult to isolate effects and also because the possibilities affect deeply held concerns people have for the welfare of children. Here, we review some of the reasons why it is difficult to gauge the effects of divorce on children and present some of the understandings that have emerged in recent years.

The Gordian knot: Understanding Child Outcomes Associated with Parental Divorce

Divorce research is plagued by methodological problems concerning samples, measurement, and the interpretation of findings. This can be illustrated in perhaps the most well-known work on the subject, the research of Judith Wallerstein. She argues that parental divorce has far-reaching, serious, and relatively common long-term consequences that even affect children's adult relationships on such dimensions as security and trust. However, these conclusions emerge from the study of 131 mostly White upper-middle class children in California whose parents divorced in 1971. In addition to its small size, lack of representativeness, and the lack of a control or comparison group, her sample has been criticized for selecting families experiencing significant problems prior to divorce. Sampling issues in divorce research are not limited to representativeness. Given changed cultural attitudes towards divorce, generalization across time (cohort effects) as well as samples must be considered. Finally, because families self-select into the divorce population, they might differ from families that do not divorce in ways that could account for the presumed "effect of divorce" on children. Causality cannot be isolated from selection because family process is difficult to separate from family structure changes.

Two measurement issues greatly affect findings and interpretations in this field: the form of measurement and the selection of constructs to measure. Wallerstein, for instance, relies exclusively on interviews that yield rich observations rarely seen in the work of others. Others, such as Hetherington and Cherlin, have used standardized measures, accepting some lack of depth for the benefits of standardization and large samples. Sociologist Paul Amato, while noting methodological concerns with Wallerstein's research and favoring the use of standardized measures, has recognized the potential in the depth of her work for the development of ideas and hypotheses for further testing. For example, Wallerstein found many children of divorce have strong resentment of fathers who stopped providing financial support when no longer legally required to provide it, with many not helping to pay for college for their offspring. This could be a relatively common, negative effect of divorce that is not captured by standardized measures used in this literature.

As important as what is measured is what is not measured in research about divorce. This is especially true when results can have personal, and sometimes painful, meanings—where there is an understandable tendency to favor null findings. To find that children who are affected by parental divorce are not likely to have lives much different from those from intact homes could be reassuring to many. Yet thin measurement, or the absence of measures of some constructs, favors finding no differences when differences may be present. A recent article by Lawton and Bures (2001) highlights the fact that important differences can be found when attention is turned to dimensions often overlooked. They looked at the long-term correlates of parental divorce on religious identification and practice using the NSFH data set. Among a variety of findings, they found that children of divorce from various faith groups were roughly 2 to 2.7 times more likely to reject faith and religious involvement as adults when compared to those whose parents had not divorced. The authors conceptualized their findings in terms of community connection and continuity; that in many cases parental divorce lowers such continuity via decreased religious involvement. Not only is this study interesting for identifying an outcome rarely discussed in this literature, but it enriches theory as to why children of divorce are more likely to divorce as adults: they are less likely to become embedded in groups that can provide ongoing social support for couples in marriage.

Children of divorce from various faith groups were roughly 2 to 2.7 times more likely to reject faith and religious involvement as adults when compared to those whose parents had not divorced.

A central challenge for researchers in interpreting data on divorce outcomes has been to tease out effects that can be attributed to parental divorce per se from pre-existing characteristics. For example, Cherlin et al. (1991) use national, longitudinal studies in both in the UK and USA to show that the effects of divorce on academic performance and ratings of child behavior drop by about 50% when pre-divorce functioning is considered. (The degree of effect explained by pre-divorce functioning may be more or less than this 50% in other important domains).

There is compelling evidence that both pre- and post-divorce parental conflict is strongly associated with child maladjustment. Such findings are important because if parental conflict is the chief damaging element for children of distressed and divorce prone parents, it makes it easier to argue that children of high-conflict parents may be less

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DIVORCE, CONTINUED FROM PREVIOUS PAGE likely to be harmed, and may even benefit, from parental divorce. This view that conflict explains of the most negative effects usually attributed to divorce has come under increased scrutiny by a number of sociologists who were once skeptical about negative effects of divorce per se. They have more recently concluded that there is evidence of negative effects over and above the effects of conflict or other pre-existing problems.

Sociologist Andrew Cherlin has been a strong proponent of the belief that most of the effects attributed to divorce were really reflected pre-existing problems in the family, and that children were not very likely to be harmed if parents dissolved their marriages. In his more recent work, he concludes that there is evidence of increased risk from divorce in and of itself (see bullets below). Likewise, sociologists Paul Amato and Allan Booth have changed their views based on what is widely regarded as one of the most extensive, well conducted studies of the long-term outcomes of children of divorce. Whereas they used to talk about such things as the negative stereotype that it is better for unhappy couples to remain together for the sake of their children, they more recently conclude that in up to 70% of the cases where parents divorce, the children would be better served if their parents remained together until they were grown.

“Spending one-third of one's life living in a marriage that is less than satisfactory in order to benefit children—children that parents elected to bring into the world—is not an unreasonable expectation.” (Amato & Booth, 1997)

This is all part of their reasoning behind the concept of the “good-enough” marriage for the average adult and child; that there are many marriages that are not deeply gratifying, yet nevertheless functional to the point of providing many of the key benefits of marital and family stability in the lives of the family members.

Norval Glenn and Maggie Gallagher have noted a further complication in interpretation of the effects of divorce (personal communication, April, 2002). The examination of pre-existing effects is often based on the assumption of divorce as a point in time event rather than a process often preceded by divorce proneness. In other words, to what degree can pre-divorce variance be apportioned into an element that would have been there whether or not divorce had ever been considered versus an element that resulted from talking and thinking about divorce? Are some effects of divorce occurring pre-divorce?

Over a decade ago, Norval Glenn (1987) suggested that there was a change occurring among social scientists. Many who had initially believed that changes in family trends and structure were simply the normal unfolding of cultural change were becoming more likely to conclude that something deleterious might be occurring on a large scale.

Yet, the data remain complex and feelings about their meaning run deep. While knowledge in this field has emerged over decades, we may be watching a field of study that is still in its infancy.

Notwithstanding the all too frequent gross simplification, overstatement or understatement of the effects of divorce on children, there is a solid foundation of what might be called first-generation research, or research documenting the existence of a phenomenon—in this case the child outcomes associated with parental divorce. The challenge for the field is to develop more fully the second-generation research, or research that explains the phenomenon by identifying direction of effect, causal mechanisms and so on. What do we know from first generation research?

Child Outcomes Associated with Parental Divorce: A Synopsis

Broadly speaking, there are increased risks for children that can be attributed to divorce per se, yet present knowledge suggests that most children of divorce do not suffer long-term dysfunctions. In other words, the risks seem to be increased but the effect sizes are rather small (discussed in Fincham, 2002) for commonly measured outcomes.

What are the clear findings on child outcomes?

- While 10% of children from intact homes had serious behavioral problems, roughly 30% of the children from divorced homes show such problems (Hetherington, 1993).
- As adults, 18% of children of divorce scored above a key cutoff on Rutter's index of mental health compared to 13.7% of those with intact parental marriages (Cherlin, Chase-Lansdale, & McRae, 1998). Cherlin concluded that 82% of children whose parents divorce will not experience lasting difficulties, though many will experience shorter term disruptions and problems in the two years post parental divorce.
- Level of parental conflict is a key determinant of the effects of parental divorce on children. Children of parents who engage in regular, high levels of conflict tend to do better psychologically and socially if their parents divorce. The types of conflict with clear, long-term negative effects include jealous behavior, quickness to anger, criticalness, moodiness, and stonewalling (Booth & Amato, 2001). Children of parents in low conflict, but unsatisfying marriages, are likely to do better if their parents remain together (Amato & Booth, 1997), and somewhere between 50 to 70% of divorces occur in low conflict marriages.
- Overall, the negative effects of both divorce and inter-parental conflict (without divorce) influence both boys and girls and all age groups.

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- Divorce increases the risks of depression for boys, regardless of mediating factors, due to the common scenario of the father leaving the home (Simons, Conger, Lorenz, Gordon, & Lin, 2000). Non-custodial fathers are less likely to discipline effectively and train their children, and have significantly less contact with their children, which may more adversely affect boys.
- When one partner is a child of divorce, the chances of a couple divorcing are doubled. When both partners are children of divorce, the chances of the couple divorcing are nearly tripled. There is evidence that these effects are linked to factors such as parental modeling, lower educational attainment, lowered stigma about divorce, and lower age at marriage (Glenn & Kramer, 1987).
- 70% of children from divorced families see divorce as an acceptable solution to an unhappy marriage, even when children are present, compared to 40% of children of from intact families (Hetherington & Kelly, 2002).
- The relationships between children and their fathers are more often negatively impacted by divorce, with 70% reporting poor relationships with fathers compared to only 30% for children from intact families (Hetherington & Kelly, 2002).
- Children of divorce have lower levels of educational, occupational, and financial attainment—findings more attributable to changes in family structure than pre-existing differences in families (e.g., McLanahan & Sandefur, 1994).

All things being equal, the children most likely to suffer the greatest, and longer term consequences, are those who experience the following (based on Amato's work; for a summary see www.hec.ohio-state.edu/famlife/divorce/effects.htm.):

- Greater loss of the skill and resources of parents as a result of loss of contact, and/or diminished parental competence as a result of the turmoil of the transition following divorce; e.g., emotional support and help in life.
- Greater loss of economic resources because of the divorce.
- Greater life stress connected with the divorce.
- Greater levels of exposure to ongoing inter-parental conflict.

Although most children of divorce do not manifest dysfunction, the relative risk for increased negative outcomes appears to be in the neighborhood of 2 to 3 times the comparable risk for children from intact homes for a number of important outcomes. So, if a child from an intact home has a 10% risk for some negative outcome, that risk for the child of divorce might be 2.5 times greater, at 25%. Some people conclude that these are huge increased risks while others focus on the 75% who are showing little evidence of long-term risk on currently measured variables of functioning. While children are not, on average, doomed by parental divorce, the effects can be substantial for a small minority when it comes to measurable dysfunction. Moreover, even if the outcome for a child of divorce is not outright clinical dysfunction, more common outcomes such as “distress,” reduced opportunity for education and financial attainment, or a greater likelihood of having a difficult relationship with the father remain concerning because of the large number of children affected by the increased risks.

What can parents who divorce do to help their children cope?

- Continue effective, involved parenting, and avoid hostile interchanges (Simons, Conger, Lorenz, Gordon, & Lin, 2000).
- Realize that the greatest negative effects occur in the two years following the divorce, especially for boys. This is the period of greatest disorganization for the children. More support, contact, and structure during this time when it may be most difficult to provide all three can likely mitigate some of the negative effects.

Conclusion

We have tried to convey how complex it is to advance understanding of the impact of parental divorce on children. Our goal was, in part, to provide an antidote to the oversimplified rhetoric that too often appears on this topic. With divorce (or the lack of parental team formation in the first place) being a prevalent experience in the lives of children, the stakes remain high. Significant funding for ongoing research as well as the development and refinement of preventive interventions is warranted. Although the effects of divorce on children remain controversial, primary and secondary prevention of risks is an endeavor least tainted by such controversies. Much of the work we all do is either directed at lessening the risks for marital distress and divorce in the first place, or the lessening of negative impacts of marital dissolution for adults and children in the second place. There is much work for us all to do.

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Notes From Danielle and Lauren

Couples' Sig Graduate Student Co-Presidents' Column

Hello, Couples SIG! We would like to use our first column to introduce ourselves and pass on some of our ideas for our term as your student co-presidents. Danielle Black is originally from Pekin, Illinois (Yes, that is the real name of the town) and attended Bradley University for her undergraduate education. She worked for two years at SUNY Stony Brook with the Stony Brook Crew (e.g., Rick, Amy, Dan, and Sue). Danielle is currently a second-year clinical graduate student in Chris Murphy's lab at the University of Maryland Baltimore County. Lauren Papp is originally from Chicago and attended the University of Illinois at Urbana-Champaign for college. She is currently a graduate student in the University of Notre Dame's combined developmental and counseling psychology program. She works in Mark Cummings' research lab collecting and analyzing data from a longitudinal family study. We are still in the process of developing our ideas and goals as co-student presidents. We plan to post the very useful information collected by last term's presidents about internship sites that offer couples therapy on the website with links to the sites' web pages. In addition, we will send out information about the Couples SIG dinner at the next convention in Reno. We hope to meet many of the students in the SIG at a happy hour planned for the students before the annual dinner. We will have more information about the student happy hour and the annual dinner in the Fall newsletter. We hope to hear from other members of the SIG- especially the students! Please let us know what you think ... We're interested in hearing about other ideas you have (for the web page, newsletter, or the annual meeting at the convention). We would like to hear your ideas about information that would be helpful to students training to do couples research and therapy. Please drop us a line! Danielle's email: dblack@umbc.edu; Lauren's e-mail: Lauren.M.Papp.2@nd.edu

Self-Help Book Review

Reconcilable Differences

By: Andrew Christensen and Neil S. Jacobson. (2000) New York: The Guilford Press.

Review by: Patricia Noller, Ph.D University of Queensland, Australia

Based on earlier work of these authors on the development of Integrative Behavioral Couple Therapy, this book can be used by individuals or couples. The greatest benefit, however, is likely to be gained by a couple working through it together – perhaps under the guidance of a therapist.

The book begins with a demonstration that for any couple conflict there are three possible perspectives: his perspective, her perspective, and what an outsider would see. The rest of the book is divided into four sections: the anatomy of an argument, from argument to acceptance, deliberate change through acceptance, and when acceptance is not enough.

In the section on the anatomy of an argument, the authors focus on incompatibilities and vulnerabilities in couples. The term “incompatibility” is not used in the usual sense of a difference that cannot be overcome, but rather to include a range of differences, including “personality characteristics that are attractive early in the relationship [but] become problematic later” (p.34). Incompatibilities are seen as inevitable, because it is virtually impossible to find someone who is an ideal match for us on all relevant dimensions. A range of incompatibilities is dealt with, including those in the areas of love and power.

Vulnerabilities, on the other hand, are seen as coming out of our history, either the history of our present relationship or our past history in our family of origin or in previous relationships. The concept of “psychological allergy” is used to describe emotional overreactions to

situations to which an individual may have a special sensitivity. Partner negative behavior that touches on a vulnerability is most likely to evoke these intense emotional reactions. These vulnerabilities are seen as providing “the driving emotional force for our incompatibilities” (p.89).

In the last chapter in this section, the authors build a detailed anatomy of an argument. An argument is seen as involving three levels or stages: the initial problem or the content of the argument, the process of trying to deal with this initial problem, and the reactive problem created by the unsuccessful attempt to deal with the problem. Each of these stages is likely to involve intense emotions, particularly in situations where incompatibilities or vulnerabilities are affecting both partners.

In the second section, the authors explore the issue of accepting our incompatibilities, along with our (and our partner’s) vulnerabilities. The focus is on acceptance as an alternative to change – and even as a way of encouraging the change that we have been seeking. To quote “when you give up the effort to change your partner and instead accept him and his behavior toward you, he often makes spontaneous change in the direction that you originally wanted” (p. 194).

A distinction is made between acceptance and change. Change is made when the *offending* partner does something different, whereas acceptance involves the *offended* partner responding differently to the same behavior, for example, by not nagging, not being critical, or not becoming angry. A combination of these two processes is seen as the

most viable way to increased satisfaction in relationships.

Couples are also urged to create a story about their relationship problems, looking at those problems in terms of differences rather than deficits, in terms of description rather than evaluation, and acknowledging each other’s vulnerabilities. They are also encouraged to see conflict as an opportunity for sharing their vulnerable feelings and achieving greater intimacy. To quote, “Some couples experience their moments of greatest intimacy after conflict. They heal each other’s wounds with love. They demonstrate that conflicts don’t just alienate; they can also unite.”

The authors also suggest that couples try to objectify their problems by treating the problem as an “it” – something that they both face together rather than adopting opposing positions as in a tug-of-war. Seeing their problem “in the larger context of their gender, age, culture or personal history” (p.189), may help them to distance themselves from the problem and deal with it in a dispassionate way.

In the third section, the authors focus on deliberate change, acknowledging the frequent difficulties encountered in trying to change either our own or our partner’s behavior. They also acknowledge the even greater difficulty of trying to change thinking and feeling. Very often, these changes that we want can “strike at the core of incompatibilities or vulnerabilities that divide us” (p.210), and requests for such change may lead to a struggle *about* change, instead of a process *of* change.

What's In Press?

Chapman, A., & Dehle, C. (in press). A comparative analysis of Integrative Couple Therapy and Cognitive-Behavioral Couple Therapy. **Cognitive and Behavioral Practice.**

The purpose of the paper is to provide behaviorally and cognitive-behaviorally oriented couples' therapists with a comparison of Integrative Behavioral Couples Therapy (IBCT; Christensen & Jacobson, 1996) and Cognitive Behavioral Marital Therapy (CBMT; Baucom & Epstein, 1990) that highlights similarities and differences between these two therapeutic approaches to treating marital discord. Both approaches derive from traditional behavioral marital therapy (BMT) but have emphasized emotional and cognitive factors more so than BMT. IBCT's contextual, or radical behavioral, viewpoint has translated to interventions that aim to establish a dyadic context supporting acceptance, empathy, and understanding through both acceptance and behavior change strategies. Rooted in social cognitive theory, CBMT also aims to increase acceptance, empathy, and understanding, but does so primarily through change-based interventions that target dysfunctional cognitive, behavioral, and affective responses and processes. It is our contention that understanding the relationship between the underlying theories and practices of these empirically supported approaches may improve their effective dissemination and use within the practice community.

Cohan, C.L., Booth, A., & Granger, D.A. (in press). **Gender moderates the relationship between salivary testosterone and marital interaction.** Journal of Family Psychology.

Higher testosterone levels are related to assertiveness and dominance. Given the relevance of those behavioral correlates to spouses' daily transactions, we explore links between testosterone levels and marital interaction among 92 newlywed couples. We assessed marital problem solving and social support transactions and collected saliva that was assayed for testosterone. We examined whether marital behavior was related via direct and interactive relationships with husbands and wives' testosterone levels. The link between spouses' testosterone and their behavior was contingent on the partners' testosterone levels. Husbands exhibited more adaptive problem-solving behavior and social support provision when husbands and wives were concordant for lower testosterone levels. In contrast, wives exhibited more adaptive support provision when spouses had discordant testosterone levels, such that wives had higher and husbands had lower levels.

Davila, J., & Beck, J.G. (in press). **Is social anxiety associated with impairment in close relationships? A preliminary investigation.** Behavior Therapy.

We examined the association between social anxiety and interpersonal functioning. Unlike prior research, we focused specifically on close relationships, given the growing evidence of dysfunction in these relationships among people with psychopathology. We proposed that social anxiety would be associated with specific interpersonal styles. One hundred sixty-eight young adults with a range of social anxiety symptoms were interviewed regarding symptom severity, interpersonal styles, and chronic interpersonal stress. Results indicated that higher levels of social anxiety were associated with

interpersonal styles reflecting less assertion, more conflict avoidance, more avoidance of expressing emotion, and greater interpersonal dependency. Moreover, lack of assertion and over-reliance on others mediated the association between social anxiety and interpersonal stress. Associations held controlling for depressive symptoms. Implications of these findings for interpersonally-oriented conceptualizations of social anxiety disorder are discussed.

Dehle, C., & Weiss, R. L. (in press). **Associations between anxiety and marital adjustment.** Journal of Psychology.

Cognitive-behavioral theories of marital functioning and contextual models of close relationships highlight the importance of proximal affect states, like anxiety, in couple functioning. Despite these assertions, research examining the role of state anxiety is noticeably absent from the literature on intimate relationships. The current study examines state anxiety and marital adjustment in a sample of 45 couples. Hierarchical regression analyses indicate that husbands' time-1 anxiety is predictive of both their own and their wives' subsequent reports of marital adjustment. Wives' time-1 anxiety was not predictive of either their own or their husbands' subsequent reports of marital adjustment. Discussion focuses on the role of husband anxiety in marital adjustment, and implications for further study of the contextual model of close relationships.

Fincham, F.D., & Beach, S.R. (in press). **Forgiveness in marriage: Implications for psychological aggression and constructive communication.** Personal Relationships.

Two studies examined whether forgiveness in married couples predicted partner reports of psychological aggression and constructive communication. Study 1 found that forgiveness of hypothetical acts of psychological aggression predicted partner reports of psychological aggression. Study 2 examined actual transgressions and found two underlying dimensions of forgiveness (positive and negative). The negative dimension predicted partner reports of psychological aggression but, for husbands, the positive dimension predicted partner reports of constructive communication. All findings were independent of both spouses' marital satisfaction. The implications for understanding marital interaction and future research on forgiveness are discussed.

Gee, C.B., Scott, R.L., Castellani, A.M., & Cordova, J.V. (in press). **Predicting 2-Year Marital Satisfaction From Partners' Discussion of Their Marriage Checkup.** Journal of Marital and Family Therapy.

This study tested whether the observed marital interactions of partners following a marriage checkup predicted marital satisfaction two years later. Additionally, this study examined whether recommendations to pursue therapy predicted subsequent treatment-seeking and whether changes in marital distress following the checkup remained stable over two years. Results suggest that the affective tone of a couples' interaction predicts later marital satisfaction. Further, receiving a treatment recommendation predicted subsequent treatment-seeking for wives. Finally, support was found for the hypothesis that changes in marital distress are self-sustaining.

Grych, J.H., Wachsmuth-Schlaefler, T., & Klockow, L.L. **Interparental aggression and young children's representations of family relationships.** Journal of Family Psychology.

Children's maternal, self, and marital representations were examined in 46 3 ½ - 7 year-olds using the MacArthur Story-Stem Battery. Children drawn from agencies serving battered women expressed fewer positive representations of their mothers and themselves, were more likely to portray interparental conflict as escalating, and were more avoidant and less coherent in their narratives about family interactions than children from a nonviolent community sample. Interparental aggression uniquely predicted representations of conflict escalation and avoidance after accounting for parent-child aggression, and the two types of aggression had additive effects in predicting positive maternal representations. The results suggest that witnessing aggression in the family affects children's developing beliefs about close relationships and may be a process by which these experiences give rise to later problems in social and emotional functioning.

Sanford, K. (in press). **Problem Solving Conversations in Marriage: Does It Matter What Topics Couples Discuss?** Personal Relationships.

To address the validity of a common procedure for assessing problem solving communication behavior in marriage, this study investigates the extent to which communication behavior is influenced by the difficulty of the topic being discussed. Married couples engaged in a sequence of four videotaped, problem-solving conversations and the topics discussed in each conversation were coded for difficulty. Hierarchical Linear Modeling was used to investigate both proximal and distal influences on communication behavior. At the proximal level, couples did not change their communication behavior in response to changes in topic difficulty that occurred across the four conversations. At the distal level, couples experiencing conflict over a highly difficult topic reported low

relationship satisfaction and used negative forms of communication behavior in all their problem-solving conversations, regardless of the issue being discussed. The relationship between topic difficulty and communication behavior was mediated by marital satisfaction.

Sanford, K. (in press). **Expectancies and Communication Behavior in Marriage: Distinguishing Proximal-Level Effects from Distal-Level Effects.** Journal of Social and Personal Relationships.

Investigates the relationship between married couples' communication behavior during problem solving conversations and their pre-conversation expectancies. Hierarchical Linear Modeling was used to distinguish between proximal-level and distal-level effects. A proximal-level effect is when fluctuations in a person's expectancies are followed by immediate changes in communication behavior. A distal-level effect is when a person's average expectancies across multiple conversations correlate with average communication behavior across multiple conversations. Married couples completed measures of pre-conversation expectancies and engaged in a sequence of four, videotaped problem-solving discussions. At the proximal level, wives' expectancies predicted communication behavior for both wives and husbands. Husbands' expectancies were largely non-significant at the proximal level. At the distal level, both wives' and husbands' expectancies predicted communication behavior.

Scott, R.L., & Cordova, J.V. (in press). **The Influence of Adult Attachment Styles on the Association Between Marital Adjustment and Depressive Symptoms.** Journal of Family Psychology

This study tested the hypothesis that attachment styles moderate the relationship between marital adjustment and depressive symptoms

among husbands and wives. In a sample of 91 married couples, ratings of the anxious-ambivalent attachment style moderated the relationship between marital adjustment and depressive symptoms for both husbands and wives. Additionally, ratings of the secure attachment style moderated the relationship between marital adjustment and depressive symptoms for wives, with a trend for husbands. These findings suggest a relationship between insecurity and a predisposition to depressive symptoms in marital relationships.

Sullivan, Kieran T., & Anderson, C. (in press). **Recruitment of Engaged Couples for Premarital Counseling: An Empirical Examination of the Importance of Program Characteristics and Topics to Potential Participants.** *Journal of the Family.*

The recent emphasis on prevention in helping couples to avoid marital distress may be limited by lack of participation in prevention programs by engaged couples. The purpose of this study is to understand what potential participants perceive are attractive characteristics in premarital prevention approaches. Eighty-six engaged couples completed questionnaires assessing demographics, personality and the relative importance of premarital program characteristics. The results indicate that leader characteristics, content, and topics such as communication, finances, and problem-solving are the most important elements of premarital counseling to couples. Differences based on gender and risk level are reported. Suggestions are made for more effective recruitment of couples for premarital counseling.

BOOKS IN PRESS

Epstein, N.B., & Baucom, D.H. (in press). Enhanced Cognitive-Behavioral Therapy for Couples : A Contextual Approach. The American Psychological Association.

Enhanced Cognitive-Behavioral Therapy for Couples expands the boundaries of cognitive behavioral therapy with a framework that goes beyond partners' moment-to-moment interactions and takes into account the personal characteristics of the two individuals, their dyadic interactions, and influences of the couple's interpersonal and physical environment. This groundbreaking text moves beyond a focus on dysfunctional aspects of relationships to provide an equal emphasis on the contributions of positive behavior, cognitions, and emotions. In addition, individuals' discrete behavioral, cognitive, and affective responses are viewed within the context of broader relationship patterns and themes such as boundaries, distribution of power, and investment of oneself in the relationship. Chapters explore interventions for modifying behavior, cognitions, and deficits or excesses in emotional responses, ways to address individual psychopathology, strategies for assisting couples in coping with environmental demands, and approaches for enhancing relationship strengths.

Feeney, J.A., Hohaus, L., Noller, P., & Alexander, R.P. (2001). **Becoming Parents: Exploring the Bonds Between Mothers, Fathers, and Infants.** Cambridge: Cambridge University Press.

This book describes a longitudinal study of married couples going through the transition to parenthood. The couples were followed from the second trimester of pregnancy until the babies were six months of age. A control group of couples not expecting a baby was also included in the study. The study explores, in detail, the effects of first-time parenthood on individuals and their attachment relationships. Using interviews, questionnaires and diaries, we were interested in assessing parents' perceptions of stress, coping and well-being, their developing relationships with their

infants, and their ways of relating to close friends, family members and each other. The book provides a wealth of information about the diverse experiences of couples going through this very important transition. The changes that couples described in their relationships ranged from a sense of increased closeness and partnership to concerns about the lack of intimacy and affection. A unique aspect of the study was the potential to explore the implications of attachment security for the couple relationship and for partners' general psychological well-being during this life stage.

Noller, P & Feeney, J.A. (Eds.) (in press). **Understanding Marriage: New Developments in the Study of Couple Interaction.** Cambridge: Cambridge University Press.

This edited volume focuses not only on conflict and negative interaction, but also on the processes by which couples maintain happy and constructive relationships. Some of the interesting issues explored include: how we can access spouses' thoughts and feelings as they interact with each other, whether husbands are really less empathic than wives, what are the varied ways that couples deal with the inevitable disappointments, and what factors within individuals or their relationship place couples at risk of marital distress. Relationship researchers from communication, social psychology, and clinical psychology contributed to this book. The book is divided into six sections: the effect of cognition on interaction patterns; understanding the importance of positive interaction; coping with disappointment criticism and betrayal; power conflict and violence in marital interaction; marital interaction at important transition periods; and interventions for strengthening relationships.

END OF THIS NEWSLETTER
 Contact Susan anytime about doing a piece for the Fall Newsletter!
 (sstanton@email.unc.edu)

Couples Research & Therapy *Newsletter*

The Newsletter of Couples Research & Therapy AABT–SIG Fall/Winter '03

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Notes from the Triumvirate SIG Co-Presidents’ Column

This is our last newsletter as co-presidents, and the occasion leaves us reflecting on our SIG and its purpose. In the past two years the members of this group have done a lot of work to advance the field. Members of our organization have written about (in no particular order) the physiology of marriage, partner drinking, the transition to marriage, the effects of marital satisfaction on depressive symptoms, the role of forgiveness in marriage, proximity-level effects and distal-level effects in marriage, husband vs. wife resistance to marital therapy, partner awareness of adult sequelae of childhood sexual abuse, evaluation of structured psychoeducational interventions, effects of ethnicity and culture on marriage, the effects of separation and reconciliation on marriage, effects of couple therapy on participants and others, premarital cohabitation, perceived costs and benefits of marriage, the necessity of waiting-list control groups in marital therapy outcome research, stopping spousal abuse through psychological interventions, empathic accuracy, life course transitions associated with natural disaster, the effects of prospective and retrospective views of relationship development, interventions to assist couples with predictable and unpredictable crisis events, the effects of integrative couples therapy to cognitive behavioral couple therapy, the role of attachment on the development of marital discord, the observation of specific affect in marital interactions, how to recruit couples for premarital counseling, the structure of marital conflict, the confirmation of expectancies in marital interactions, the assessment of nontraditional couples, resilience in marriages and families, ethics in marital and family therapy, and other topics that not mentioned.

Yet, it often seems that we are able to do this research in spite of the obstacles that come with being psychologists studying marriage. The study of marriage is difficult to categorize. Is it clinical psychology, social psychology, sociology, etc. The result is often that those of us who study marriage must first convince funding agencies and publications that marriage is important to them. It is no secret that marital problems can lead to homicide, suicide, violence, disease, psychopathology, and maladaptive parenting. However, one of our members recently asked an NIH official about mechanisms of grant support, was told that “research on marriage is not considered fundable by the NIH.” This was said in spite of their history of funding projects on marriage and in spite of the importance of marriage to health. The problem is present even at higher levels of the government. In the September issue of the *APS Observer* there is an article about politics invading the peer review process, and the article details a congressional debate involving an amendment to discontinue funding for four specific research projects because some members of congress considered them a waste of money. Guess what those four projects involved. If you guessed sexual relations, you guessed correctly (the amendment failed 212-210). Even in the journals to which we submit, a case must be made for the consideration of marital data. The APA journals related to clinical psychology (e.g., *JCCP*) will occasionally decline to review an article on marriage because it not considered a clinical phenomenon. Of course, these issues can hit much closer

**Couples Research and Therapy
*Newsletter***

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to home as well, with colleagues in our departments who wonder why there is a clinical psychologist studying social phenomena or vice versa.

We, the outgoing triumvirate, do not have remedies for these problems, but we see this organization as having the potential to facilitate research in this field by addressing the difficulties involved in funding, publishing, and promoting couple research. The SIG can continue working toward this end through programmatic endeavors (e.g., the panel discussion on funding opportunities for behavioral scientists that will be moderated by our own Joanne Davila), through advocacy (e.g., the group working on the inclusion of relationship distress as a disorder), and through opportunities for collegial mentoring (e.g., the SIG dinner). The SIG was doing this when we were nominated. We have attempted to provide the structure for our members to continue to advance the important mission of this organization. We hope it will continue well into the future.

*Anmarie Cano
Kristina Coop Gordon
Matthew D. Johnson*
SIG Triumvirate

Editor's Comments

Susan Stanton

In the past two years, we have shared information on topics ranging from treatment of infidelity to self-help books, to physiological measures of marriage and developments regarding diagnoses in our field. This newsletter continues to show the range of expertise in this group of 175 SIG members, as we read about using PDAs in couples research and the treatment of chronic illness in a couples context. I continue to be amazed at how much the application of relationship principles inform varied phenomena

in our field of psychology and, indeed, our society more generally. At the same time as we show tremendous growth into new areas of study, we continue our pursuit of basic research and knowledge of close relationships. Our ability to make wide-ranging contributions to psychology is striking when looking at the productivity and diversity represented in our In Press feature. I feel lucky that I can read articles, attend symposia at AABT, and monitor discussions on the listserv that accomplish the difficult feat of both deepening my understanding of issues salient to my research and clinical work as well as humbling with the breadth of knowledge in the couples domain I have yet to learn.

On a personal note, thank you for the opportunity to interact with so many top-notch colleagues. I hope we remain in for years to come.

--Susan

TREASURER UPDATE

Kathleen Eldridge

Please Pay Your Dues This Year!!
Our SIG Needs Your Support!!

You're probably thinking that this sounds like a fund-raising campaign. Well... it is!

I'm looking forward to seeing you all at the convention this year. As I wrote in the last newsletter, the great news is that our SIG membership is growing. We now have 92 nonstudent members and 83 student/postdoc members, for a total of 175 SIG members.

The not-so-great news is that our treasury has not grown as much as our membership! In fact, I have learned as treasurer that we rely on dues coming in at the convention to pay for the SIG events already planned and billed. I assume we all want to ensure more financial security for our SIG. We want to know what we can afford as we are arranging speakers, rooms, and events.

In addition, since AABT does not recognize inactive (nonpaying dues) members as SIG members, we need to reactivate any members who have not paid SIG dues for the last 2 years. That way we can continue to hold our meetings with sufficient seating and presentation space.

Our treasury currently contains approximately \$1280, which will be supplemented by dues paid at the conference to (a) pay for all of the SIG costs in November, (b) hold a pre-convention meeting before the conference, and (c) bring in a guest speaker.

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

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

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See you soon!
-Kathleen

Electronic Daily Diary Methodology: Uses, Advantages, and Limitations for Relationship Research

Adam B. Troy, M.S. and Jean-Philippe Laurenceau, Ph.D., University of Miami

Ahh, the digital age. We have entered an era where statistical analyses that took hours a decade ago can now be conducted in only a matter of a minutes using more powerful computers. This is also a time when the experience of complex and challenging phenomena, such as romantic love, has been mapped onto specific areas of the brain through functional Magnetic Resonance Imaging (fMRI; Bartels & Zeki, 2000). The field of relationship science has advanced in leaps and bounds (Reis, Collins, & Berscheid, 2000) and can continue to make great strides by taking advantage of emergent technological advances (see Harris, 2002 "Wired for Love" in the Couples Research and Therapy newsletter, Vol. 9(1), for another example).

As relationship scientists, we are interested in the behavior, thoughts, and emotions of couples both inside and outside the laboratory. When bringing couples into the laboratory, we have access to a variety of tools to assess relationship functioning, including interviews, self-report questionnaires, observational methods, and neuro-imaging techniques. Depending on the specific research question, we might manipulate a variety of variables to test out hypotheses.

But, how do we assess relationship variables tapping relationship processes outside the laboratory and in everyday couple life? Many researchers have approached this predicament by using some form of diary method, which entails providing couples with sets of diary booklets or scantron forms to complete at a certain period of time (e.g., once a day, after an interaction, etc.). This methodology has proved useful for years, and until recently, has been one of the sole methods for assessing couples

outside the laboratory (for a review see, Bolger, Davis, & Rafaeli, 2003). Although concerns about the convenience, validity, and even ethics of paper-and-pencil diary approaches have been noted, the lack of alternatives to such a method precludes solutions to such concerns. For example, in many designs, participants are greatly inconvenienced by the requirement to carry and keep track of several forms or booklets each day to answer questions about an interaction they may have encountered. Additionally, researchers cannot directly assess compliance; that is, whether or not the participants completed the forms at the correct time, and in a valid fashion. Recently, some investigators have found that compliance rates using paper and pencil diaries can be as low as 10% (despite reported compliance of 90%!), many times due to "hoarding" of diaries and filling out multiple forms at one time (Stone, Shiffman, Schwartz, Broderick, & Hufford, 2003). Additionally, data entry error is another worry due to the extra step required to enter diary responses into a statistical database. Ethically, the security of confidentiality is a concern, and partners might easily be able to obtain each other's booklets and read through personal responses.

PDA Diaries as a Feasible and Alternative Methodology

Until recently, challenges presented by paper and pencil methodology were accepted due to the lack of alternative solutions. Data were collected and findings were published, with little mention as to the validity problems presented above. Because of such limitations and our desire to collect valid diary data, two years ago our laboratory began to use a new tool to collect this valuable daily diary data:

Personal Digital Assistants (PDAs). These electronic devices come in several designs and in various price categories and qualities. Most of you are probably familiar with the Palm Pilot™ PDA device, most commonly used by individuals to keep track of their addresses and daily activities. Now, with powerful and *free* software designed by Daniel Barrett and Lisa Feldman Barrett, entitled the *Experience Sampling Program* (ESP; Feldman Barrett, 2000), this scheduling device is transformed into a valuable and flexible research tool for presenting diary items and storing diary responses. Two years and 120 couples later, our laboratory has integrated this device seamlessly into our ongoing research procedures. All it requires of the participant is a 30-minute individual or group training session in the use of the stylus for entering responses, and a minimal space to carry the device during the day. A small purse or pants pocket is all that is necessary to transport the PDA in most cases, and the device can be left on a night table if only completing the items at night. Out of more than 200 participants recruited by our laboratory, no participant has encountered any significant problems learning the basic response entry procedure.

Once the details of the PDA programming process are learned, questions displayed on the PDA can be entered into the device by the experimenter with ease, and can include categorical or Likert-type response scales in the current ESP software (see figure 1). Trials of question sets can be initiated either by the participant or the program itself, with optional specifications for pre-programmed trial initiation and time limits for participants to complete each item. The participant can be alerted through an alarm in

the PDA at a specified time to initiate a trial, and items can be randomized if desired.



Figure 1: Illustration of a question presented on a Palm Pilot™ IIIx by the ESP software

Upon beginning a trial, the ESP software records the date and time of the trial, as well as the item response reaction time in hundredths of a second. A date-time stamp allows experimenters to identify actual compliance (if a diary should be completed at pre-specified times), and the item reaction time allows researchers to eliminate any items prior to analysis that may have been hastily (i.e., inaccurately) entered. Once each response is entered, participants cannot change the response or go back to previous questions. Additionally, they cannot skip any questions, virtually eliminating any within trial missing data (although if desired for ethical reasons, there are ways to defer answering particular items).

During each trial, participant responses are encoded into the software and cannot be viewed by either the participant or partner until uploaded into a computer database, ensuring a higher degree of confidentiality than that provided for by paper-and-pencil diaries. After each couple has completed the experiment, PDA devices are “hot synced” with the laboratory computer, and a text file with the responses can be imported into a

statistical database software for analyses. Data are then analyzed using a procedure accounting for the multilevel structure, with daily repeated measures nested within an individual partner, and partners nested within couples. Because of this data structure, some form of multilevel modeling (e.g., HLM; Raudenbush & Bryk, 2001) is often the analytic procedure of choice.

Advantages and Limitations of the PDA Diary Methodology

We see six main advantages for using PDAs over traditional paper-and-pencil daily diaries: (1) PDAs are more convenient to carry around and keep track of than conventional forms and writing instruments, (2) data entry error is minimized because participant data are uploaded directly into a computer database, (3) the time and date of each initiated trial is recorded to be able to assess compliance with the diary protocol, (4) the reaction time of each response is recorded so that responses entered hastily can be removed prior to analysis, (5) participants cannot skip any questions within a given trial, virtually eliminating any within trial missing data, (6) data are kept in the PDAs and cannot be viewed by any other individual, including a partner, until uploaded into a database by research assistants. Advantages of using PDAs over paper-and-pencil diaries are so significant in the sole area of compliance that some have gone as far as to question the validity of all conclusions reached by studies using paper diaries for some research applications (Stone et al., 2003).

So, what’s the catch? Certainly these PDAs are not yet the standard diary methodology, and we believe four myths exist that prevent the further exploration of their use in research.

Myth 1: The cost of using PDAs is enormous and there are no sources for funding.

Currently, the ESP software requires the use of a PDA running the Palm OS®. Several companies offer devices that run this operating system, including Palm™ and Handspring™, which advertise a

variety of handheld devices ranging from \$79 to \$499. Discount retailers like Half.com offer Palm™ Pilots, Handspring™ Visors, and similar devices for as low as \$35 dollars. In one year, with only four palm pilots, a study could be conducted that examines daily behaviors over a week-long period with 100 couples for the cost of \$300 or less. Recall also that some software required to present the items (e.g., ESP) is free for research use. Additionally, funding sources for couples researchers, such as NIH and NSF, have become aware of the advantages of using PDAs in daily diary research, and given equivalent research goals, studies utilizing PDAs might be more likely to get funded. For example, a recent conference on the science of real-time data capture was supported by NIH and was well-attended (see <http://www.scgcorp.com/real-timedata03/index.asp>).

Myth 2: Conducting a study using PDAs requires an “army” of research assistants.

In the December 2002 issue of the *APA Monitor*, an article by Etienne Benson contained a picture of Dr. Lisa Feldman Barrett with her 18 research assistants, each holding a PDA. Her laboratory uses electronic diaries to study daily experiences of emotion, and a first look at the picture might imply that over a dozen research assistants are required to run studies using this “complex” methodology. Capitalizing on this belief, some researchers have created consulting businesses to charge researchers for diary data implementation (e.g., Invivodata, inc.).

In our laboratory, approximately 120 couples were recruited over a period of less than two years with one graduate research assistant and three undergraduate research assistants devoted to the study. Research assistants are needed to lead a training session on using the PDAs, call the participants to make sure that the equipment is functioning properly, set up the PDAs before beginning each couple (5 minutes per PDA), and extract the data after a couple has completed the

study (5 minutes per PDA). We found these resources sufficient for running the study, and any more research assistants might complicate the study protocol.

Myth 3: PDAs can be easily misplaced and damaged during daily activities.

Although this is a possibility, we only encountered the problem on two occasions. Our PDAs are engraved with university identification information including a phone number, and in both cases the number was called when the PDAs were found. In neither case was the PDA damaged.

Myth 4: Mechanical failure is possible and data can be lost.

With any hardware there is always the potential for malfunction of the unit and a potential loss of data. The most frequent problems we have encountered were loss of battery power, double tapping (whereby a response to one item was additionally carried over to the next item), and "frozen" software. All combined, these incidents occurred in less than 5% of the cases, and in only three cases was data lost.

Application example: PDA use at the University of Miami Couples Research Laboratory

For the past two years, our laboratory has been conducting a study assessing daily activities and emotion in intimate relationships using 20 Palm Pilot™ PDAs donated to the UM Couples Research Laboratory by Palm™ Computing corporation, a division of 3Com. This study, now currently under review, sought to address the issue of how relationship processes elicit the daily experience of emotion. In the personality literature, researchers have suggested that the process of approaching goals and avoiding threats elicits emotion (e.g., Carver & Scheier, 1998; Watson, Wiese, Vaidya, & Tellegen, 1999), such that approaching goals relates uniquely to positive affect (e.g., excitement, passion, interest) and approaching threats relate uniquely to negative or anxiety-related affect (e.g., nervous, tension, fear). We hypothesized that in close relationships, achieving

intimacy might represent a central goal, and experiencing conflict might represent a central threat. As such, daily changes in intimacy should relate to levels of positive affect and changes in conflict should relate to anxious affect. Additionally, as suggested by Hsee, Salovey, & Abelson (1991), both the position with respect to the goal or threat (i.e., level of intimacy and conflict), and velocity (changes in intimacy and conflict) should arise as independent predictors of emotion across a given time period.

We recruited 184 individuals from 92 exclusive, romantic relationships to test these ideas. Each partner was provided with a PDA and instructed that the study would consist of the daily recording of their relationship-related experiences on PDAs twice a day for 10 consecutive days--once in the morning approximately 1 hour after waking and once in the evening approximately 1 hour before going to sleep, yielding 20 entries per person.

In one year, with only four palm pilots, a study could be conducted that examines daily behaviors over a week-long period with 100 couples for the cost of \$300 or less.

Participants were trained in the use of the Experience Sampling Program (ESP; Feldman Barrett, 2000) running on the Palm OS®, which was used for the presentation of the daily diary items. The training session consisted of an introduction to basic ESP diary entry procedures on the PDA (e.g., use of the stylus for pointing and clicking on the screen of the device) and a trial of the diary protocol that led participants through each diary item, to ensure understanding and clarity. The program was set up to present a range of questions about the daily experience of the couple. Relevant questions for this study presented in the PDAs were presented on a 7-point likert scale and included questions assessing levels of and

changes in intimacy and conflict such as "At this moment, how much intimacy/connectedness do you feel with your partner," "At this moment, how much conflict are you experiencing currently in your relationship," "How has the level of intimacy/connectedness with your partner CHANGED since your last entry," "How has the level of conflict in your relationship CHANGED since your last entry;" and emotional experiences "How excited have you felt in your relationship since your last entry," and "How anxious have you felt in your relationship since your last entry." Positive affect was assessed using the following terms: excitement, eagerness, elation, passion, and interest/attentiveness. Anxiety was assessed using the following emotion terms: anxiety, fear, tension, distress, and nervousness. Participant responses to each set of five emotion terms were averaged to create aggregated positive affect and anxiety scores.

Diary compliance was assessed by determining the number of trials completed at the instructed times and the number of trials missed or recorded at incorrect times (Stone et al., 2003). Out of 3,680 possible trials, only 545 trials were not completed by participants during the requested morning or evening time range. This indicates that individuals were compliant approximately 85% of the time, which is comparable to a recent review of recorded compliance in electronic diary studies ranging from 50% to 99%, with the mean rate hovering somewhere between 80-85% (Hufford & Shields, 2002). Therefore, we believe that these diary data captured an accurate sampling of the participants' everyday experiences.

As stated earlier, the ESP software records the reaction time of each entry recorded by the participants. Pre-study piloting which examined the reaction time of reading and answering questions indicated that a reaction time of over 60 hundredths was the minimum amount of time to respond to an item

accurately; thus, data recorded at or below 60 hundredths of a second were removed prior to analyses. 889 items (1.7%) out of a possible 51520 responses (3680 trials x 14 items) were removed from analysis due to this criterion. This may have occurred due to participant "double-tapping" whereby a response to one item was additionally carried over to the next item.

Based on multilevel modeling analyses, we found that daily positive affect was almost exclusively predicted by levels and perceived changes in intimacy, and anxious related affect was almost exclusively predicted by levels and perceived changes in conflict. These findings lend support to theoretical frameworks that relate goal-relevant processes to emotion, and that processes related to intimacy and conflict are independent and might be uniquely related to different sets of emotional experience. This may be particularly relevant to our understanding of the change process in couples therapy, such that reducing conflict may not, in and of itself, lead to increases in relationship positivity (e.g., passion, excitement, and Bob Weiss' "zest").

What is there to learn from the methodology used in this study? The findings reached in this study are specific to daily experiences of emotion, and as such provide a more focused test of the relationship between emotion, intimacy, and conflict than would global, one-time self-report questionnaires and, to some extent, observational coding of videotaped interaction. Nonetheless, can this study have been conducted with paper diaries? The quick answer to this question is yes, and 20 paper diary forms could have easily

been provided for each participant to complete over 10 days. The major problems with doing this is that we can never be sure of when and how participants completed the diaries, we might increase the probability of data entry error, and we lose much control over confidentiality. Our experience with the PDA procedure and relevant data analysis has led us to be confident that our use of electronic PDAs improved the quality of the data and ease of the procedure for experimenter and participant alike.

The Future of PDA Diary Use

The two purposes of this article were (1) we wanted to provide a description of the use of PDAs in diary research, including advantages and disadvantages and (2) we wanted to illustrate the way in which PDAs could benefit research with couples. Diary methods are not a methodological panacea--but, our hope is that this piece will encourage couples researchers to consider the use of PDAs as an alternative to or in conjunction with other couple research methods. As more research teams follow suit, the use of paper diaries in lieu of electronic diaries is likely to raise increasing concerns as to the validity of diary data. Researchers using paper forms might find themselves having to justify their choice of a paper diary methodology despite an increasingly available and feasible alternative. Our laboratory is currently experimenting with a new version of ESP created by a research team at Intel® Research Seattle (IRS) that allows for multiple response types, including checklists, pull down menus, and free text responses (see figure 2), allowing for an assessment



Figure 2: Example of a free response question displayed on the iESP software

using virtually any type of question. As part of a new project, we are recruiting a sample of newlywed couples to examine the relationship between personality, expression of affect in communication tasks, and reports of behavior and emotion over a 21-day period using PDAs. We believe diaries can provide an online, ongoing perspective on relationship processes that cannot be obtained through traditional laboratory and self-report methods, and when combined with these traditional methods, can be a powerful form of triangulation on marital research questions. Electronic diaries methods allow researchers to study what Gordon Allport (1942) once deemed as the "particulars of [couple] life."

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For further information, visit the following websites:

<http://www.palmone.com/us/products/handhelds/>
www.handspring.com
www.half.com
<http://www.invivodata.com/>
<http://seattleweb.intel-research.net/projects/ESM/iESP.html>
<http://www2.bc.edu/~barretli/esp/index.html>
<http://www.scgcorp.com/realtimedata03/index.asp>

Start the party early!

Attend the preconference seminar on Thursday, Nov. 20

Who: Tim O'Farrell

What: Behavioral Couples Therapy for Alcoholism and Abuse

Where: Boston College Room, Boston Marriott Copley Place

When: 4-6 p.m., Thursday, Nov. 20

Why: Because all the cool kids will be there.

How: By Dr. O'Farrell giving an overview of research findings with a focus on the overlap between alcohol and domestic violence and by describing the clinical methods his group uses.

C'mon, you know you want to do it!

Clinician's Corner:

Working with couples facing a chronic illness

Tamara Goldman Sher, Ph.D.
Illinois Institute of Technology

Traditionally, couples interventions within psychology were designed for and built upon an empirical foundation of work with couples experiencing relationship distress. The assumption behind this clinical and research tradition was that if we could understand what made couples unhappy with each other, as well as the fundamental differences between distressed and nondistressed couples, we could make relationships more satisfying. Today, the reach of couple interventions is much greater than working with couples who present to therapy because one or both of them are unhappy with their relationship. In fact, for those of us working within a healthcare context, many assumptions of couples therapy that we were taught may be violated with almost all couples that we see. For example, couples facing medical problems often do not present for therapy at all. They present to their primary care or specialist physicians with concerns regarding their health, their diagnoses, or their recovery process. Additionally, couples facing medical problems do not present with relationship distress and would not be considered distressed by any measures typically used with couples in more traditional therapy situations. Finally, the goal of therapy is not to address relationship concerns in an attempt to "even the playing field" between those with illness and those without illness, much less between those experiencing distress and those who are happy with their relationships. In fact, the goal of therapy might not be relationship focused at all. Instead, clinicians working with medical patients and their partners find themselves suggesting to a patient, a partner, or a physician that a couples focus might enhance medical treatment goals, ease the transition between being well and being sick and then back again, or address the concerns of a partner who feels overwhelmed by the healthcare system

The goal of both therapy and assessment with couples facing medical problems is to better understand the reciprocal relationship among the couple's functioning and illness processes. That is, the therapist, the patient, and the partner explore how the illness/recovery process affects the couple and how the couple's functioning affects the illness/recovery process. Although the health-enhancing properties of personal relationships have been well documented (Kiecolt-Glaser and Newton, 2001), the toll that an illness takes on relationships is less understood. For many of these couples, old patterns of relating, communicating, role divisions, and associated behaviors will be called into question, reorganized or found to be an additional stressor on an already overtaxed system. It is for these couples that a couples approach to illness is

particularly suited and an often necessary component of their medical care (Osterman, Sher, Hales, Canar, Singla & Tilton, 2003).

A chronic illness is seen as an intrusion into the life of a patient and his/her partner. Because by definition, there is no cure or reversal for a chronic illness, it must be incorporated into the patient's life (Helgeson & Reynolds, 2002). According to cognitive adaptation theory (Taylor, 1983), people have a set of assumptions about themselves and the world that are shattered by the onset of a traumatic event, such as the onset of chronic illness. Specifically, a chronic illness may challenge one's sense of self-worth, one's sense of invulnerability, and one's optimism about the future (Helgeson & Reynolds, 2002). Clearly, one way to successfully adapt to chronic illness is to restore these assumptions (Taylor, 1983). But, in addressing these assumptions, the clinician is working within the context of a relationship history. That is, old issues facing couples do not disappear with the emergence of illness in one of the partners. These issues, such as financial issues or problems with extended family, can be exacerbated by the illness process which makes adaptation that much more difficult.

[In a health context], many assumptions of couples therapy ... may be violated with almost all couples that we see.

The couple is first assessed on many levels including obtaining a good understanding of both the resources and the immediate stressors confronting each partner. The resources/stressors include environmental, intrapersonal/psychological, and interpersonal. This assessment can be accomplished with standardized measures such as the Beck Depression Inventory or the Dyadic Adjustment Scale, or more informally by interview. I tend to prefer the more informal approach because gaining a good understanding of each area tends to build rapport with each member of the couple. The assessment is typically conducted with each partner alone as well as in conjoint sessions. Therapy proceeds with skill building and attention to behavioral change that might be necessary. Additionally, therapy includes a focus on cognitive processes such as understanding the violation of expectations and standards for being ill of each partner. Finally, both the patient and the partner are helped to understand the process from the other's point of view and how their decision-making might impact the other person's experience of the illness/recovery.

A Case Example

The O.'s were referred to me by the surgical team who conducted a renal transplant on Mr. O. Mr. O. is a 68-year-old, retired university professor; Mrs. O. is a 65-year-old homemaker. They had been married for 45 years at the time of Mr. O.'s transplant. Mr. O. had been in end-stage renal failure for 6 months preceding his transplant as a result of a bad reaction to Ibuprofen therapy following a knee replacement. Mr. O. retired because of his increasing health concerns, shortly after his knee replacement surgery. The O.'s have five adult children. One of the unique aspects of Mr. O.'s transplant was that Mrs. O. served as the kidney donor for her husband. At the time of my first session with the O.'s, both Mr. and Mrs. O. were considered to be optimally recovering from their surgeries, and Mr. O. was not showing any signs of organ rejection.

The O.'s had never been in therapy before and characterized their marriage as traditional and fairly satisfying throughout their years together. They were seeking therapy now as a result of the suggestion of their surgeon, who thought that Mrs. O. seemed less satisfied with the outcomes of the surgery than might have been expected, given the vastly improved health of her husband. From the first session, her unhappiness was expressed. She believed that she and her husband, but especially she, had been "robbed" of their retirement years together. She described her marriage as faithful and fulfilling but full of hard work – her husband at his job and she in raising the children in light of his heavy workload and his frequent travel. She talked about looking forward to retirement when the two of them could sell their big house, spend more time together, and especially travel together. She was angry now that her husband was feeling well that he seemed more entrenched in their home, was reluctant to travel, and was doing little to take care of himself, instead relying on her to tell him when to take his medications and to regulate his diet. She also expressed sadness that her husband did not seem to consider her needs in his retirement plans. For his part, Mr. O. expressed concern that Mrs. O. was angry. He saw his "new life" as a blessing, he felt extremely grateful to his wife for the "gift" of her kidney, and he wanted to spend his time relaxing and enjoying their time together, now that he was feeling well. He did not want to travel because he was concerned about being too far away from his doctors in case of organ rejection; and he did not want to sell the house that he was now finally able to enjoy full-time. Finances were not a concern for the O.'s.

I characterized the O.'s problems to them alone and in a conjoint session as both of them feeling a strong sense of "what about me?" Mr. O. believed that after all that he had been through, he was due some peace and relaxation, and that it should be his decision how to spend the years that he had worked so hard to earn. Mrs. O. believed that she had sacrificed throughout her marriage for her husband and her children and then again as her husband became quite ill, and that now it was her time to do what she most enjoyed –

traveling, especially because Mr. O. was now well enough to accompany her. They agreed that they did not know "who gets to choose" now. We all also discussed how reasonable each of their requests were, but also how incompatible they were. Sessions were spent on some communication training in order to give the O.'s the tools necessary to discuss their feelings and come to some resolution about how to budget their retirement time and money. Old issues from throughout their marriage emerged, such as Mrs. O. believing that her wants and needs were typically secondary to those of the rest of the family; however Mr. O. pointed out that it was usually her decision not to accompany him on business trips because of the children's needs or to spend money on the house and children before spending it on herself.

Finally, personality differences between Mr. and Mrs. O. were discussed as more salient and important now that they were leading more integrated lives. For example, Mr. O. has always been a "homebody", very much relishing his home as a sanctuary away from the pressures of his job. Mrs. O. has always seen herself as an "adventure seeker", loving to learn new things and go to new places. Another personality difference that became more important recently was that Mr. O. liked to run his family as his classroom – where he was in charge of the structure and the content of the family activities. Mrs. O. gave in to his wishes when he was home throughout his working life because he spent so little time there. However, now that he was home full-time, she wanted more of a voice in their family decisions and activities, which Mr. O. was resisting. These personality differences were pointed out and the O.'s were helped to negotiate compromise wherever possible. They were also helped to problem solve on how much independence from each other each believed was acceptable so that they might both get to pursue what it was that they wanted. It became clear that Mrs. O. was much more accepting of independence than was her husband.

Despite this, they decided, much to their credit, that they would keep their big house in the suburbs and that Mr. O. would live there full time. Mrs. O. would spend every weekend there, but would spend her weeks in the city in an apartment that they would rent. In this way, each would get to pursue their own interests during the week and they would work to find things they both enjoyed for the weekends spent together. Mr. O. was clearly less satisfied with this solution than his wife, but agreed that it made sense to at least try it out. He was happy, however, that he could spend his weeks gardening and reading and look forward to his wife coming home every weekend. Mrs. O. wished that her husband would spend more time in the city with her, but realized that she would fully enjoy exploring the city on her own. She also thought that she would appreciate the suburbs and the house more if she could lead a city life as well. At the end of therapy, the apartment had been rented, the O.'s were busy scheduling a month in the southern United States to escape the cold, and both were looking forward to the "next phase" in their lives together.

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Book Review

The Violence Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence

Edited By: Wekerle, C., & Wall, A. (Eds.) (2002). New York: Brunner-Routledge.

Review by: Julie Schumacher Ph.D.¹

Research Institute on Addictions, University at Buffalo, State University of New York

The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence is a 16-chapter, edited book that provides a thorough overview of theory, research, and clinical guidelines relevant to the overlap between substance use disorders and relationship violence. In reading this book, I was struck by its value as a resource for couples and family researchers and therapists interested in expanding their work to include relationship violence and addictions. This book is a compilation of the collective wisdom of a group of experts representing a broad range of theoretical perspectives (e.g., developmental, behavioral, biological), research methodologies (e.g., epidemiology, experimental research, quasi-experimental research), and topical areas (e.g., college sexual assault, elder abuse, child neglect, intimate partner violence). Although each chapter has different authors and provides a slightly different perspective, the book does not have a disjointed feeling. Many of the authors make an effort to integrate a variety of perspectives into each of their chapters. In reading the full volume, the reader gets a very good sense of, not only what the pieces of the puzzle are, but also how these pieces fit together. As a researcher who recently expanded my own research on intimate partner violence to the area of addictions, I found myself jotting down references, important facts, and theoretical perspectives relevant to my own research as I read through each of the chapters.

The book begins with a chapter by the editors, Wekerle and Wall. This introductory chapter provides an overview of the literature documenting the overlap between substance abuse and dependence and various forms of relationship violence. The authors provide ample empirical support for their conclusion "the overlap between intimate violence and addiction is real" but also point out limitations in the methodology of this literature and provide the reader with tips for critically evaluating the literature. Following the introduction, the book is organized into three sections: "Theoretical Frameworks," "Relationship Violence and Addiction across the Lifespan," and "Clinical Issues in Intervention for Intimate Violence and Addiction Problems." In the final chapter the editors provide an integrative summary of the content of the book, the current state of the field, and questions yet to be answered.

Overall I found the book exceptionally well-organized, well-researched, and well-written, but it also had other noteworthy features. One feature was the breadth of coverage, particularly the inclusion of important topics that are currently in their research infancy. For example, the chapter by Hall and Follette on substance abuse and interpersonal violence in older adults pulls together the limited amount of directly pertinent information, more peripherally relevant information, and theoretical

¹ *Disclosure statement:* Dr. Julie Schumacher and Dr. Ken Leonard, an author of one of the chapters in this edited book, currently work together at the Research Institute on Addictions.

frameworks to guide current and future research on the topic. Similarly, in the chapter "Cultural Issues and Barriers to Treatment," Schafer and Caetano discuss barriers associated with access to health insurance coverage and how this crucial gateway to health care is associated with substance abuse and intimate partner violence. This chapter highlights obviously important, but easily overlooked issues relevant to clinicians currently working in the field, as well as those working in technology transfer research.

Another feature of the book I found striking was the balance between presentation of empirical information and practical guidelines in the chapters on intervention and prevention strategies. These chapters describe several current, "real world" intervention practices, present relevant findings from the clinical outcome literature, and also contextualize current practices and research findings within the very unique social, political, legal, and practical constraints of treating these combined problems. For example, in their chapter on dual-focused programming for partner violence and substance use disorders, Easton and Sinha describe legislation that guides or impacts current treatment strategies, typical policies regarding substance use at the time of an alleged domestic violence offence, and domestic violence treatment as a diversion program or condition of probation. The chapters in the Clinical Issues section were so useful that I was somewhat disappointed that there was not an entire chapter devoted to the complex practical issues impinging on research and clinical work with substance abuse and child maltreatment. These topics are addressed elsewhere in the book, but the coverage is not as thorough as that devoted to intimate partner violence.

Other than the provision of more practical guidelines for researchers and clinicians focused on child maltreatment, the only other addition I felt would have significantly increased the book's value as a resource to me is the addition of more key words to the index. As evident from this review, this book is one that I will keep handy on my bookshelf and refer to frequently. Given my intention to use it as an "as needed" reference, I was somewhat disappointed that I found it difficult to refer back to content of particular interest to me using the index. For example, anger and hostility were indexed as sub-headings of "personality factors and substance abuse."

Those small issues notwithstanding, overall I found the book to be an exceptional resource. Not only do experts in each of the respective forms of relationship violence summarize relevant theory, empirical findings, and practical considerations, they also provide a heaping portion of "food for thought." The editors and the authors are candid about the limitations in the current state of knowledge about the overlap between substance use disorders and relationship violence, and provide clear guidance and suggested directions for future research. This book stands to be a very valuable resource for graduate students, researchers and clinical practitioners working in relevant areas. The depth and complexity of some of the writing in the book may, however, make it less accessible to individuals with less relevant experience or background training, such as undergraduates or interested laypersons.

KUDOS!!!

NIMH awarded *Annamarie Cano* a 5-year K01 Scientist Development Award beginning on August 1, 2003 to study changes in depression in couples with chronic pain.

Kristi Coop-Gordon was recently elected Vice President for Research for APA's Division 43: the Family Psychology division.

David Atkins from the University of Washington began this fall as an Assistant Professor of Clinical Psychology at Fuller Seminary in Pasadena, CA.

**Surf the Internet
without guilt!**

Go to the AABT
Couples SIG website:

[www.aabtcouples.org/
home.htm](http://www.aabtcouples.org/home.htm)

webmaster: bbaucom@ucla.edu

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Contact Kathleen Eldridge at keldridg@pepperdine.edu to pay
dues and renew your membership.

People with money (Ph.Ds): **\$20**; People with no money (students, new Ph.Ds): **\$5**

Notes From Danielle and Lauren

Couples' SIG Graduate Student Co-Presidents' Column

With the conference quickly approaching, we have provided ideas for things to do & sights to see while in Boston! We are planning the Saturday evening SIG dinner again this year. Please mark your schedules: The graduate student cocktail hour will start at 6:00 p.m. at Champion's in the conference hotel and we plan to find a restaurant that will take us at 7. Details will be announced to the listserv before the conference. We have also included a table of conference events likely to be of interest to the SIG- We hope you find this information useful, and we look forward to seeing everyone at the conference and dinner!

– Lauren Papp and Danielle Black

P.S. This conference marks the end of our co-presidency. We strongly encourage interested graduate students to run for the position! Please let us know if you have any questions.

Best Sights in Boston

Boston Common & Public Gardens

Boston Common Visitor's Information Center 147 Tremont Street (between Temple Pl. and West St., Beacon Hill), 617-426-3115

The Boston Common and Public Gardens is in the heart of Boston's downtown area. The Public Garden is famous for its swan boats and bridge views. The Boston Common and Public Gardens are also part of the Freedom Trail (read below).

Duck Tours

Address: 790 Boylston St
Phone: 617-723-3825

Duck Tours offer an hour-and-half historical tour of Boston by boat. The tour starts in the Back Bay and ends the Charles River. The scenic route takes visitors around Boston Common and through the North End and Charlestown before ending at the Charles River.

Freedom Trail

The Freedom Trail starts at the Tremont side of Boston Common and ends at the Bunker Hill Monument. Many historic Boston landmarks are located on the trail such as the State House, Old Granary Burying Ground, and the USS Constitution. You can read more about the Freedom Trail at the following web address: <http://www.thefreedomtrail.org/>.

Fenway Park

Fenway Park is one of our Country's most famous baseball stadiums. For more information regarding Fenway Park, see the following website: <http://www.ballparks.com/baseball/american/fenway.htm>.

Harvard Square

Harvard Square is a cultural experience. The historic area includes many restaurants, retailers, museums, entertainment, and architectural landmarks. For more information on Harvard Square visit their website at www.harvardsquare.com.

Newbury Street

Newbury Street is Boston's "chic" area that includes expensive boutiques, galleries, and outdoor cafes. For more information on Newbury Street, go to the following website: <http://www.newbury-st.com>.

The North End

Boston has been called one of the most European cities in the U.S. The North End of Boston is considered "the most European neighborhood in the most European of American cities." For more information about Boston's North End, go to the following website: <http://www.northendboston.com/>.

PLEASE SEE PAGE 18 FOR A CHART LISTING EVENTS OF INTEREST TO COUPLES RESEARCHERS AND THERAPISTS!

What's In Press?

Cano, A., Gillis, M., Heinz, W., Geisser, M., & Foran, H. (in press). **Marital functioning, chronic pain, and psychological distress.** *Pain.*

This study examined whether marital functioning variables related uniquely to psychological distress and diagnoses of major depression independent of pain severity and physical disability. Participants were 110 chronic musculoskeletal pain patients. Hierarchical regression results showed that marital variables contributed significantly to depressive and anxiety symptoms over and above the effects of pain and disability. In contrast, marital variables were not significantly related to major depression after controlling for pain variables. In multivariate analyses, physical disability and marital satisfaction were uniquely related to depressive symptoms whereas physical disability, pain severity, and negative spouse responses to pain were uniquely related to anxiety symptoms. Only physical disability was uniquely related to major depression. The results suggest that models of psychological distress in chronic pain patients might be enhanced by attributing greater importance to interpersonal functioning and increasing attention to anxiety.

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

We tested the theory that emotional skillfulness, specifically the ability to identify and communicate emotions, plays a role in the maintenance of marital adjustment through its effects on the intimacy process. Ninety-two married couples completed measures

of emotional skillfulness, marital adjustment, and intimate safety. As predicted, we found that the ability to identify and the ability to communicate emotions were associated with self and partner marital adjustment. Further, the association between these emotion skills and marital adjustment was mediated by intimate safety for both husbands and wives. Gender differences were found in the ability to communicate emotions and in the association between the communication of emotions and partners' marital adjustment.

Davila, J., Steinberg, S., Kachadourian, L., Cobb, R., & Fincham, F. (in press). **Romantic involvement and depressive symptoms in early and late adolescence: The role of a preoccupied relational style.** *Personal Relationships.*

Two studies examined the association between depressive symptoms and romantic involvement in adolescence and tested the hypothesis that romantic involvement is associated more strongly with symptoms among adolescents who have a more preoccupied style of relating, compared to adolescents who have a less preoccupied style of relating. Study 1 (N = 96 early adolescent females) examined concurrent associations and study 2 (N = 80 late adolescent males and females) examined longitudinal associations. In both age groups, romantic involvement was associated with greater depressive symptoms and this was most true among adolescents with a preoccupied style of relating. Implications for models of depression and adolescent romantic functioning are discussed.

Fals-Stewart, W., Kelley, M. L., Fincham, F. D., Golden, J., & Logsdon, T. (in press). **The**

emotional and behavioral problems of children living with drug-abusing fathers: Comparisons with children living with alcoholic fathers and nonsubstance-abusing fathers. *Journal of Family Psychology.*

The emotional and behavioral problems of 8-12 year-old children living in two-parent families with drug-abusing fathers (N = 40) were compared to those of children living in families with fathers who abused alcohol (N = 40) and children living with fathers who did not abuse drugs or alcohol (N = 40). Mothers in all of these family types did not abuse drugs or alcohol. Children living with fathers who abuse drugs experienced more internalizing and externalizing symptoms than children living with fathers who abused alcohol or children whose fathers did not abuse drugs or alcohol. Interparental conflict and parenting behavior partially mediated the relationship between family type and children's adjustment.

Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., Cordova, J., & Kelley, M. L. (in press). **Behavioral couples therapy for alcoholism and drug abuse: Where we've been, where we are, and we're going.** *Journal of Cognitive Psychotherapy.*

Among the various types of couple and family therapies used to treat substance abuse, Behavioral Couples Therapy (BCT) has the strongest empirical support for its effectiveness. During the last 3 decades, multiple studies have consistently found participation in BCT by married or cohabiting substance-abusing patients results in significant reductions in substance use, decreased problems related to substance use (e.g., job loss, hospitalization), and improved relationship satisfaction. Recently,

investigations exploring other outcomes have found that, compared to traditional individual-based treatments, participation in BCT results in significantly (a) higher reductions in partner violence, (b) greater improvements in psychosocial functioning of children who live with parents who receive the intervention, and (c) better cost-benefit and cost-effectiveness. In addition to providing an overview of the theoretical underpinnings of BCT, methods used with this intervention, and the literature supporting its use, this article also examines the future directions of BCT research for substance abuse.

Fincham, F.D., Beach, S.R., & Davila, J. (in press). **Forgiveness and conflict resolution in marriage.** *Journal of Family Psychology*.

Two studies examined whether forgiveness in married couples is associated with better conflict resolution. Study 1 examined couples in their third year of marriage and identified two forgiveness dimensions (retaliation and benevolence). Husbands' retaliatory motivation was a significant predictor of poorer wife reported conflict resolution whereas wives' benevolence motivation predicted husbands' reports of better conflict resolution. Examining longer-term marriages, Study 2 identified three forgiveness dimensions (retaliation, avoidance and benevolence). Whereas wives' benevolence again predicted better conflict resolution, for husbands, avoidance predicted wives' reports of poorer conflict resolution. All findings were independent of both spouses' marital satisfaction. The findings are discussed in terms of the importance of forgiveness for marital conflict and its implications for spouse goals. Future research directions on forgiveness are outlined.

Gordon, K.C., Baucom, D. H., & Snyder, D. K. (In press). **An integrative intervention for promoting recovery from**

extramarital affairs. *Journal of Marital and Family Therapy*.

The discovery or disclosure of an extramarital affair can have a devastating impact on partners, both individually and on their relationships. Research suggests that affairs occur relatively frequently in relationships and are a common presenting problem in couple therapy. However, despite their prevalence, there is little empirical treatment research in this area, and most therapists describe this problem as one of the more difficult to treat. This study used a replicated case study design to explore the efficacy of an integrative treatment designed to help couples recover from an affair. Six couples entered and completed treatment. The majority of these couples were less emotionally or maritally distressed at the end of treatment, and the injured partners reported greater forgiveness regarding the affair. Details of the intervention, suggested adaptations of the treatment, and areas for future research are discussed.

Gordon, K.C., Burton, S., & Porter, L. (In press). **The role of forgiveness: Predicting women in domestic violence shelters' intentions to return to their partners.** *Journal of Family Psychology*.

Recent findings indicate that college women's forgiveness of hypothetical dating violence was predictive of their hypothetical decisions to stay in the relationship. This study was designed to evaluate the role of forgiveness in women's intentions to return to their partners from a domestic violence shelter. 121 women residing in both urban and rural domestic violence shelters filled out a series of questionnaires evaluating demographic information, severity of the violence, attributions for the violence, psychological constraints (or investment), and forgiveness of their partner. Forgiveness was found to predict intention to return to partner over and above the other variables studied. These findings suggest that

the degree to which women are willing to "move on" from the abuse and to let go of their anger toward their partners may play a significant role in their intention to remain in a relationship with their partners.

Halford, W. K., Markman, H. J., Kline, G. H., & Stanley, S. M. (2003). **Best practice in couple relationship education.** *Journal of Marital and Family Therapy*, 29(3), 385-406.

Relationship education is widely available to couples and is intended to reduce the prevalence of relationship distress, divorce, and the associated personal and social costs. To realize the potential benefits of couple relationship education, it needs to be evidence-based, offered in ways that attract couples at high-risk for relationship problems, and focused on factors that put couples at high-risk for future relationship problems.

Kearns, J.N., & Fincham, F.D. (in press). **A Prototype Analysis of Forgiveness.** *Personality and Social Psychology Bulletin*.

Many definitions of forgiveness currently exist in the literature. The current research adds to this discussion by utilizing a prototype approach to examine lay conceptions of forgiveness. A prototype approach involves categorizing objects or events in terms of their similarity to a good example whereas a classical approach requires that there are essential elements that must be present. In Study 1, participants listed the features of forgiveness. Study 2 obtained centrality ratings for these features. In Studies 3 and 4, central features were found to be more salient in memory than peripheral features. Study 5 showed that feature centrality influenced participants' ratings of victims involved in hypothetical transgressions. Thus, the two criteria for demonstrating prototype structure (that participants find it meaningful to judge features in terms of their centrality and that centrality affects cognition) were met.

Kelly, S., Epstein, E. E., & McCrady, B. S. (in press). **Pre-treatment attrition from couple therapy for male drug abusers.** *The American Journal of Drug and Alcohol Abuse.*

This study tracked pretreatment attrition of 120 callers, 84 of whom were potentially eligible for outpatient couple treatment for male drug abuse. Demographic, significant other, substance use, and access related variables were examined as predictors of intake and treatment entry. Results were similar to other findings regarding variables associated with initiation of individual substance use treatment, and 29% of eligible callers entered treatment. Men whose partners did not use substances or who used in moderation were more likely to attend the intake session, and couples who received referrals were more likely to enter treatment than those who responded to a newspaper advertisement.

Kim, H. K., & Capaldi, D. M. (in press). **The association of antisocial behavior and depressive symptoms between partners and risk for aggression in romantic relationships.** *Journal of Family Psychology.*

This study examined the extent to which antisocial behavior and depressive symptoms were associated between romantic partners and whether the partner's antisocial behavior and depressive symptoms affected the individual's aggression toward the partner above and beyond the contribution of his or her own symptoms. Questions were examined concurrently and longitudinally for 79 couples from a young, at-risk sample. There were reliable associations between partners' antisocial behavior and depressive symptoms. Women's antisocial behavior and depressive symptoms were significantly related to concurrent levels of men's physical and psychological aggression. Women's depressive symptoms remained significant in predicting

men's psychological aggression over time. Overall, men's risk factors had little effect on their partners' aggression. Findings suggest that interventions to reduce partner violence need to consider the potential influence of partner, as well as perpetrator, characteristics.

Kline, G. H., Stanley, S. M., Markman, H. J., Olmos-Gallo, P. A., St. Peters, M., Whitton, S. W., et al. (in press). **Timing in everything: Pre-engagement cohabitation and increased risk for poor marital outcomes.** *Journal of Family Psychology.*

Data from a longitudinal study were used to examine differences among couples that cohabited before engagement, after engagement, or not until marriage. Survey data and objectively-coded couple interaction data were collected for 136 couples (272 individuals) after engagement (but prior to marriage) and 10 months into marriage. At both time-points, the before-engagement cohabiters (N = 59 couples) had more negative interactions, lower interpersonal commitment, lower relationship quality, and lower relationship confidence than those who did not cohabit until after engagement (N = 28 couples) or marriage (N = 49 couples), even after controlling for selection factors and duration of cohabitation. Our findings suggest that those who cohabit before engagement are at greater risk for poor marital outcomes than those who cohabit only after-engagement or marriage, which may have important implications for future research on cohabitation, clinical work, and social policy decisions.

Mahoney, A. **Religion and conflict in family relationships.** (in press). *Journal of Social Issues.*

This paper discusses how religion can substantively influence the manifestation and resolution of conflict in marital and parent-child relationships. Religious systems of meaning are proposed to influence conflict by promoting which goals

and values should be sought in family life and the appropriate means to achieve these ends. Conflict can be amplified or inhibited based on the extent to which family members differ and agree about such religiously-based parameters. Religion also offers families strategies that may facilitate or hinder the resolution of conflict after it erupts. The limited amount of empirical research on how religion shapes the manifestation and resolution of marital and parent-child conflict is highlighted, and suggestions are made to advance research and clinical practice on this topic.

Mahoney, A. & Pargament, K. I. (in press). **Sacred changes: Spiritual conversion and transformation.** In W. R. Miller (Ed.). *Quantum Change: Toward a Psychology of Transformation, Special issue for In Session: Psychotherapy in Practice.*

We use Pargament's (1997) definition of religion - "the search for significance in ways related to the sacred" as a framework to understand spiritual conversion. Like other life-changing transformations, spiritual conversion alters the destinations that clients perceive to be of greatest importance in life (significance) and the pathways by which a client discovers what is most significant in life (search). Unlike other transformative experiences, however, spiritual conversion incorporates the third element of religion, "the sacred," into the content of change. To illustrate these points, we discuss two theological models of spiritual conversion rooted in Christianity: a traditional model based on classic western theology and an alternative model based on feminist theology. We then compare processes of spiritual conversion to non-religious models of transformation. We also highlight the importance for clinical work of the fit between the context of a client's life and the type of spiritual conversion experienced.

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

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

Markman, H. J., Stanley, S. M., & Kline, G. H. (in press). **Why marriage education can work and how government can be involved: Illustrations from the PREP approach.** In W. D. Allen & L. L. Eiklenborg (Eds.), *Vision 2003: Contemporary family issues.* Minneapolis, MN: National Council on Family Relations.

We suggest in this paper that people desire to be in a happy, long-lasting relationship, that these relationships benefit children, adults and our society at large, and that there is a role for government involvement in making this dream a reality for those who desire it. One way for branches of the government to be involved in supporting happy, long-term marriages is to provide opportunities for marriage education for couples. In this paper, we define best practices in marriage education, discuss the potential benefits of marriage education, and discuss the extent to which marriage education is effective (i.e., under what circumstances, with what groups, and provided by whom) using illustrations from research with PREP (the Prevention and Relationship Enhancement Program). Finally, we discuss the connections between marriage

education classes, marital therapy, and an integrative model of human services delivery that includes faith-based organizations.

Shortt, J.W., Capaldi, D.M., Dishion, T.J., Bank, L., & Owen, L.D. (in press). **The role of adolescent friends, romantic partners, and siblings in the emergence of the adult antisocial lifestyle.** *Journal of Family Psychology.*

This study investigated the contribution of social processes in boys' adolescent relationships in 3 key domains, same-sex friends, cross-sex romantic partners, and younger siblings, to continued association with delinquent peers in young adulthood and, therefore, to continuance of an antisocial lifestyle. It was hypothesized that levels of negative interaction and antisocial talk observed during problem-solving discussions would be associated across the 3 domains. The influences of negative interactions and antisocial talk in the adolescent relationships on young-adult delinquent peer association were compared in 2 mediational models. It was posited that antisocial talk would be more predictive of continued association with delinquent peers than would negative interactions. Hypotheses were tested on an at-risk sample of young men (the Oregon Youth Study). Findings were generally in keeping with the hypotheses.

Snyder, D. K., Gordon, K. C., & Baucom, D. H. (In press). **Treating affair couples: Extending the written disclosure paradigm to relationship trauma.** *Clinical Psychology: Science and Practice.*

Considerable evidence now supports the psychological and health benefits of written emotional disclosure when pursued in an individual context. However, the literature has largely emphasized intrapersonal processes and outcomes to the neglect of interpersonal applications of the written disclosure paradigm, despite the fact that painful and traumatic

emotional events frequently occur in the context of intimate personal relationships. In this commentary, we describe an extension of the written disclosure paradigm to the treatment of couples struggling to recover from an extramarital affair. Preliminary findings offer promise for integrating mutual written disclosure as an intervention component in treating relationship trauma.

Stuart, G.L., Moore, T.M., Ramsey, S.E., & Kahler, C.W. (in press). **Hazardous drinking and relationship violence perpetration and victimization in women arrested for domestic violence.** *Journal of Studies on Alcohol.*

Research has shown that women who perpetrate partner violence or are victims of partner violence are more likely than comparison groups to have alcohol problems. The present study represents the largest sample collected to date of women arrested for domestic violence and court referred to batterer intervention programs. The aim of this study is to compare hazardous and nonhazardous drinking women on violence perpetration and victimization and to examine whether group differences in these variables are attributable to women's drinking, their general propensity for violence, their partners' drinking, or a combination of these factors. Method: We recruited 103 women who were arrested for domestic violence and divided the sample into groups of Hazardous Drinkers (HD) and Non-Hazardous Drinkers (NHD). We administered multiple measures of substance use and problems and assessed the women's relationship aggression, use of general violence, and their relationship partners' substance use. Results: Relative to the NHD group, the HD group scored higher on violence perpetration (physical assault, psychological abuse, sexual abuse, injuries) and violence victimization (physical assault). In addition, the HD group scored higher than the NHD group on general violence perpetration and partner

alcohol and drug problems. Results from regression analyses indicated that women's drinking, women's general violence, and partner drinking all contributed to some form of violence perpetration or victimization; women's hazardous drinking group status was particularly important in the prediction of physical assault perpetration and victimization. Conclusions: The results of the study suggest that substance use and problems should routinely be assessed as part of violence intervention programs for women and that intervention programs would be improved by offering adjunct or integrated alcohol treatment.

Taft, C. T., Murphy, C. M., Musser, P. H., & Remington, N. A. (in press). **Personality, interpersonal, and motivational predictors of the working alliance in group cognitive-behavioral therapy for partner violent men.** *Journal of Consulting and Clinical Psychology.*

Recent studies have demonstrated that the working alliance predicts treatment outcome for partner violent men. This study examined the influence of personality and interpersonal characteristics, motivational readiness to change, and demographic factors on working alliance formation among a sample of men (n 107) participating in a

cognitive-behavioral group treatment program for partner violence. Motivational readiness to change was the strongest predictor of the working alliance. Psychopathic personality characteristics also emerged as a strong (negative) predictor of the working alliance. Lower levels of borderline personality characteristics and interpersonal problems, self-referred status, married status, and higher age and income predicted higher working alliance ratings. The results support recent clinical efforts to address motivational readiness in programs for partner violent men.

THIS IS NOT THE END OF THE NEWSLETTER. PLEASE SEE THE NEXT PAGE FOR A TABLE OF COUPLE EVENTS AT AABT.

37th Annual AABT Conference – Couples' Events and Conference Activities -November 20-23, 2003 – Boston**Thursday, Nov. 20**

1:00 – 6:00 p.m. Institute: Acceptance and change in couple therapy

Location**Friday, Nov. 21**

8:45 – 10:15 a.m. Symposium: Moderators and mediators of the association between marital discord and depression Wellesley

10:15 – 11:45 a.m. Symposium: Marital interventions with low-income or minority couples: New research and emerging perspectives Grand Ballroom I

10:15 – 11:15 a.m. Poster session: Couples and Families Exhibit Hall

12:30 – 2:30 p.m. Master Clinician Seminar: Helping each other through the night: Patients and loved ones coping with cancer Vermont

12:30 – 2:30p.m. SIG Meeting: Couples research and treatment Yarmouth

1:00 – 4:00 p.m. Workshop: Cognitive-behavioral strategies and techniques for revitalizing a nonsexual marriage Provincetown/Orleans

1:15 – 2:45 p.m. Symposium: Assessment of psychological and physical abuse in couples: What we can learn through different methods Grand Ballroom I

2:30 - 4:00 p.m. Symposium: Couple therapy for mental and physical health problems Regis

2:45 – 4:15 p.m. World Rounds: Enhanced cognitive-behavioral couple therapy: The role of the individual Grand Ballroom C/I

Award Ceremony (5:15 – 6:15 p.m.) / SIG Exposition and Cocktail Party (6:30 – 8:30 p.m.) Grand Ballroom

Saturday, Nov.22

9:30 – 11:00 a.m. Symposium: The roles validating and invalidating behaviors in family treatments for individual and relationship distress Cape Cod/Hyannis

10:15 – 11:45 a.m. Symposium: Filling the gaps in studying infidelity: What do we know and what do we still need to know? Grand Ballroom C/I

12:00 – 1:30 p.m. Symposium: Mechanisms of action in the prevention of relationship problems in high- and low-risk couples Grand Ballroom I

1:00 – 2:00 p.m. Posters: Couples and Families Exhibition Hall

2:30 – 4:00 p.m. Symposium : Couples-based health interventions: Mechanisms of action Regis

3:30 – 4:30 p.m. Posters: Anger and violence Exhibition Hall

Student Happy Hour (meet at Champions in conference hotel at 5:30 pm) /

Couples SIG Dinner (TBA during SIG meeting and on the listserv before the conference)

Sunday, Nov. 23

9:00 – 10:30 a.m. Symposium: Behavioral couples therapy for alcoholism and drug abuse: Recent advances Nantucket

9:00 – 10:00 a.m. Panel Discussion: Using basic research to craft effective violence intervention programs: The controversial nature of conducting research on intimate violence Regis

9:00 a.m.–12 p.m. Workshop: Treating affair couples: An integrative approach Grand Ballroom H/

No matter what I did, I could not get rid of this page! Clearly, we need people with better formatting skills to take over. If you have questions about this newsletter or about the position of editor, please email me at sstanton@email.unc.edu. Bye!

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '03

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Notes from the Trumvirate SIG Co-Presidents' Column

EDUCATION, *n.* That which discloses to the wise and disguises from the foolish their lack of understanding. -Ambrose Bierce (1911), *The Devil's Dictionary*

Now that summer is upon us, we have an opportunity to turn to our scholarly endeavors from educating others to educating ourselves. We can now devote more time to knowing what we do not know. The research that our members are working on will, no doubt, help to reveal our lack of understanding of marriage and marital therapy.

To help our members with their "lack of understanding," the triumvirate has been working on bringing in a speaker for the preconference seminar who is likely to have a different perspective on marriage. During the SIG meeting in November various topics were considered for the preconference seminar, with several possibilities left on the table at the end of the meeting. In keeping with the idea of revealing our lack of understanding, the triumvirate has found a speaker who will present a workshop on sex. Specifically, Julia Heiman has agreed to give a talk (format TBD) on *Recent Developments in the Assessment and Treatment of Sexual Dysfunctions: Focus on Women*.

We will hold the event in the late afternoon on the Thursday preceding the conference. Please arrange your travel itinerary accordingly. We will schedule it to end before dinnertime, so that you will still be free to make plans for supper. More details about this event will follow in our fall newsletter.

Other happenings in the SIG include a request and reminder from Annmarie to update information about your research laboratory on the couple research graduate program list that she keeps on her website. You can go to the links page of <http://www.science.wayne.edu/~acano> to check on your listing or to see the format of new listings. Please email her at acano@wayne.edu if you'd like to edit your entry. She has received positive feedback from those who used the site. It seems to be a useful tool for prospective grad students and others interested in contacting colleagues. Annmarie noted that at least two labs have benefited from having prospective graduate students checking the site.

We continue to be one of the strongest SIGs in AABT. As such, we want to remind you to always be thinking about possible invited speakers. It is too late for invitations for this fall, but let's use some of our strength to bring in some relationship researchers as invited speakers in the future. It is not too early to start thinking of 2004.

As usual, please encourage your colleagues with research interests in intimate relationships to join the SIG (and AABT), and, more importantly, keep the SIG in mind as a resource for your research and clinical work involving intimate relationships.

Have a safe and enjoyable summer. We look forward to hearing from you and seeing you in the fall.

Annmarie Cano
Kristina Coop Gordon
Matthew D. Johnson

Treasurer's Update

Kathleen Eldridge

Hi there SIGers. November promises to bring another great conference. Our SIG membership continues to grow. We now have 92 nonstudent members and 83 student/postdoc members, for a total of 175 SIG members. This means we have increased our membership by 20 in the last year.

With so many members, we need larger rooms at AABT. Booking larger rooms requires strong paying membership. Since AABT does not recognize inactive (nonpaying dues) members as SIG members, we want to be able to reactivate any members who have not paid SIG dues for the last 2 years. That way we can continue to hold our meetings with sufficient seating and presentation space.

As usual, dues are \$20 for faculty members/professionals and \$5 for students/1st year postdocs. To reactivate your paying SIG membership by paying for the current 2002-2003 year, you may mail a check made out to Kathleen Eldridge, with "AABT Couples SIG" in the memo line, to the address below. I will send you a receipt of payment via mail or email.

Kathleen Eldridge, Ph.D.
AABT Couples SIG Treasurer
Assistant Professor of Psychology
Graduate School of Education and Psychology
Pepperdine University
18111 Von Karman
Irvine, CA 92612

Our treasury currently contains approximately \$1200, which will be used to (a) pay for all of the SIG costs in November, (b) hold a pre-convention meeting before the conference, and (c) bring in a guest speaker.

Thank you to all of you who have consistently paid your SIG dues and remain paying members. And thanks in advance for renewing your paying SIG membership if you have not paid for the last 2 years. If you aren't sure if you have paid SIG dues in the last 2 years, email me at keldridg@pepperdine.edu and I will let you know.

Also, please email me with updates in your contact information and your student/nonstudent status, so I can update our membership list for the SIG website. This is particularly important for members who were not able to make the SIG meeting at AABT last November to provide updated information.

Everyone in the SIG may participate in the SIG listserv and have access to the SIG website. Feel free to contact me if for some reason you are not connected to one of these resources and would like to be.

See you in November!
Kathleen

Editor's Letter

Susan Stanton

Spring is the time for rain, flowers, more rain, graduations, and of course, premarital intervention programs before the onslaught of summer weddings. After two years of assisting with Don Baucom's annual premarital weekend (BOOST, an update of Howard Markman's PREP), I decided that I wanted a part of the fun. I dragged my fiancé to 12 workshops on different areas of relationship functioning. I had a rude shock as he dared to point out the skills I had not been following in our relationship. (Never fear, the wedding is on June 5, 2004!) I write this newsletter humbled, having learned a taste of what it is like for couples to try to keep track of all we throw at them in therapy.

If this newsletter is any indication, couples will have even more to keep track of in future therapy sessions. This issue offers many new considerations for therapy with special populations of couples, from Doug Snyder and Mark Whisman's preview of their book to Karen Prager's book review of Susan Johnson's terrific new resource for working with couples coping with trauma to Gary Birchler's summary of major findings from his symposium on couples with substance abuse. We also revisit the 2002 AABT conference with two articles on relational diagnoses, as well as a summary of the Couples Research and Therapy SIG business meeting. As we remarked at AABT, our SIG celebrates more than 30 years of research on couples. Danielle Black and Lauren Papp bring us up to speed on major developments in the field with a list of seminal articles, especially useful for graduate students and young professionals who read all these articles when they were first published. Happy summer reading! After reading the classics, take a look at the many in press articles for the latest research.

Email sstanton@email.unc.edu to contribute to the next newsletter.

Seconds Minutes Hours

Your Guide to the 2002 Couples SIG Business Meeting

With a comfortably large room to fit our more than 100 members, we met during the 2002 AABT weekend to talk couples stuff. The first order of business involved various elections and committees. **Brian Baucom** (bbaucom@ucla.edu) took on the title of web guru from **Ragnar Beer** and **Kathleen Eldridge** (kathleen.eldridge@pepperdine.edu) picked up the purse strings as **Erika Lawrence** stepped down as treasurer. Please email them with any questions about the web page or dues. The new committee to choose the Robert. L. Weiss Student Poster Award winner consisted of **Erika Lawrence** (Chair), **Mari Clements**, **Carolyn Kohn**, and **Lynn Rankin-Esquer**. They will email the listserv in the fall with more information about submissions for the 2003 award.

Speaking about the poster award, Norm Epstein and his committee presented **Rene D. Sell** the Weiss Award (complete with monetary gift!) for her poster with Elizabeth Epstein and Barbara S. McCrady entitled Do Female Partners of Drug Abusers Benefit from Conjoint Behavioral Treatment?, and gave **Michael Lorber** and Honorable Mention for his poster with K. Daniel O'Leary entitled Psychological Aggression at Engagement Predicts Increases in Male Physical Aggression in Early Marriage.

In other business, we paid close attention to our social gatherings, as one person noted that the SIG dinners were becoming "wedding-like" (by the way, thanks to Danielle Black and Lauren Papp for organizing an awesome dinner at Lavequia!). Suggestions for alternative events included a cocktail party or both a dinner and cocktail party. Send the student co-presidents your suggestions!

Talk turned to the preconference meeting, and after well-deserved praise for this year's discussions on the future of couples research and on couples research and public policy, we tossed around ideas for next year's event. Topics volunteered by members were public policy, online research and other technological tools, other methodological topics, sexuality, and a mentoring panel in which junior members of the SIG could hear advice on different career paths. Siggers also tossed around the idea of bringing in an outside speaker on whatever topic is chosen (sexuality seemed to be the most popular option) as well as the notion of keeping the meeting discussion-focused.

Given the recent discussions on the listserv about relational diagnoses as well as the presence of Division 43's (family) Terry Patterson, we looked at ways in which to increase communication with other groups within AABT who study similar topics to the couples SIG. The discussion focused on making connections with the new Parenting and Families SIG and other AABT members not in the Couples SIG who study violence or child maltreatment. Strategies included jointly putting together symposium for AABT, collaborating on articles for *Behavioral Therapy* (AABT's newsletter), hosting a combined preconference meeting on a topic of mutual interest, and socializing together during the conference.

Finally, our SIG co-presidents solicited names of leading couples researchers whom we would like to nominate for Invited Addresses at the next (and all future) AABT conference, as well as encouraged the submission of more panel discussions on couples topics since our SIG is one of the largest in AABT!

Compiled by Susan Stanton.

Announcement

The Coche Center and The Weekend Schools celebrates its 25th birthday this year as a Practice in Mental Health Service Delivery and Adult Relationship Education Center. **Judith Coche**, Ph.D., a member of AABT, said that her vision, since 1978 has been to bring state of the art clinical intervention, behavioral research, and adult education to the public in a way families can use and afford. Now, one quarter of a century later, as a way to celebrate the growth of mental health service delivery in general, and the growth of The Coche Center in particular, clients and colleagues are being offered their first annual 30 minute "Mental Health Check Up" at no charge this fall.

Clinician's Corner: *Treating Difficult Couples*

Douglas K. Snyder, Texas A&M University, & Mark A. Whisman, University of Colorado

Rarely do couples come to us as therapists with simple, encapsulated complaints amenable to brief interventions that, after a few sessions, restore the couple to individual and relationship health. Too often, couples avoid seeking professional assistance until initial differences or disappointments fester over a protracted period into generalized disillusionment and deeply engrained patterns of negative interaction. By one account, couples wait an average of six years once they start having problems before seeking outside assistance. Moreover, relationship problems frequently interact with substantial emotional, behavioral, or health problems in one or both partners. Even among couples in the community, research suggests that relationship conflict both contributes to – and is exacerbated by – disorders of mood, anxiety, substance abuse, physical aggression, sexual dysfunctions, personality disorders, and physical illness. Among couples entering therapy, the comorbidity of relationship problems with individual emotional or behavioral deficits often seems the norm rather than the exception.

Even to the experienced couple therapist, the term “difficult couple” may appear redundant. What distinguishes “difficult” from “nondifficult” couples? Is it the intensity and disinhibition of hostility exchanged between partners within sessions, or the apparent immutability of dysfunctional patterns of interaction reenacted over many years? Is it the deep roots of maladaptive relationship patterns in partners' early developmental experiences, or their vulnerability to acute stressors beyond their control in their current personal or professional lives? Are couples more difficult to treat when individual and relationship dysfunctions interact recursively to reinforce and maintain each other? Each of these factors may distinguish more difficult from less difficult couples. And as experienced couple therapists know too well, often times several of these complicating factors coexist.

In this brief article, we first summarize findings regarding the comorbidity between relationship distress and a broad spectrum of emotional and behavioral disorders. We then describe a variety of approaches for helping clients with coexisting mental and relationship disorders. Finally, we articulate implications of recent findings regarding comorbid individual and relational difficulties for clinical training and research.

The Comorbidity of Relationship Distress and Mental and Physical Health Problems

There is a large and growing literature that links problems in intimate relationships with the onset, co-occurrence, and course of mental and physical health

problems in adults. From a diathesis-stress model, poor relationship functioning increases the likelihood of already vulnerable individuals developing or maintaining mental health problems. Similarly, mental health problem in one partner can result in emotional and financial burdens for the other as well as the disruption of important family routines. Hence, relationship distress and individual emotional or behavioral difficulties likely mutually influence one another in a bidirectional and reciprocal fashion.

Whisman (1999) evaluated the association between marital distress and 12-month prevalence rates of 13 psychiatric disorders using data from the National Comorbidity Survey based on 2,538 married persons across the United States. His findings confirmed that maritally distressed people were more likely to have psychiatric disorders than nondistressed people. For example, in comparison to nondistressed individuals, distressed individuals are 3 times more likely to have a mood disorder, 2.5 times more likely to have an anxiety disorder, and 2 times more likely to have a substance use disorder. In addition, marital distress was associated with each class of disorder and with each specific disorder that was evaluated, with the exception of bipolar disorder; that is, the association between marital distress and psychiatric disorders was not limited to a select group of disorders. Moreover, the magnitudes of the associations between marital distress and disorders were generally quite large. In a subsequent study, Whisman, Sheldon, and Goering (2000) evaluated the association between psychiatric disorders and marital distress while controlling for distress with relationships with relatives and close friends. Their findings confirmed that mental health problems are associated with greater marital distress, above and beyond general distress in other close relationships.

Research linking relationship distress to personality disorders is surprisingly sparse, given that personality disorders are often conceptualized as disorders of interpersonal behaviors. However, there is some evidence that individuals with personality disorders – including those with a comorbid Axis I disorder – have greater relationship distress than individuals with only Axis I disorders. Not only do relationship distress and individual emotional and behavioral problems covary, but research has also confirmed the impact of relationship distress on the outcome to treatments for such problems. For example, marital distress predicts slower recovery and a greater likelihood of relapse for depression, increased likelihood of relapse and time to relapse for alcoholic patients in treatment, and poorer outcome to individual treatment for married or cohabiting people with generalized anxiety disorder.

Approaches to Treating Coexisting Mental and Relationship Disorders

A number of couple interventions have been evaluated for their efficacy for treating selected emotional and behavioral disorders of individual partners (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). In general, these interventions generally fall into one of three classes:

- (1) disorder-specific interventions, in which relationship issues are addressed to the extent that they impact, or are impacted by, the partner's disorder
- (2) partner-assisted interventions, in which the partner acts as a surrogate therapist, coaching the individual to complete homework assignments and providing support
- (3) general couple therapy addressing specific domains of relationship functioning that contribute to or exacerbate the emotional or behavioral problems exhibited by one or both partners.

To date, research has generally supported the efficacy of both disorder-specific and partner-assisted interventions for the treatment of anxiety disorders, major depression, alcohol- and related substance-abuse, partner aggression, and specific sexual dysfunctions. Less frequently encountered, and more challenging both for couples and their therapists, are occasions when one partner develops a major mental illness that significantly disrupts cognitive processes or results in psychotic symptoms. Recent couple-based treatments have been developed for individuals suffering from bipolar disorders or schizophrenia-spectrum disorders, building on previous advances in assisting families of individuals with major mental illness from a behavioral approach. Each of these treatments espouses a broad-based approach not only for assisting the individual suffering the disorder, but also for minimizing the deleterious effects and mobilizing the support of their partner and other family members.

More recently, several investigators have emphasized adaptations of existing couple approaches for additional individual difficulties for which specific couple-based interventions have not yet been developed or as extensively empirically validated. Examples include application of emotionally focused couple therapy to treatment of posttraumatic stress disorder, translation of dialectical behavioral therapy to couples in which one partner exhibits a borderline personality disorder, and interdisciplinary approaches to couples suffering problems of aging or other physical illness. Snyder and colleagues (e.g., Snyder & Schneider, 2002) have argued that when working with difficult couples, no single treatment modality or theoretical approach will likely fully address the full spectrum of individual and relationship dysfunction that difficult couples frequently present. Hence, they advocate technical integration within a theoretically pluralistic approach for selecting, sequencing, and pacing couple interventions. Specifically, their model proposes using initial structural and strategic interventions to contain crises and strengthen the couple's relationship, followed with behavioral techniques for promoting essential relationship skills, and then incorporating cognitive and insight-oriented

approaches as appropriate to address intrapersonal factors linked to relationship functioning.

Implications for Clinical Practice and Training

In a newly released edited book on *Treating Difficult Couples* (Guilford Press, 2003), Snyder and Whisman articulate key implications of recent conceptual and empirical developments regarding comorbid relationship distress and emotional and behavioral disorders for clinical practice and training. Among these are the following:

- Effective treatment of individuals and couples requires comprehensive assessment of intrapersonal and interpersonal functioning throughout affective, behavioral, and cognitive domains across multiple levels of the family and socio-ecological system. This includes the onset, course, and previous treatment of partners' individual difficulties and the manner in which these contribute to, result from, or interact with relationship problems. Assessment of individual and relationship functioning essential to effective treatment requires recognizing heterogeneity both in the patterns of characteristics defining individual and relationship problems and in their levels of intensity. Subdromal expressions of individual or relationship disorders may warrant consideration of treatment approaches similar to those developed for their more intensive clinical counterparts.

- Therapy will be most effective when individuals and couples are matched to treatments for which they possess prerequisite attributes and are excluded from treatments for which they are particularly ill-suited. For assessment to influence treatment, individual differences in intrapersonal and interpersonal functioning need to be linked to alternative models and modalities of intervention. Although the development and evaluation of disorder-specific and partner-assisted couple treatments for individual problems comprise a relatively recent phenomenon, continued advances along these lines promise to alter substantially the practice of couple therapy. No longer will generic relationship-enhancement techniques suffice as more effective approaches to working with difficult couples are articulated.

- Empirical findings regarding the efficacy of couple- and family-based interventions for individual emotional, behavioral, and health problems should influence practice guidelines at the corporate level. At the simplest level, this implies collaboration among practitioners varying in discipline and level of expertise. A higher order of corporate response involves institutional policies formalizing multidisciplinary interventions across individual and couple or family levels. For example, within medical settings this involves systematic attention to relationship phenomena on primary care units and inclusion of couple interventions to treat individual health problems or contain their secondary effects. Finally, corporate response among health maintenance organizations and third-party payers requires eliminating clinical service and reimbursement

policies that discourage couple- and family-based treatments.

- Differences in urgency of individual and relationship issues and their progression during therapy require an organizational conceptual framework for selecting, sequencing, and pacing interventions. Although virtually all approaches to couple therapy possess an implicit progression of individual treatment components, difficult couples demand special attention to the selection, sequencing, and pacing of specific interventions. For some couples this consideration is mandated by individual or relationship issues that impede an initial working alliance between partners or with the therapist – as in severely antagonistic relationships or with narcissistic or paranoid clients. For other couples the modal sequencing of interventions must be modified to contend with such crises as suicidality, alcohol or drug dependence, major psychopathology, infidelity, violence, or other trauma including recent diagnosis of a terminal illness. Because such crises may emerge at any point during couple therapy, practitioners need an organizational framework for integrating concurrent individual and relationship interventions, and linking immediate responses to crisis to therapeutic strategies that both preceded and follow these events.

- Effective treatment of difficult couples often requires therapists to conceptualize and practice integratively across diverse theoretical orientations. Difficult couples often require thinking outside the parameters of any one theoretical orientation – in part because theoretical approaches to both individual and couple therapy vary in their attention to cognitive, affective, and behavioral

components of intrapersonal and interpersonal functioning. The more difficult the couple, the greater the need may be to draw on increasingly diverse intervention strategies to address multiple individual and relationship problems. Integrative practice may be pursued in two ways. One path involves training in, and use of, theoretically integrative models described in the literature. An alternative to adopting an existing integrative approach is to practice pluralistically across multiple theoretical modalities, but to pursue technical integration by incorporating a conceptual organizational framework tailored to couple differences in individual and relationship functioning.

Conclusions

Effective treatment of both individuals and couples requires assessment and intervention strategies targeting both intrapersonal as well as interpersonal components of functioning. All therapists need to be competent in recognizing the recursive influences of individual and couple difficulties. To achieve this objective, additional research needs to delineate the impact of relationship functioning on the treatment of mental and physical disorders, and the impact of individual functioning on the treatment of couple distress – including therapeutic processes, mechanisms of change, and both intermediate and long-term outcomes. Empirical findings from such research need to be incorporated both by individual practitioners and the broader healthcare system to ensure the utilization of couple-based interventions that have been demonstrated to be equally or more effective than traditional individual treatment modalities in treating or preventing clients' emotional and behavioral disorders.

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KUDOS! KUDOS! KUDOS! KUDOS!

Joanne Davila was awarded an NIMH R01 to study stability and change in attachment security within dating couples and across dating partners over time.

Miriam Ehrensaft received a grant from Columbia Center for Youth Violence Prevention for "Service Needs of Pediatric Psychiatry Outpatients Exposed to Domestic Violence."

Annette Mahoney is happy to announce the birth of her son, Anthony Jeremy Mahoney, on Feb. 1, 2003 weighing in at 7 lb., 11 oz.

Terry Patterson was promoted to full professor at the University of San Francisco, and re-appointed as Chair of the Institutional Review Board for the Protection of Human Subjects for a three-year term.

Kieran Sullivan was granted tenure and promotion to associate professor a couple months ago here at Santa Clara University in California.

The (De)Merits of Relational Diagnoses

By Steven Beach, University of Georgia

I would like to propose that we debate whether there are categories of relationship difficulty that are sufficiently troubling and sufficiently unlikely to remit spontaneously that they merit being included in the next edition of the Diagnostic and Statistical Manual (DSM) as part of a new category of "relational diagnoses." One of the exciting things about this proposal is that it raises a number of basic conceptual issues about the nature of dyadic problems and draws our attention to scientific issues that need to be addressed. The resulting discussion is therefore likely to be multifaceted with many possible twists and turns. Regardless of the ultimate outcome of the debate I suspect we, as a field, will be well served by engaging in the discussion. Accordingly, I hope this issue is of sufficient interest that it will lead to considerable debate. In this column I will provide an opening argument for the development of "relational diagnoses." But I hope others will continue the debate both pro and con.

What are some of the arguments in favor of including a category of "relational diagnoses" in the next DSM?

1. Relationship difficulties are known to carry significant and unacceptable risks of morbidity and mortality in a variety of contexts (e.g. Coyne, et al., 2002), and are sufficiently common to merit regular attention in both inpatient and outpatient settings. I suspect this is not a very controversial point, but it is one that requires additional empirical support.
2. It is widely believed that relational difficulties are related to the ongoing epidemic of divorce in this country (e.g. Markman, Stanley, & Blumberg, 1994) and relational diagnoses might clarify which types of relationship problems confer risk of divorce and so galvanize greater prevention efforts. This may be a slightly more controversial assertion, but is in keeping with a long tradition of work in Divorce Prevention.
3. Inclusion of well-validated relational diagnoses in the next DSM has the potential to help practitioners distinguish between relationship problems that require intervention and those that may improve on their own. This could lead to more efficient use of scarce clinical resources. This argument may be controversial, but if current approaches to marital therapy cannot meet current or project future demand for services, some rational basis for allocating services is important, or new methods of service delivery are necessary (for an example of this type of concern see Fincham & Beach, 2001).

What are some of the arguments against including a category of relational diagnoses in the next DSM?

Although a number of potential arguments can be posed, I will suggest two basic conceptual issues.

1. The first and potentially strongest argument against including a "relational disorders" category in DSM-V is the view that dyadic systems are unlikely to have pathologies that are independent of the individuals who comprise them. Some classic work in the marital area suggests that system pathology is relatively independent of individual pathology. However, the nature of the contribution of individuals to dyadic dysfunction is an important point of ongoing research and discussion. Accordingly, one important issue is whether dyadic "systems" can display pathology and whether such pathology can (and sometimes does) maintain itself regardless of changes in individual functioning. There are, of course, strong and weak versions of the view that system pathology can be independent of individual pathology and it may not be necessary to demonstrate complete independence before it becomes sensible to diagnose system pathology in its own right.

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Couple Research & Family Psychology: How Are Those Bridges Doing?

By Terry Patterson

During 2002 bridges were built between the APA Division of Family Psychology and the AABT Couples SIG. The impetus for this effort came from discussions between Division 43 and SIG members about the re-emergence of the potential for a relational diagnosis category to be included in *DSM-V*. Granted, many AABT members (particularly researchers) and some 43 members have long abandoned the notion of formal diagnosis as being irrelevant to empirical investigation or intervention science, but the notion of joining forces in a functional manner in order to prioritize the significance of relationships appeared to merit further discussion. The idea of "joining forces with the enemy" appealed to some as a means of advancing the causes of research funding and third-party reimbursement, if not of bridging the epistemological divide.

To this end Steve Beach wrote a column in his role as Science Editor of *the Family Psychologist* (Beach, 2002) [See Beach's article on this topic on this page], and a reply followed by Florence Kaslow and Terry Patterson (2002). The latter article detailed the history of an interdisciplinary coalition of mental health organizations on relational diagnosis in the early '90s, which culminated in an optional category to code relationships on Axis IV of *DSM-IV* (see Yingling et al, 1998). The conclusion of the overall effort was that additional independent research would be needed for inclusion as a major category in the next *DSM*.

I was then invited to be part of a panel on family research at the AABT convention in Reno last year, during which some interesting (see BRIDGES, next page)

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2. A second argument against including “relational diagnoses” in DSM-V is the possibility that relationship dissatisfaction is inherently continuous and so does not lend itself to being characterized in terms of categories. It is quite possible that this is the dominant view among marital researchers at the present time. Supporting this view, the most commonly used dependent variables in outcome research in the family and marital areas are satisfaction measures that strongly suggest continuity. However, if we cannot demonstrate discontinuity it will be hard to argue that relationship problems are amenable to being parsed into diagnostic categories. It is true, of course, that this same criticism can be leveled against many of the diagnostic categories already in the DSM. But there would seem to be little intellectual merit in compounding this problem by proposing a system of relational diagnoses that is “also” misleading. Accordingly, a second major issue that must be resolved if we are to make a case for relational disorders is whether some types of relationship dysfunction can be characterized as being discontinuous with normal functioning. Of course, one could suggest that some important dimensions of relationship functioning are continuous and others are not. In that case one might create useful descriptive dimensions out of the former and create useful diagnostic categories out of the latter.

What types of research might be helpful in moving the debate forward?

There are many types of research that have the potential to help clarify the potential value of relational diagnoses. Among others, these include research to refine brief assessment modules adapted for different dyadic relationships, research that establishes the potential reliability of specific relational diagnoses, and research that suggests the added value of relational diagnoses for effective clinical practice (for more detail see discussion in First, et al., 2002). However, I would like to suggest that computer simulations and taxometrics deserve greater attention given the useful information they can provide on the central conceptual problems posed by the debate over relational diagnoses.

Computer Simulations. Although they are not new, due to recent developments in mathematics, computer simulations of mathematical models have made dramatic contributions recently in a number of areas of scientific inquiry. They are particularly popular in the study of cellular automata, neural nets, and dynamical systems (see Gottman, Swanson, & Swanson, 2002 for a nice historical overview in the marital area). The recent upsurge in the use of computer simulations of dynamical systems should be of particular use to those of us in the marital area. As was noted by Weiss (2002), dynamical systems modeling has a great deal of potential for helping us better understand dyadic systems. In particular, computer simulations of dynamical systems can demonstrate:

- 1) that dyadic systems can have emergent properties
- 2) that distinct sub-populations can diverge starkly despite similarity in initial starting points
- 3) that some problematic relationship dynamics can become self-perpetuating
- 4) that dyadic systems can be “disordered” in the absence of disorder at the individual level.

Linked to empirical examination of particular dyadic systems, mathematical models have the potential to be quite persuasive (again, see Gottman et al., 2002 for an example).

For interested parties, I would recommend the book by Nowak and Vallacher (1998) on “Dynamical Social Psychology.” Nowak and Vallacher (1998) demonstrate that two individual logistic equations (self-influencing systems), tied together by a parameter that represents the degree of influence between the members of the dyad, can demonstrate emergent systemic properties. The logistic equations were chosen to reflect self-influencing systems that are extremely complex in their behavior (i.e. individuals demonstrating non-repeating patterns of (see RELATIONAL DIAGNOSIS, page continued on next page)

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is a remarkable and interesting result. At a certain point of mutual influence, there during which some interesting dialogue took place. Highlights are as follows:

- There was no expressed opposition to pursuing this matter, although there was significant variance in the breadth and depth of interest
- SIG has primarily a research agenda, and the establishment of relational diagnoses could lead to a common terminology and criteria for designation of key variables
- SIG is not particularly interested in the reimbursement issue, although many practitioners and clients are
- SIG members stressed that although efforts leading toward inclusion in DSM may further a research agenda, it need not be driven by DSM
- Although NIMH has allegedly indicated no interest in funding DSM research, individual researchers might apply using research agendas that include a DSM focus.
- ApA (Psychiatry) has not yet determined whether to include relational diagnosis work groups in the task forces it has established for DSM-V
- The APA Practice Directorate has signaled an interest in supporting Division 43’s explorations of this issue
- Additional conceptual delineation and field trials to discriminate between individual and relational disorders are needed regarding duration, severity, and co morbidity
- Although DSM will continue to be a manual of individual disorders, sufficient evidence exists for relational disturbances that affect personal functioning
- Allied mental health and consumer organizations will have to be included in the effort; massed political strength may influence funding priorities and political decisions.

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behavior). Yet, when they are linked in a single system by mutual influence, there is a dramatic transition from uncoordinated dyadic interaction (with each individual's behavior relatively independent of the other) to highly coordinated interaction. That is, as we move from a less to a more interdependent dyadic system, the behavior of the system has emergent properties that do not depend on the specific characteristics of the individual members (see page 196). Thus, even relatively simple mathematical models can illustrate the emergent properties of dyadic systems.

Similarly, Nowak and Vallacher (1998) demonstrate the tendency of some systems to converge toward a particular stable "attractor" (see page 58-60). That is, despite their inherent potential for dynamic change and the complex behavior of their constituent elements, some systems tend to perpetuate a particular outcome once they fall close enough to the system attractor. In the framework of Relational Diagnoses, this suggests that some dyadic systems may find themselves unable to break free of a particular problematic pattern unless there is an outside influence that allows the system to escape the pull of the system attractor. Combined with empirical observation of persons in troubled dyadic relationships, it should be possible to gauge the degree of fit between the simulation and the actual dyads. A good fit between simulation and observation provides strong evidence for the essential correctness of the mathematical model (see Gottman, Swanson, & Swanson, 2002).

Of course, even if we ultimately decide that systems can have pathology that is independent of the elements comprising the system, and that this provides an adequate description of some of the dyadic problems we confront in marital therapy, we will still confront the hurdle of demonstrating discontinuity. That is, we will need to show that proposed relationship diagnostic categories are categorical and not just extreme points on an underlying continuum of relationship distress. How can we decide if some types of relationship difficulties represent a qualitatively "different state" deserving a diagnostic label whereas other difficulties are better captured by continuous dimensions?

Taxometrics (Waller & Meehl, 1998) is an approach that may help make the case that any "relational disorders" we ultimately propose represent valid diagnostic "entities" and are not merely extreme forms of normal difficulties faced in all dyadic relationships. Taxometric investigation is designed to see whether a particular dimension changes gradually and continuously, or alternatively if it has a non-arbitrary boundary at which point it becomes qualitatively different. If we believe that some relational disorders represent qualitatively different states, as we must if we are to propose diagnostic categories rather than descriptive dimensions, taxometrics provides a critical test of our expectations. Accordingly, taxometrics has the potential to validate categories of relational diagnosis. It can also provide evidence that such categories are not arbitrary and do not merely capture outliers from the normal population. When there are two distinct groups in a population and a valid set of indicators is available, taxometrics produces estimates of the base rate of the two "types." This is a great advance over traditional approaches to diagnostic validation in which cut-points for distinguishing between clinical and sub-clinical forms of the disorder are necessarily somewhat arbitrary. Accordingly, taxometrics can provide persuasive evidence of diagnostic validity. The taxometric approach has been developed by Waller and Meehl (1998) and is very nicely explicated in their book "Multivariate Taxometric Procedures."

How can marital researchers play a role in influencing the DSM?

As we debate the potential utility of "Relational Diagnoses" marital researchers have a pivotal role to play. If there are any valid relational disorders, one might expect to find evidence of them in the marital area. Direct demonstration of the independence of dyadic processes from individual characteristics via dynamical systems models, along with convincing demonstrations of the correspondence between the simulations and the behavior of (see RELATIONAL DIAGNOSIS, continued on next page)

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The current president of Division 43, Scotty Hargrove, had planned a conference at the Bowen Center at Georgetown University this Spring with Michael Kerr, a *DSM* committee member as the speaker. Although this conference was postponed, the issue remains alive in the Division. The need for additional independent research is paramount for future progress on this issue, just as it was ten years ago. For a full portrayal of the relational diagnosis issue, see the chapter on this topic in *DSM-IV-TR* (APA, 2002), and the excellent volume by Kaslow (1996).

Beyond relational diagnosis, the current Division 43 President-elect, Jay Lebow is a researcher and clinician at the Family Institute at Northwestern University and has significant ties to practitioners at all levels. Jay has indicated that his priority as president will be to accentuate the link between family research and the practice of family psychology, which can lead to a greater rapprochement between practitioners and researchers in the field. Related to this is an interest in bringing scientists and practitioners together in working toward a scientifically grounded system of relational diagnosis for the next *DSM*. In addition, he intends to help generate a research agenda by assessing the empirical status of the field, and by becoming more vocal in disseminating the strong empirical base of support for many couple and family approaches.

Picking up on Jay's theme, I would like to emphasize that I believe that family psychologists and SIG members have many common areas of interest. I detailed the foundations and misconceptions regarding these at the Reno conference as follows:

- Do not assume that "family" refers only to psychotherapy with families. It is used as a generic term for consultation, prevention, research, teaching, and intervention with couples, parents and children, and other systems.

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real dyads could be very helpful in determining whether any valid relational diagnostic categories exist in the marital area. Likewise, convincing demonstrations of the existence of discrete categories of relationship dysfunction along with demonstrations of the importance of these categories for understanding morbidity and mortality may be quite persuasive as well. Accordingly, it may be that marital researchers are especially well positioned to sort out the merits (or lack of merit) in any proposals for relational diagnoses.

As may be clear, I do not think the debate over the creation of a category of "relational diagnoses" should be pursued as if the issue were already decided. Nor do I think the issue should be debated as if it could be decided through armchair analysis alone. In conjunction with debate regarding conceptual issues there will need to be innovative and creative research to better document and define the underlying structure of marital problems. It is my hope that we, as a group, will play a central role in providing the needed research. Hopefully, we are up to the challenge.

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- Do not assume that all Division 43 members are strong adherents of diagnosis. A traditional emphasis on intervention has created some strange bedfellows between medical-model clinicians and others who deal with diagnosis mainly (although increasingly less) for reimbursement.
- Do not assume that a "systems approach" is homogeneous. General Systems Theory (GST-VonBertalanffy, 1968) is the basic referent, and many family psychologists adhere to a behavioral or cognitive model.
- Assume that we also have a lot in common with other relational scientists and clinicians from other disciplines and organizations in social work, family therapy, psychiatry, and nursing, including AAMFT, NCFR, NASW, NAMI, etc.
- As the field moves increasingly toward a greater emphasis on an empirical basis for assessment and treatment, adhering to traditional divisions will impede our ability to pursue an agenda that has many elements of mutual interest. Current political realities, examined closely, may give further support to an emphasis on empirical findings regarding marriage, child development, and broad family issues in public policy, research funding, and accessibility to treatments.

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Want to be a Couples SIG member?

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"Is There a Need to Update Traditional Behavioral Couple Therapy for Special Populations?"

By Gary R. Birchler

This was the title of a symposium at the 2002 AABT Convention in Reno. The presenters included Bill Fals-Stewart, Dan O'Leary, and Andy Christensen. Unfortunately, there was a schedule conflict and many Siggers had to choose between two competing (and both worthy) symposia. It has been suggested that a brief recapitulation of the basic issue here might be of interest to those who could not attend. In this brief article, I seek to alert the readers to the powerful and impressive research findings based on the application of BCT to two hardcore special populations: alcohol and drug abusers and their significant others. In this particular article, space does not allow for an exposition of the impressive treatment programs described at the symposium by Dan and Andy. Of course, for those of you who would like to hear all the speakers' verbatim presentations, there is an AABT audiotape available of the same name. I take full responsibility for the tone and bias of this article ---and in the spirit of my mentor Bob Weiss, I say that I do not intend to offend anyone, but I wouldn't mind provoking everyone.

The Issue

Ever since Behavioral Couple Therapy (BCT), formerly called Behavioral Marital Therapy (BMT), emerged as a viable treatment for distressed couples in the late 1960s, there have been attempts to enhance the effects of the basic intervention components. More recently referred to as Traditional Behavioral Couple Therapy, this 30-year old social learning approach consists primarily of the application of behavioral exchange and communication/problem solving training to address couple relationship problems. I am

going to refer to this classic approach as BCT.

Deriving from BCT, currently there are three well developed, though still evolving alternative approaches to traditional BCT. There is Cognitive-Behavioral Couple Therapy, which emerged in the late 1980s; Don Baucom and Norm Epstein have continued to be the major proponents of CBCT. More recently, Integrative Behavioral Couple Therapy emerged in the mid 1990s; Andy Christensen and Neil Jacobson have been the senior proponents. And most recently, there is Self-Regulatory Couple Therapy, with the treatment manual by Kim Halford published in 2001.

...At least one group of clinical researchers has relied rather exclusively on traditional BCT as the approach to employ when treating substance-abusing patients and their partners.

Despite the fact that over the years BCT has been shown repeatedly to be an empirically valid treatment approach for couple distress, it seems that each of these newer renditions of BCT has been developed because, in part, the clinical outcomes have fallen short of optimum results, the positive results obtained have not been sustained at long-term follow-up, or some additional intervention component was deemed necessary for the adequate treatment of certain couple types or problems.

Interestingly and highly germane to this issue, in the context of the historical effectiveness of BCT and the constant revisions over 30 years by many innovative

investigators, at least one group of clinical researchers has relied rather exclusively on traditional BCT as the approach to employ when treating substance-abusing patients and their partners. These proponents have included Tim O'Farrell, Bill Fals-Stewart, myself, and others. Moreover, to varying degrees, these same traditional and fundamental BCT intervention components have been retained and featured by other groups working with special couple populations. On one end of the couple distress continuum I think of Howard Markman, Scott Stanley, and Susan Blumberg working preventatively with engaged or newlywed couples; on the other end I think of Dan O'Leary, Rick Heyman, and Robert Neidig who have employed conjoint therapy to treat couples experiencing physical aggression.

So, we have contemporary clinical practitioners and significantly funded research investigators who have relied almost exclusively on traditional BCT to treat highly distressed, substance-abusing adults and their partners, other investigators who feature BCT interventions as important treatment components in working with special couple populations, and still others who, while they have retained certain features of BCT, have nevertheless determined the need to add cognitive, affective, and integrated treatment components in order to improve the chances of getting the desired outcomes.

Accordingly, the original AABT symposium was designed to consider this issue in the context of hearing more about the details and empirical outcomes of specific programs, clinical applications, and, indeed, to take into account, when available, UPDATING BCT, continued on page

UPDATING BCT, continued from page the hard data about outcomes using BCT and/or its derivative approaches.

The Challenge

In my view, this is a fascinating area for exploration, debate, and even potential concern. For example, some directions being promoted and proposed by the various investigators would appear contradictory...and if the future directions are not contradictory, we seek to understand why not? Put simply, the proponents of CBCT, IBCT, and SRCT, for that matter, all maintain that traditional BCT does not allow sufficiently for the specific context in which a given distressed couple operates. These approaches seek to individualize the treatment components for a given couple, depending on the nature of their conflict themes and/or the relative importance of individual, cognitive, behavioral, and affective variables in the determination of the couple's problems. In stark contrast, traditional BCT as applied to substance-abusing couples, offers the same basic treatment for every couple. Most of these studies have offered standardized conjoint treatments for 12 weeks. Moreover, given managed care and other community-based constraints, there has been pressure to develop 6-session treatments...or 3-session treatments...and to develop group vs. individual couple treatment programs. As required, this direction of (funded) treatment development would seem to virtually eliminate the time required and the clinician's ability to adequately assess and offer individualized treatment components to specific couples. In this regard, considering the treatment of substance-abusing couples, the question changes from *Is traditional BCT good enough?* to *Can BCT be further simplified and offered successfully in 6 sessions or in a group format?*

I would like you all to consider this point: Because psychosocial treatments almost always fall short of some optimal outcome for some subset of patients, there is continually a push to modify, improve, change, and enhance what

we have. That process is the hallmark of any growing science. But when a treatment is changed, the improvements must be viewed as relative. As seductive as it may be to ignore, whenever a treatment such as BCT is undergoing the transformation that is now clearly underway, we must keep in mind the age-old, but critical question: *For whom, and under what circumstances, does this treatment work?* In many clinical settings, substance-abusing partners are discouraged from participating in couples therapy. Indeed, substance abuse is considered such a difficult (and potentially intractable) problem that couples that include an alcohol- or drug-abusing partner are routinely excluded from couple treatment experimental designs. Accordingly, one might expect, given the challenges associated with substance-abusing couples, that BCT alone, without the more individualized and innovative treatment components being proposed these days, would be totally ineffective.

The Outcomes

Primary and secondary outcomes, based on the integration of plain vanilla BCT with individualized or group treatment for the alcohol- and drug-abusing partners (where the male or the female partner is substance dependent), are impressive. The BCT package includes (*all together now*): communication and problem solving training, dyadic behavior change: increasing positive caring behaviors and decreasing negative, conflict behaviors, and contingency contracting regarding maintaining sobriety, recovery planning, and relapse prevention. The treatment programs are completely manualized and every couple, essentially, gets run through the same sheep dip! Here is a simple outline of the findings derived from more than a decade of funded clinical research (specific references are included in the Fals-Stewart, et al, article referenced below).

Primary outcomes refer to the effects on substance use and dyadic adjustment. BCT, in combination

with individual-based or group treatment for alcoholism or drug abuse (IBT), results in a highly significant pattern of less frequent substance use, happier relationships, and lower risk of marital separation and divorce compared to results for IBT and/or couple psychoeducation, without BCT. Moreover, drug-abusing partners also have been shown to have fewer positive urine drug screens, fewer drug-related arrests and hospitalizations, and a longer time to relapse after the completion of treatment.

**... Whenever a treatment is undergoing the transformation that is now clearly underway, we must keep in mind the age-old, but critical question:
*For whom, and under what circumstances, does this treatment work?***

Secondary outcomes refer to effects not primarily targeted by BCT, but deemed to be of considerable importance, such as intimate partner violence, children's emotional and behavioral functioning, cost outcomes, and most recently HIV risk exposure. First, BCT for both alcohol- and drug-abusing males and their partners results in decreased partner violence after BCT, compared to when BCT is not included in the treatment program. Second, for children of both alcohol- and drug-abusing fathers, only BCT improved children's functioning to below clinical levels of psychosocial impairment, compared to IBT or couple psychoeducation. Third, relative to IBT, BCT has been shown to have a far greater cost-benefit ratio than IBT (e.g., 50% more reduction in post-treatment costs after one year) and be far more cost-effective (i.e., significantly greater clinical improvements, such as fewer days of substance use) than is the case for IBT. Fourth, compared to IBT and attention-control treatment, BCT was significantly more

UPDATING BCT, continued on page

UPDATING BCT, continued on page effective in reducing drug-abusing partners' HIV risk behaviors.

Compared to an overall pretreatment baseline of 40% drug-abusers who engaged in HIV risk behaviors (i.e., needle practices and unprotected sex), after treatment the engagement rates for BCT were 19%, for IBT 33%, and for attention control 34%.

Clearly, given these significant and consistent findings in several studies of male and female alcohol- and drug-abusers and their nonsubstance-abusing partners, BCT does appear to have impressive effects. In fact, although it is indeed an empirical question that awaits future research, it may be that rather than looking for more sophisticated and innovative treatment component augmentations to get desired effects, the very simplicity and focused nature of BCT is what makes this approach effective with these

particular substance-abusing populations.

Future Directions

Despite some impressive research conducted over the past several years, primarily by Bill Fals-Stewart and Tim O'Farrell as Principal Investigators, there are some significant gaps in BCT research with these populations. We need more progress in at least the following four areas:

- 1) *dissemination* of BCT to community-based treatment programs (BCT is totally underutilized given its cost structure and relative empirical support)
- 2) expand BCT research to *additional types of substance-abusing populations* (e.g., nobody knows what to do when both partners use; we need to learn more about couples where female partners are the only substance abusers)

- 3) examine the *mechanisms* of action underlying the effects of BCT
- 4) the addition of *other intervention components* to standard BCT specifically targeted to enhance important secondary outcomes, particularly decreases in intimate partner violence, reductions in HIV risk behaviors, and improvements in children's psychosocial adjustment

In conclusion, to date, this body of research suggests that there may not yet be a mandate to discard traditional BCT as an effective treatment approach. Indeed, BCT may have certain attributes that allow for simple, focused, manualized, cost-effective, and therefore relatively easy implementation across several types of providers and substance-abusing couple populations.

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Notes From Danielle and Lauren

Couples SIG Graduate Students' Co-Presidents' Column

We are grateful to Dr. Birchler and Susan Stanton for suggesting that we collect SIG members' recommendations for important articles. We also thank the SIG members who contributed their ideas. The suggestions we received fell into categories of Correlates of Marital Quality, Therapy Process, Treatment Outcome Studies, and Statistical and Methodological Approaches. Below are articles and books suggested to you for your summer reading pleasure. Enjoy!!

Correlates of Marital Quality

Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and the Family*, 62, 964-980.

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Therapy Process

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Statistical and Methodological Approaches

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Heyman, R. E. (2001). Observation of couple conflicts: Clinical assessment applications, stubborn truths, and shaky foundations. *Psychological Assessment*, 13, 5-35.

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Book Review

Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening the Attachment Bonds

By: Susan M. Johnson. (2002) New York: Guilford Press.

Review by: Karen J. Prager, University of Texas at Dallas

As I read Susan M. Johnson's new book, *Emotionally Focused Couple Therapy with Trauma Survivors*, I found myself reflecting back on recalcitrant couples I have worked with, in which one of the partners met criteria for borderline disorder. Such couples are always memorable to me because they often need extended treatment, and because they are more likely than most couples in therapy to fall back on old habits while still in therapy. Johnson's book reminded me of these couples because the behavior of these individuals matched her description of trauma survivors. I then remembered that recent research indicates that many individuals who meet criteria for borderline disorder experienced multiple traumas during childhood, especially sexual abuse. Johnson's book gave me a new perspective on these patients, some of whom acknowledged no traumas and yet behaved in their marital relationships as though the spouse were traumatizing them on a weekly basis.

The purpose of Johnson's book, stated in Chapter 1, is to serve "as a guide for the therapist working with couples who are struggling with the impact of trauma on their relationships, seeking to create secure bonds that promote healing for the survivor" (p. 10). Drawing on attachment theory, Johnson conceptualizes the couple relationship as a potentially safe haven for a traumatized individual who is confronting a trauma and its emotional impact. Research has reliably demonstrated that a secure attachment provides children with a secure base from which to venture out and explore the unknown. Applying these findings to adults, Johnson argues that a secure attachment in the couple relationship can promote healing in the trauma survivor. So central is the couple relationship, in her view, that she says, if "a person's connection with significant others is not part of the coping and healing process, then, inevitably, it becomes part of the problem and even a source of retraumatization" (p. 7). The couple relationship can either augment the coping resources that the individual has at hand, or it can unwittingly confirm long-held negative expectations of close relationships.

In chapter 2, Johnson argues, and later illustrates convincingly with case examples, that the disproportionately intense and erratic behaviors, thinking patterns, and emotions that are so distressing in the couple relationship are meaningful and reasonable when viewed as reactions to the overwhelming terror of trauma. Residual effects of trauma can account for feelings of terror and helplessness in the face of interpersonal stress, and for a narrowness and constriction of focus in an individual's life. The rigidity and

repetitiveness of these emotional reactions may reflect (as much as cause) an absent healing process and the subsequent re-traumatizing effects of an insecure couple relationship.

Johnson begins Chapter 3 by pairing each symptom of PTSD with the corresponding healing resources offered by secure attachments. For example, when a traumatic experience "colors the world as dangerous/unpredictable," the secure attachment can provide "a safe haven" (p. 37). Working models (or expectations of self, other, and relationship) learned and rehearsed in early relationships can be altered through healing communication in the couple relationship. This is because "working models are formed, elaborated, [and] maintained" in attachment relationships, and are in turn "changed through emotional communication" within those same relationships (p. 41). In other words, couple therapists can alter partners' expectations of felt security by helping them to communicate differently. Once the couple's communication is no longer confirming negative, anxiety-provoking working models learned from earlier relationships, the individual will have less need to resort to outmoded and dysfunctional strategies for coping with the emotional aftermath of the trauma. A more secure attachment results from, and generates, more nurturing, soothing communication, which in turn helps a traumatized partner to heal.

Assessment requires both conjoint and individual sessions with partners, with the latter serving several functions; in particular, they provide an opportunity to explore trauma-related issues without the added stress of disclosing them simultaneously to the partner. The first goal of the assessment process is to ascertain how fully the traumatized partner has confronted the emotional effects of the trauma and thereby reduced its unintended impact on the relationship. The extensiveness of the work involved in confronting the trauma will depend, in part, upon the level of trauma: the most difficult ones to sort out are those that were "chronic and central in a partner's past relationships" (p. 66). The second goal is to determine whether the partners' relationship has exacerbated the emotional residue of the trauma by re-confirming "worst fears" about close relationships. Third, the therapist must determine the traumatized partner's level of self-awareness, i.e., of the impact of the trauma on his/her behavior. Finally, the therapist must assess the couple's history of talking about and attempting to address the effects of the trauma together.

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The therapist's role with a trauma survivor and his/her partner is primarily as healer (as opposed to deliberately stirring up the system, for example). More than anything, the couple will need the therapist to "provide a secure and responsive connection;" the therapist must enter, with the client, the "struggle to grasp and make sense out of that [traumatic] experience" (p. 70-71). The length of treatment and the extent to which other mental health professionals are brought in (e.g., for simultaneous individual therapy) will depend upon the severity of the trauma and the extent to which the traumatized individual has confronted and coped with the effects of the trauma. In all cases, the therapist educates the couple about the long-term effects of trauma, which helps them begin "to formulate the dragon, that is, the terror and helplessness elicited by the trauma, and the negative cycle of interactions" (p. 82). Education is a kind of cognitive restructuring, in which partners learn to attribute at least some of their relationship difficulties to a "third force," or the post-traumatic symptoms themselves, which then become a "dragon" that the two can fight together, in mutual cooperation rather than in mutual blame.

Chapter 5 provides an overview of emotionally focused therapy as it is used to heal couples in which trauma aftermath is part of the picture. Johnson recommends that therapy begin with the establishment of a strong alliance between therapist and couple, which is "explicitly collaborative" (p. 83). The therapist also must be prepared to help the partners cope with "trauma experiences that emerge in the therapy sessions," including intense emotion and bizarre responses (p. 83.) Emotion-focused therapy rests on the assumptions that "therapists must help clients create a *working distance* from emotion...being in touch with, but not overwhelmed by, an emotion" (p. 85).

The first stage of therapy, called "stabilization," involves two tasks: creating a safe context and clarifying the couple's interactional patterns" (p. 87). Therapeutic techniques are vividly described, including reflection, validation, empathic inference, and collaborative efforts to achieve psychological safety. Tracking and summarizing interactions, with a particular focus on identifying and naming emotional responses allows the therapist to clarify the couple's interaction pattern.

The second stage of therapy is "restructuring the bond between the partners" which involves three tasks. The first is "expanding and restructuring emotional experience" (p. 100) which helps partners to "claim and congruently express...avoided...unformulated experience...integrating it into that partner's sense of self" (p. 100). The grounding of this therapy in Carl Rogers' humanistic personality theory was especially clear to me at this point, when the intermediate goal of therapy is to use guided self-exploration to help clients establish congruence between their felt experiences and their concept of self. The second task Johnson calls "expanding self with other" (p. 102),

which allows each partner to expand their definition of self to include previously marginalized or denied emotional reactions, sometimes including positive aspects of the self. Finally, the third task is "restructuring interactions toward accessibility and responsiveness" (p. 102). This is the stage of therapy in which the therapist teaches the couple how to create a secure attachment bond with their communication: partners learn how to reach out to one another for help and how to nurture and validate one another in the process. Therapy concludes with a third stage in which the therapist helps the couple to reflect on their change process in a positive and empowering way, creating a story that heightens their bond and reinforces a more positive self-image for each.

In the remaining chapters, Johnson addresses different types and manifestations of trauma in the survivor and in the couple. She begins, in Chapter 6, by analyzing a couple coming in at a "frequent referral point," that is, when the survivor's individual therapy has reached an impasse and the need for couple therapy had become clear. Chapter 7 documents a case in which the husband suffered with PTSD as a result of a history of child abuse. Chapter 8 illustrates treatment issues raised when a couple is dealing with the physical illness of one or the other, and Chapter 9 examines a case of PTSD in a combat veteran. Each of these chapters presents a case study which allows the principles of assessment and treatment to be vividly illustrated and explained.

In her final chapter, Johnson reminds practitioners that they should update their conceptualizations of trauma recovery to include the couple relationship and the quality of attachment between the partners. Traditionally understood as an individual problem requiring individual treatments, the treatment of post-traumatic symptoms and behaviors neglects a salient and distressing source of dysfunction by neglecting the couple relationship. Emotionally-focused couple therapy (along with cognitive-behavioral couple therapy) already has demonstrated effectiveness for healing relationship problems and associated depression. Indications in ongoing research are that it will also make a significant contribution to the treatment of PTSD.

I highly recommend this beautifully written, informative book to couple therapists and researchers. AABT members will find Johnson's book to offer a rich and compelling description of trauma, attachment, and therapeutic change. I found that it expanded my understanding of the erratic and volatile behavior I confronted in some of my most difficult cases. Understanding these reactions as adaptations to the terror of trauma, and recognizing the re-traumatizing effects of distressed couple relationships, will help therapists work more effectively with the specific needs of survivors and their relationship partners.

What's In Press?

Cano, A., O'Leary, K.D., & Heinz, W. (in press). Short-term consequences of severe marital stressors. *Journal of Social and Personal Relationships*.

This longitudinal study was conducted to examine the short-term impact of severe marital stressors and marital discord on psychological distress and marital dissolution in two groups of women. One group consisted of women reporting a recent severe marital stressor (e.g., infidelity, threat of separation) whereas the maritally discordant group consisted of women denying a recent marital stressor but reporting similar levels of marital discord. Results indicated that baseline marital discord was related to later depressive and anxiety symptoms for the control group only. In addition, women experiencing a marital stressor reported reductions in depressive and anxiety symptoms within several months after the event, after which their symptoms leveled off. In contrast, the control group's symptoms remained stable over all three assessments. The marital stressor group was significantly more likely to separate or divorce than the control group. These results are discussed in light of models of marital and psychological distress.

Cano, A. & Vivian, D. (in press). Are life stressors associated with marital violence? *Journal of Family Psychology*.

The current study examined the link between different conceptualizations of life stressors and physical violence against spouses. Life stressors were measured in several different ways to test whether stressor frequencies and perceived impacts, life domains of stressors (i.e., loss, threat), and the nature of stressors (i.e., occupational, interpersonal) are correlates of men's and women's moderate and severe violence. We also explored potential mediators and moderators of the stress-violence relationship.

Community and clinic couples participated in this study. Results indicated that occupational and loss stressors were associated with men's violence whereas a wider array of stressors was associated with women's violence. In addition, stressors only discriminated between violent and nonviolent men whereas some stressors also discriminated between moderately and severely violent women. Depressive symptoms moderated the stressor impact-violence association such that impact and women's violence were significantly correlated for women with elevated depressive symptoms. Results are discussed in light of theoretical and clinical implications.

Davila, J., & Sargent, E. (in press). The meaning of life (events) predicts change in attachment security. *Personality and Social Psychology Bulletin*.

Building on prior research, which has failed to find consistent effects of life events on change in self-reported adult attachment security over time (Baldwin & Fehr, 1994; Davila et al., 1997; Scharfe & Bartholomew, 1995), the present study tested the hypothesis that it is the meaning people assign to events, rather than the objective features of events, that is associated with changing levels of security. Participants (n = 154) engaged in an 8-week daily diary study, during which they completed daily self-report measures of attachment security, negative life events, perceptions of loss associated with events, and mood. Hierarchical linear modeling revealed that perceptions of greater interpersonal (but not achievement) loss associated with life events were significantly associated with greater insecurity on a day-to-day basis, even controlling for objective features of events and for mood. Trait levels of security did not moderate this association. Results are discussed with regard to social-cognitive models of

attachment security and the utility of understanding the meaning of life events in order to understand how attachment models may be confirmed or disconfirmed.

Dush, C.M.K., Cohan, C.L., & Amato, P.R. (in press). The relationship between cohabitation and marital quality and stability: Change across cohorts? *Journal of Marriage and Family*.

The relationship between premarital cohabitation and marital dysfunction was examined with a total sample of 1,425 spouses in two U.S. marriage cohorts: those married between 1964 and 1980 (when cohabitation was less common) and those married between 1981 and 1997 (when cohabitation was more common). Spouses in both cohorts who cohabited prior to marriage reported poorer marital quality and greater marital instability. When selection factors for cohabitation and subsequent marital instability were included in the statistical model, cohabitators in both cohorts continued to exhibit poorer marital quality and greater marital instability. These findings lend stronger support to an "experience of cohabitation" perspective than to a "selection" perspective as an explanation for why couples who cohabit before marriage tend to have more troubled relationships.

Fortunata, B., & Kohn, C. S. (Manuscript accepted pending revisions). Psychosocial and personality characteristics of lesbian batterers, *Violence & Victims*.

Prevalence of domestic violence (DV) in lesbian and heterosexual relationships appears to be similar. Despite this, few studies have examined factors associated with DV in lesbian relationships, and even fewer have examined characteristics of lesbian batterers. Demographic and psychosocial characteristics and personality traits were examined in 100 lesbians in current relationships

(33 Batterers and 67 Non-Batterers). Results indicated that Batterers were more likely to report childhood physical and sexual abuse and higher rates of alcohol problems. Results from the MCMI-III indicated that, after controlling for Debasement and Desirability indices, Batterers were more likely to report aggressive, antisocial, borderline, and paranoid personality traits, and higher alcohol-dependent, drug-dependent, and delusional clinical symptoms compared to Non-Batterers. These results provide support for social learning and psychopathology theoretical models of DV and clinical observations of lesbian batterers, and expand our current DV paradigms to include information about same-sex DV.

Guay, S., Boisvert, J.-M., & Freeston, M.H. (in press). Validity of three measures of communication for predicting relationship adjustment and stability among a sample of young couples, *Psychological Assessment*.

The goal of this study was to examine if data from three different measures of communication (i.e. self-report, quasi-observational and observational) can predict relationship adjustment and stability one year later when used conjointly. Sixty-two young couples participated in this study. The three measures of communication tested were: (1) the Communication Skills Test-Revised (CST-R), (2) the Communication Box (CB), and (3) the Demand/Withdraw Pattern Questionnaire (DWPQ). Using hierarchical multiple regression analyses, results revealed that the CST-R and the DWPQ predict both genders' relationship adjustment one year later when used conjointly. Using logistic regression analyses, none of the measures of communication significantly predicted relationship stability. In conclusion, the combination of CST-R and the DWPQ appears to be useful for predicting relationship adjustment longitudinally.

Holtzworth-Munroe, A., Meehan, J.C., Herron, K., Rehman, U., &

Stuart, G.L. (in press). Do subtypes of maritally violent men continue to differ over time? *Journal of Consulting and Clinical Psychology*.

Among over 20 published batterer typology studies, only one (Gottman et al., 1995) gathered longitudinal data, and in that study, only relationship stability was examined longitudinally. Thus, virtually no data exist regarding the question of whether subtypes of maritally violent men continue to differ from one another over time. The present study was designed to address this issue. We predicted that, at 1.5 and 3 year follow-up assessments, the subtypes identified, at Time 1, in Holtzworth-Munroe et al. (2000; i.e., Family Only, Low Level Antisocial, Borderline/Dysphoric, and Generally Violent/Antisocial) would continue to differ in their levels of husband violence and on variables theoretically related to their use of violence (e.g., generality of violence, psychopathology, jealousy, impulsivity, attitudes toward violence and women; Holtzworth-Munroe & Stuart, 1994). Many group differences emerged in the predicted direction; however, perhaps due to relatively small sample sizes at follow-ups, not all reached statistical significance. The implications of these findings for understanding husband violence (e.g., not all violent men escalate their marital violence; possible overlap of the Borderline/Dysphoric and Generally Violent/Antisocial subgroups) are discussed, as are methodological issues in this type of research (e.g., the need for more assessments over time, the instability of violent relationships, sampling concerns).

Johnson, S., & Whiffen, V. (Eds.) (in press). *Attachment Processes in Couple & Family Therapy*. Guilford.

This unique volume shows how attachment theory can inform, enhance and guide interventions for a wide range of relationship problems and clinical issues. Chapters include evocative clinical material and a focus on problems such as depression and PTSD in

couples and families, as well as innovative chapters on topics that are often not addressed, such as interventions for same sex couples.

Moore, T.M., Strauss, J.L., Herman, S., & Donatucci, D.F. (in press). Erectile dysfunction in early, middle, and late adulthood: Symptom patterns and psychosocial correlates. *Journal of Sex and Marital Therapy*.

The prevalence of erectile dysfunction (ED) increases with age. However, it may emerge at any time during the adult years, and may bear a close relationship to ongoing psychosocial issues affecting the patient and his partner. The present study examined ED symptomatology and its associated psychosocial context in 560 men aged 19-87 attending a urology clinic for erectile difficulties. Participants were divided into three age groups: Early Adulthood (age 19-39); Middle Adulthood (40-59); and Late Adulthood (60+). They completed a self-report assessment battery evaluating medical, psychological, and lifestyle factors empirically or theoretically related to ED. Results showed that while younger men reported more positive overall ratings of their sex life and better overall erectile functioning relative to older men, they also reported comparatively less relationship satisfaction, greater depressive symptomatology, more negative reactions from partners, and less job satisfaction. Results suggest that older men experience less difficulty than younger men adjusting to life in the face of ED.

Moore, T.M., & Stuart, G.L. (in press). Effects of masculine gender role stress on men's cognitive, affective, physiological, and aggressive responses to intimate conflict situations. *Psychology of Men and Masculinity*.

This study aimed to replicate past research examining the relationship between masculine gender role stress (MGRS) and attributions of negative intent, anger, negative affect and verbal aggression in response to masculine gender

relevant, and masculine gender irrelevant intimate conflict situations, and extend this line of research by examining the impact of masculine gender role stress on men's physiological reactivity to intimate conflict situations that challenge masculinity. In general, it was expected that high MGRS men would be more likely to appraise intimate conflict situations as threatening than low MGRS men, resulting in elevated reports of negative attributions, negative affect, anger, verbal aggression, and physiological reactivity (as indexed by heart rate and skin conductance). Eighty college men who scored high or low on the MGRS scale listened to audiotaped vignettes of hypothetical intimate conflict situations involving either masculine gender relevant or irrelevant contexts. Skin conductance level (SCL) and heart rate (HR) were obtained before, during, and after exposure to each vignette, and attributions of negative intent, state anger, negative affect, and verbal conflict tactics were obtained in response to each vignette. Results showed that high MGRS men reported more state anger, negative intent attributions, and verbal aggression tactics than did low MGRS men. Relative to high MGRS men, low MGRS men evidenced greater SCL in response to masculine gender relevant and irrelevant vignettes. Results did not support an expected relationship between masculine gender role stress and physiological responses to gender relevant threats, but did suggest that under arousal may be a potential contributor to a relationship between masculinity and partner violence. Implications of these results for future research were discussed.

Schumacher, J. A., Fals-Stewart, W., Leonard, K. E. (in press). Domestic violence treatment referrals for men seeking alcohol treatment. *Journal of Substance Abuse Treatment*.

The annual prevalence of intimate partner violence (IPV) in samples of men seeking alcohol treatment has been estimated at 50%

or higher. One proposed approach to these co-occurring problems is the provision of IPV screening and treatment referrals within alcohol treatment programs. The current study found that alcohol treatment providers infrequently referred men with a pretreatment year history of IPV to domestic violence treatment programs, and that men receiving such referrals rarely followed the recommendation and sought additional treatment. These findings suggest future research is necessary to identify factors that may act as barriers to IPV assessment or referral in alcohol treatment settings, factors that may limit client follow-through on such referrals, and new strategies for addressing IPV in substance abusing populations.

Stuart, G.L. & Holtzworth-Munroe, A. (in press). Testing a theoretical model of the relationship between impulsivity, mediating variables, and marital violence. *Journal of Family Violence*.

The present study involved a multimethod assessment of impulsivity among 86 men. Using two questionnaires and four performance-based measures of impulsivity, the factor structure of the impulsivity data was examined. Four constructs that theoretically mediate the relationship between impulsivity and husband violence (i.e., substance abuse, anger/hostility, marital dissatisfaction, and psychological abuse) were assessed to examine a mediational model predictive of husband violence. Substance abuse and marital dissatisfaction mediated the relationship between impulsivity and psychological abuse. Psychological abuse mediated the relationship between substance abuse and marital dissatisfaction and husband violence. Although anger/hostility was not a mediator, there were bivariate associations between anger/hostility and impulsivity, psychological abuse, and husband violence. The results of the regression analyses were virtually identical when controlling for the effect of intelligence on the model variables. The implications of the findings for

the assessment of impulsivity and for future husband violence research are discussed.

Sullivan, K.T., Pasch, L.A., Cornelius, T., & Cirigliano, E. (in press). Predicting participation in premarital prevention programs: The health belief model and social norms. *Family Process*.

The development of effective programs to prevent marital distress and divorce has been a recent focus for marital researchers, but the effective dissemination of these programs to engaged couples has received relatively little attention. The purpose of this study is to determine which factors predict couples' participation in premarital counseling. Predictive factors were derived from the health prevention literature, with a particular focus on the health belief model (HBM). The HBM states that people are motivated to participate in prevention programs when they perceive they are at risk for a serious problem and perceive that the prevention program will be easily attainable and helpful. Couples' beliefs and attitudes about premarital counseling were assessed at least six months before their wedding at Time 1. At Time 2, one month following the wedding, couples were interviewed by telephone to determine whether or not they had actually participated in premarital counseling. Results indicate that the HBM predicts couples' participation in premarital counseling programs, especially for women. The strongest predictors of couples' participation were couples' perceptions of barriers to counseling and whether or not they had counseling recommended to them. These variables predicted participation even after controlling for important demographic variables. Recommendations for recruiting engaged couples for premarital counseling are made based on the findings.

End of Newsletter.

Please contact Susan at stanton@email.unc.edu for submissions to the fall newsletter.

Couples Research & Therapy Newsletter

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

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Counsel from the Co-Presidents

Couples Research Addressing Comorbidity in Relationships

Erika Lawrence and Gregory Stuart

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

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

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

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

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

Editors' Note

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

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

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

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

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

AABT 2004 ~ New Orleans

Couples- Related Events

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

Pre- AABT Mini-Conference

Thursday, 4-6pm, Cambridge Room

Couples SIG Meeting

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

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

Preregistration necessary for the following events:

Institute 4

Thursday, 1-6 pm,

Treating Comorbid Psychopathology and Relationships Distress in Couple Therapy

Donald Baucom and Jennifer Kirby

Workshop 7

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

Cognitive- Behavioral Strategies and Techniques for Revitalizing a Nonsexual Marriage

Barry W. McCarthy

Master Clinician Seminar 8

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

Integrative Behavioral Couples Therapy

Andrew Christensen and Christopher Martell

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

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

-Eric & Farrah

TREASURER UPDATE

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

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

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

Friday

Symposium 2

8:30-10 am, Grand Ballroom C

Protective Factors in Marital Health: Scientific Advances Informing Interventions

Chair: Scott M. Stnaley

Discussant: Kristina Coop Gordon

Symposium 14

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

Comorbidity Between Psychopathology and Marital Distress

Chair: Mark A. Whisman

Discussant: Frank D. Fincham

Panel Discussion 3

12- 1:30 pm, Belle Chase

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

Moderator: Miriam K. Ehrensaft

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

Poster Session 5B

1:30- 2:30 pm, Exhibit Hall

Couples; Psychopathology

Symposium 38

4- 5 pm, Grand Salon 19

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

Chair: Lorelei E. Simpson

Discussant: K. Daniel O'Leary

Saturday

Symposium 42

8:45- 10:15 am, Oak Alley

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

Chair: Karen Wachs

Discussant: James Cordova

Symposium 43

9- 10:30 am, Marlborough A and B

New Applications of Dialectical Behavior Therapy

Chair: Alan Fruzzetti

Discussant: Marsha M. Linehan

Symposium 46

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

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

Co-Chairs: Brian Baucom and Andrew Christensen

Discussant: W. Kim Halford

Symposium 57

1- 2:30 pm, Grand Salon 19

Adapting the theme of Comorbidity to the Study of Intimate Relationships

Chair: Erika Lawrence

Discussant: Andrew Christensen

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

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

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

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

Kathleen Eldridge, Ph.D.
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See you soon!

-Kathleen

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

Sunday

Symposium 75

9- 10:30 am, Magnolia

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

Chair: W. Kim Halford

Discussant: Donald H. Baucom

Symposium 86

11am -12:30pm, Magnolia

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

Chair: Susan Stanton

Discussant: Richard E. Heyman

Couples SIG Meeting

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

Fountain Room on the third floor

Note the change!

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

Cocktail Party

Saturday, 6-8 p.m.

Elmwood Room

\$5 entrance fee

Don't miss it!



Must-Reads

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

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

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

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

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

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

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

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

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

Disseminating a Marriage Education Program: The PREP Experience

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

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

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

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

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

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

Dissemination of PREP within Religious Organizations

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

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

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

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

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

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

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

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

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

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

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

General recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

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

**K
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Hot Off the Press

In Press and Recently Published Literature

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Comments? Criticism?
Suggestions? Notes of affection?
Crazy ideas?
Send them to the editors!**

*Contact Eric at gadol@unc.edu
and Farrah at fhughes@utk.edu*

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '04

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Counsel from the Co-Presidents Disseminating Couple Interventions Derived from Research

Hello from your new SIG co-presidents! In case you were unable to attend the SIG meeting in November, we thought we'd take a moment to re-introduce ourselves and to invite you to contact either of us if you have any suggestions or questions:

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As you know, the Couples Research and Therapy SIG web site is currently under construction. A call has gone out to our membership requesting seminal articles in the marital literature. Undoubtedly, some of these contributions will come from Couples SIG members who have developed marital and premarital interventions. Our members have devoted tireless efforts to documenting the efficacy of their interventions and investigating the key mechanisms of action. Thus, we thought it would be worthwhile to use our first column to discuss the importance of disseminating this knowledge beyond the borders of academia. Such discussion within the SIG has been increasing over the last few years, and a stimulating panel discussion relevant to these issues was moderated by Bob Weiss in the Spring/Summer 2000 SIG newsletter. The purpose of this column is to trigger discussion about the direction that couples research in general, and its potential impact on social policy and clinical work specifically, might take over the next decade.

In our professional lives, we wear many hats. Generally speaking, our jobs involve some combination of teaching, research, administration, and clinical work. We often receive more positive reinforcement for these activities than we do for service in our communities. As researchers, we are highly skilled in the acquisition of knowledge and the advancement of science but may be less skilled and/or interested in public relations and self promotion. However, such efforts may be precisely where our energies should increase. Specifically, we are encouraged by the recent efforts of some of our SIG members to disseminate couples intervention programs into the public domain and to teach community service providers how to implement our interventions.

There are many examples of research-supported interventions developed by the Couples SIG membership. Couple researchers in our group have developed tertiary interventions for marital dysfunction (*e.g., Jacobson & Margolin's (1979) and R.B. Stuart's (1980) Behavioral Marital Therapies; Epstein &*

Couples SIG Newsletter

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TREASURER UPDATE

It was great seeing so many of you in Boston. Our SIG continues to grow in membership and visibility. We've added several new members since the convention. We now have 106 nonstudent members and 93 student/postdoc members, for a total of 199 SIG members.

Our treasury currently contains approximately \$1035, which will be used to (a) pay for all of the SIG costs in November, (b) hold a pre-convention meeting before the conference, and (c) bring in a guest speaker.

As usual, dues are \$20 for faculty members/professionals and \$5 for students/1st year postdocs. If you were unable to pay dues back in November, you may mail a check made out to Kathleen Eldridge, with "AABT Couples SIG" in the memo line, to the address below. I will send you a receipt of payment via mail or email.

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If you recently made a transition, or are planning for upcoming transitions in your work or life, please be sure to email me with new contact information, keldridg@pepperdine.edu.

I'm looking forward to seeing you in New Orleans!

-Kathleen

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

Baucom's (2002) Cognitive Behavioral Couple Therapy; Snyder, Wills, & Grady-Fletcher's (1991) Insight Oriented Marital Therapy; Jacobson & Christensen's Integrated Behavioral Couple Therapy (1996; Jacobson, Christensen, Prince, Cordova, & Eldridge, (2000); Halford's (2001) Self-Regulatory Couple Therapy), tertiary interventions targeting specific problems associated with marital dysfunction (e.g., O'Leary, Heyman, & Neidig's (1999) *Conjoint Violence Treatment; Gordon, Baucom, & Snyder's (2000) Integrated Forgiveness Treatment; Beach's (2001) Couples and Family Therapy for Depression; O'Farrell & Fals-Stewart's (2000; in press) Behavioral Couples Therapy for Alcoholism and Drug Abuse*), and even primary and secondary prevention programs targeting marital dysfunction and dating violence (e.g., Markman, Floyd, Stanley, & Storaasli's (1988) *Prevention and Relationship Enhancement Program; Rogge, Cobb, Johnson, Lawrence & Bradbury's (2002) Compassionate and Accepting Relationships through Empathy Program; Avery-Leaf, Cascardi, O'Leary, & Cano's (1997) Dating Violence Prevention Program*). Naturally, there are differences in the amounts of evidence that have been gathered to support these treatments. Certainly, it makes sense to continue to collect data on our interventions and to extend our efficacy research into community settings to determine the effectiveness of our interventions in the less-controlled real world. Nonetheless, we need to ask ourselves how much supportive research evidence is necessary before we start exporting and disseminating our empirically supported treatments to the public. To what extent do we have a responsibility to disseminate the couple interventions that have strong empirical support? If indeed clinicians in the community want to learn these interventions, it would be in our best interest and in the best of interest of the couples being served to conduct training workshops and clinical supervision to teach community therapists these treatments with an emphasis on treatment adherence. Moreover, we would like to generate increased discussion of ways in which we as a SIG could improve upon our efforts to publicize those interventions with empirical support and even the notion of prioritizing research-driven and empirically supported interventions. Hopefully, we can continue to engage in such discussions and promote the widespread utility of empirically derived couple interventions.

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Editors' Note

We want you all to know that we are honored to co-edit the SIG newsletter. It has been a great deal of fun communicating with many of you, who have answered numerous questions regarding the family tree and have readily contributed your news (in the *Kudos* section), your work (in the *In Press* and *Measures* sections), and your expertise (the main articles by Alan Fruzzetti and Annmarie Cano and their labs) to this issue. Thank you for all your help. It has been a pleasure getting to know you better, and we look forward to co-editing the next three issues! As we work on these issues, we will be looking for more suggestions for improving this newsletter. If anyone has any suggestions for new topics or sections, please contact us. Your contributions make this newsletter what it is! We would love to hear from you!

Farah & Eric

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Surf the Internet without guilt!

Go to the AABT Couples SIG website:
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What to do after getting your PhD: Advice for current graduate students

Sara J. Steinberg and Susan Stanton

Graduate school in clinical psychology can often seem like such an enduring process that sometimes actually receiving a PhD and planning a career can be quite daunting. Couples research is a new and exciting area of study that has many types of job opportunities in a variety of settings. The challenge for many graduate students is to figure out what type of job suits them best. While many students in PhD programs are on the academic path, others are more clinically focused. And then there are those who are somewhere in between. Because deciding on a career path and making the necessary choices to accomplish one's goals can be challenging, we turned to the experts- those who have recently started their careers. This article will discuss the factors that contribute to making career decisions, identify different career paths that couples researchers choose, and provide some resources to help graduate students make these decisions.

Factors that contribute to career decisions post-graduation:

- What kind of research you want to do (i.e., clinical trials research and research in primary care settings may be better suited for a medical school).
- Type of desired career:
 - If you definitely want a research career, a post-doc may be the best route to start. A post-doc allows you to focus on developing a research career and excuses you from many administrative responsibilities and teaching.
 - If you want to do some combination of research, teaching, and clinical work, then figure out what your priorities are (e.g., 80% research v. 80% clinical) and look for a post-doc or other type of job that suits your interests.
- Type of population you want to work with (e.g., military veterans, substance abusers, couples in which one partner is depressed).

- Location and family: Is it more important for you to live in a certain geographical area and/or to be near family, or for you to have a specific position?
- Salary
- Job availability
- Weather (this is not a joke; it is important to be honest with yourself about what factors will affect your life satisfaction and what you are willing to live with).

Job options:

- Post-doctoral position- either in a research or clinical setting, or some combination of the two.
- Assistant professor positions at state schools, private schools, VA hospitals, and psychiatry departments.
- Non-profit think tanks. These positions might include program development, grant writing, developing research fidelity measures, writing papers, or supervising social workers.
- Staff psychologist in a hospital setting (sometimes these positions are a combination of clinical work, research, and teaching).
- Part-time (60%) assistant professor combined with part-time private practice (while this job combination may not be common, some universities are flexible and this is one way of raising kids and also being an active researcher/clinician).
- Conducting research in a large government funded company to evaluate government policies, programs, impacts, etc.

Advice:

- Find out about licensing requirements in your state before finishing graduate school.
- Do not immediately go into solo private practice because of the following disadvantages: financial difficulties, risk of intellectual staleness, risk of not remaining current with research, and the risk of doing the same skill repeatedly.
- Get well-rounded clinical experience in inpatient, emergency, and community areas before beginning independent clinical work.
- If you decide on a primarily clinical career, be sure to remain current in the research in your areas of interest.
- If you decide on a primarily research career, be open to different environments of conducting research (i.e., government agencies, medical schools), rather than being limited to an academic position.
- Do not allow the subculture of your graduate school to limit career choices (i.e., even if your program suggests that a tenure track research and teaching career is the ideal option, working at a medical school may be a viable alternative). There

are opportunities on internship or on a post-doc to find your own niche.

Resources:

U.S. Department of Labor page on psychologists: This site provides statistics on the types of careers psychologists tend to have, median salaries, and information about sub-specialties.
<http://stats.bls.gov/oco/ocos056.htm>

American Association of Marital and Therapy: This organization is primarily for people getting a master's degree as a marital and family therapist, but it also has a number of links that could be of interest to clinical Ph.D.s interested in clinical work. They also have a research and education foundation for people who might be interested in more applied, organizational research.
http://www.aamft.org/index_nm.asp

APA: The APA has a section for early career psychologists that is applicable for people with a new doctorate in clinical psychology. Links such as early careers and where psychologists are getting jobs show a variety of career options. They also list a book about careers in psychology that applies to the undergraduate through doctoral levels.
<http://www.apa.org/earlycareer/>

Psyc Careers: A search engine for jobs requiring an advanced degree in psychology as well as a number of articles about psychology careers.
<http://www.psyccareers.com/>

Professional associations: The following link is a compilation of various associations in the field of psychology. If you are interested in a particular niche, these associations often have information on getting started in a career in that area.
<http://www.psychology.org/links/Organizations/Associations/>

About careers in psychology: Although this is mostly for undergraduate psychology majors, the last chapter talks about different aspects of clinical psychology and salary information.
<http://www.gsu.edu/~wwwpug/appleby.htm#Section%2012>

Himelin's guide to the helping professions: This site also is primarily for undergraduates, but it has a lot of different career suggestions in the clinical and counseling chapter.
<http://www.lemoyne.edu/OTRP/otrpresources/helping-online.html>

Association of State and Provincial Psychology Board: This website provides information about licensing and has links to other helpful resources.
<http://www.asppb.org/>

An Integrative Approach to Understanding Pain in the Interpersonal Context

Michelle T. Roos, Annmarie Cano, Ph.D., Jennifer D. Hanawalt, and Ayna B. Johansen

Chronic pain is just one of many chronic health conditions that affect individuals and families. The costs attributed to chronic pain (e.g., treatment, lost work days) are estimated at \$215 billion per year in the United States (American Academy of Orthopaedic Surgeons, 1999). Unfortunately, chronic pain often co-occurs with psychiatric disorders including depression. Estimates based on standardized diagnostic interviews have produced comorbidity rates between 30% and 54% (Romano & Turner, 1985), whereas estimates based on self-report measures of depressive symptoms have produced comorbidity rates of up to 100% (see Romano & Turner, 1985 for a review). The prevalence rate of depression appears to be higher in chronic pain samples than in other samples with a chronic medical illness (Banks & Kerns, 1996). Given that chronic pain in and of itself is troublesome and that it is associated with elevated psychological distress, the importance of identifying modifiable targets of intervention for chronic pain is clear. Indeed, funding agencies have made chronic pain research a priority in recognition of its high financial and human cost (e.g., NIH PA-03-152 Biobehavioral Pain Research).

While there are substantial financial and psychological costs associated with chronic pain, there are also interpersonal costs. Pain researchers have explored these interpersonal costs in the context of marriage. It is understandable that the couple would be studied in the context of chronic pain as individuals with chronic pain (ICPs) often have the most contact with their significant others. Moreover, some research has shown that romantic relationships often suffer after the onset of a chronic pain condition (Romano, Turner, & Clancy, 1989).

Fordyce (1976) was the first to directly spell out the reinforcing role of significant others in the pain process. He argued that partners may provide more attention to ICPs when the former express pain or engage in pain behaviors (e.g., grimacing, limping, rubbing). Reinforcement of pain behaviors may lead to less activity and increased disability. Conversely, partners may ignore pain behaviors leading to the extinction of these behaviors and reinforce well behaviors (e.g., physical exercise). Turk, Meichenbaum, and Genest (1983) took this operant model one step further and suggested that cognitions and perceptions about the pain and one's social environment may also exert an influence on pain and disability. Specifically, appraisals of pain as disabling and untreatable may influence pain severity and behaviors. Maladaptive cognitions (e.g., catastrophizing, maladaptive coping) may also increase the risk of depression in individuals who face stressors that may or

may not be related directly to the pain (e.g., relationship stressors; Banks & Kerns, 1996).

These existing models are helpful in conceptualizing the role of couples' relationships in pain, disability, and distress. There are, however, several issues concerning interpersonal processes that are not adequately addressed by these models. First, there is an overreliance on operant mechanisms explaining the relationship between couples' interactions and pain. It is likely that other aspects of the relationship including affective expression and social support may also play a role in health outcomes. Indeed, other models of health with a focus on couples' relationships have suggested that this might be the case (Burman & Margolin, 1992; Kiecolt-Glaser & Newton, 2001). Of course, models of couples' functioning such as the Marital Discord Model of Depression (Beach, Sandeen, & O'Leary, 1990), Interactional Models of Depression (Joiner & Coyne, 1999), and Integrative Behavioral Couples Therapy approaches (Jacobson et al., 2000) all suggest that while cognitive-behavioral approaches explain much in couples' relationships, other variables (e.g., social support, empathy, stressors) are also useful.

Second, models that include some attention to the role of close relationships to pain outcomes tend to be "one sided" in that the focus is on the ICPs and not the couple. The dynamic nature of couples' cognitions, behaviors, and affect are often overlooked and these couple variables are not often examined in relation to pain. The idea of viewing a condition or illness as "ours" instead of "yours/mine" is a position that other researchers have taken in the past (Lyons, Sullivan, & Ritvo, 1995), but not all pain researchers take this "couples" perspective. In fact, in our research we have found that many couples do not take a couples perspective of their pain!

In our view, the literature seems to be lacking a truly comprehensive model to explain the inter-relationships between couples functioning, distress, and pain in couples. Our research group has therefore formulated a working model of chronic pain in an interpersonal context. It has been our experience that the members of a couple are not often aware of the effect that their mood or health has on the other spouse. Couple members have been truly moved by their experience of participating in our projects and often find that they are able to gain some insight into their spouse's perspective. We first used a cross-sectional approach to gain an initial glimpse into the world of these couples ($N = 110$ pain clinic couples; $N = 139$ community-based pain couples), and are beginning a

larger longitudinal study in May 2004 to learn more about how couples change over time.

In our lab, we collect self-report and observational data on cognitions, behaviors, and affect from both members of the couple, thereby addressing the need for multi-modal/multi-construct assessment in both partners. Interestingly, in some of our preliminary analyses, we have found that an assessment of both partners leads to intriguing new findings. For example, while most researchers might guess that the spouse of an ICP might be relatively healthy, we have found that almost half of the spouses struggled with a chronic pain condition themselves (Roos & Cano, 2003). Without requesting this information from spouses, we would not have learned that the presence of chronic pain in the spouse also affects how they think and what they do in response to the identified ICP. Furthermore, we found that there are important differences in how ICPs and their spouses perceive the pain problem especially when the ICP was a woman or was depressed (Cano, Johansen, & Geisser, in press).

Our group has identified several sets of variables from the literature and from our work that are central to an interpersonal view of chronic pain. One set of variables is centered on the pain condition itself. These variables include pain diagnosis, duration, sites, severity, pain related disability, and pain behaviors. The importance of pain variables has been well documented in the literature in relation to mood (e.g., Banks & Kerns, 1996). Some evidence suggests that pain variables are also related to marital functioning (e.g., marital satisfaction; spouse responses to pain; Romano et al., 1995; Flor, Turk, & Scholz, 1987; Saarijärvi, Rytökoski, & Karppi, 1990; Schwartz, Slater, & Birchler, 1994). We are also interested in both spouses' pain coping strategies and cognitions. Sullivan et al. (2001) suggested that pain catastrophizing (e.g., an exaggerated negative focus on pain) is one cognitive strategy that ICPs may use to gain intimacy and support from others. In our research we found support that catastrophizing and perceptions of spousal support were positively related at shorter pain durations whereas no relationship was found at longer pain durations (Cano, in press). It appears that we must examine not only the characteristics of the pain but also the thought processes and behaviors that both spouses engage in when confronted with pain.

We also collect data on couples functioning. Couples functioning is an important correlate of psychological distress independent of pain severity and disability (Cano, Gillis, Heinz, Geisser, & Foran, 2004). Furthermore, including each spouse's perspective of the couples' marital functioning constitutes an important step toward developing a comprehensive view of the potentially bi-directional relationship between marital factors and chronic pain and distress. We believe that it is important to consider the ways in which the spouses' perception of the marriage may influence their behavior towards the ICP. For example, spouses who feel more invested in the relationship may also be more supportive toward the ICP.

We also gather data on other couples-oriented perceptions and have also collected observational data from our couples in order to examine their expressed affect and interaction styles toward one another. We are not taking an operant view of these interactions as some pain researchers have done but we are trying to understand the context in which spouses talk about the pain: is it a context of empathy and understanding or a context of disagreement and misunderstanding (or disbelief) about the pain?

In addition to these variables, our group collects information on mood variables from each member of the couple. As noted earlier, depression and pain are highly comorbid with one another. Further, the longitudinal impact of comorbid chronic pain and depression on the couple is something that has not yet been taken into consideration. Learning about the longitudinal associations between marital functioning, pain factors, and depression in both spouses will be especially useful in developing marital interventions for this population.

Finally, for our longitudinal investigation, we will collect information on life events and chronic stressors faced by these couples. Life events are related to health outcomes, such as pain, and distress (e.g., Sarason, Sarason, Potter, & Antoni, 1985). For many of our couples, the pain itself is a chronic stressor, and having to deal with other significant life events may add to their difficulties in coping with the pain and with problems in their marriages.

The data collected from each couple provides our group with a more comprehensive view of the complex associations between marriage, mood, and pain so that we will be able to formulate an integrative model that incorporates cognitive-behavioral-affective principles. We believe that learning more about the interpersonal environment is key to understanding chronic illnesses and to developing strategies for helping couples build a stronger relationship despite (or even as a result of) chronic health problems. The need for treatments that account for interpersonal relationships has been well established. For example, negative marital environments may lead to poorer health (Robles & Kiecolt-Glaser, 2003) and having a stable and satisfying relationship can provide some protective benefits from the incidence of physical illnesses (Kowall, Johnson, & Lee, 2003). However, chronic pain treatments often focus solely on the ICP and when they do include partners, often focus on an operant conceptualization. We hope that our research and others' research efforts will offer more comprehensive views of pain that account for both partners' cognitions, behaviors, affective expressions, and other variables of importance.

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Comments? Criticism? Suggestions? Notes of affection? Crazy ideas? Send them to the editors!

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Kudos to the following people...

- **Steve Beach** received the Owens Award on March 31, 2004, from the University of Georgia. This competitive, university-wide award is given for an outstanding body of research in the social sciences. Congratulations!
- **Bill Fals-Stewart** has been elected a Fellow of Div 43 of APA!
- Julie and **Greg Stuart** became the proud parents of Nathan James Stuart on Friday, April 16. He weighed 6 pounds, 8 ounces and was 19.5 inches long. Best wishes to the new parents!

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Couples Dialectical Behavior Therapy: An Approach to Both Individual and Relational Distress

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Two of the biggest problems facing couple therapists are: 1) one partner's emotional reactivity toward the other; and 2) partner general distress and psychopathology. Although traditional cognitive-behavioral couples therapy has made some significant inroads toward solving both of these problems (cf. Beach et al., 1990; Jacobson, et al., 1991, 1993; O'Leary et al., 1990; Snyder & Whisman, 2003), they often befuddle clinicians and impede good outcomes. One way to tie these two problems together is to consider the role of *emotion dysregulation* in both individual and couple distress. In fact, a significant proportion of partners who seek couples therapy may have problems with emotion regulation within the context of their relationship specifically or more broadly in life (Fruzzetti & Iverson, in press). Distressed partners tend to be more sensitive to negative relationship events, they are more negatively reactive (and less positively reactive), and often exhibit a slow return to baseline following negative interactions (Fruzzetti & Fruzzetti, 2003; Gottman, 1980). In fact, many distressed relationships might be characterized colloquially as "borderline" due to these factors. The Dialectical Behavior Therapy (DBT) model for emotion regulation may offer some opportunities to synthesize individual and relationship skills in to improve outcomes, particularly in couples with distressed or dysregulated partners, with additional opportunities to address both conflict and intimacy patterns simultaneously (Fruzzetti, 1996).

In this paper we will describe the model on which Couples DBT is based, and briefly describe targets and skills employed in this treatment in order to give an overview of its scope and flexibility. This therapy is still in development, but some recent data support the approach, which we will summarize.

Transactional Model of Individual and Relationship Distress

Couples processes and individual problems tend to influence each other in a reciprocal manner. The theoretical importance of validating and invalidating behaviors is described as a key tenet of the overall transactional model (also may be called biosocial, contextual behavioral, or systemic) of emotion dysregulation for individuals (Linehan, 1993a) and for relationships (Fruzzetti & Fruzzetti, 2003; Fruzzetti & Iverson, in press). In particular, pervasive *invalidating* responses to a partner's private experiences (e.g., emotions, thoughts, wants) is hypothesized to mediate the development and maintenance of individual emotion regulation problems as well as relationship distress. Specifically, this model suggests that particular partner/family "invalidating" responses and a lack of "validating" ones, are part of the partner/family transactions (along with the individual emotional vulnerability) that lead to emotion reactivity, emotion dysregulation and dysfunction. Specifically, when accurate self-descriptions or self-disclosures are met with invalidating responses, a sequence of problematic learning is initiated or maintained (cf. Fruzzetti & Boulanger, 2004; Fruzzetti & Iverson, in press). Over time, this learning may further deteriorate into many of the problematic behaviors we see in distressed and reactive couples and families.

Emotion Dysregulation

The development of emotion dysregulation problems is predicated on a combination of 1) emotion vulnerability (sensitivity to emotional stimuli, high reactivity to emotional stimuli, and a slow return to baseline following high arousal; presumably, vulnerability may be a result of temperament factors and/or shaped over time developmentally); 2) a lack of skills to modulate arousal (e.g., social skills to generate social support, attention control, impulse control skills, distress tolerance, self-soothing, effective self-talk, contact with long-term

goals); and 3) regular or pervasive invalidation from partners, family and the social environment (Linehan, 1993a). Borderline personality disorder may be considered a prototype for emotions dysregulation, but other disorders include these factors as well (Fruzzetti, 2002).

Invalidating Responses

Emotion regulation difficulties are a function of individual emotional vulnerability and are maintained in an ongoing transaction with a spouse/partner (and family members and others). These transactions are characterized by “invalidating” responses to the partner’s self-disclosures. In DBT, invalidation refers to criticizing, delegitimizing, missing/not noticing, disregarding or otherwise rejecting the other’s experiences (especially private ones such as thoughts, feelings, wants, etc.). Invalidating responses suppress the discrimination, identification and expression of these private experiences in general, and create and exacerbate individual distress in the moment. When a partner or family member communicates invalidation, this communication tends to result in increased partner arousal and vulnerability (Sayrs & Fruzzetti, 2004; Swan, 1997). Over time, an individual may develop pervasive patterns of behavior that reflect both her or his own increased vulnerabilities and the normative consequences of pervasive invalidation. Thus, invalidation retards accurate expression, which increases invalidation, and so on.

Dialectics in Couples Therapy

There are several core dialectics that need to be resolved in successful treatment with couples and families (Fruzzetti & Fruzzetti, 2003): 1) closeness versus conflict; 2) partner acceptance versus partner change; 3) one partner’s needs and desires versus the other’s; and 4) intimacy versus autonomy. By assuming a dialectical approach, these apparent polarities can be effectively targeted for synthesis. In other words, neither partner is “wrong” or “right,” but rather the therapist helps the clients define and achieve what is effective for both individuals, as well as the relationship. For example, the target vis-à-vis intimacy/autonomy conflict would not be compromise. Rather, the target would be to use intimacy to foster autonomy (intimate support for individual activities and achievement), and use autonomy to enhance intimacy (individual partners can bring richness back to the relationship to share).

Development of Couples DBT

Applications of DBT have been developed for families (e.g., Fruzzetti, Hoffman, & Santisteban, 2004; Fruzzetti, 2004; Hoffman, Fruzzetti & Swenson, 1999), as well as for couples (e.g., Fruzzetti & Fruzzetti, 2003). Couples DBT has its roots in both individual DBT, initially developed to treat problems of severe emotion dysregulation in borderline clients (Linehan, 1993a, 1993b), and Behavior Marital Therapy (BMT; Jacobson & Margolin, 1979), which emphasizes applying learning principles to the problems of distressed relationships. BMT has been effective in both improving relationship satisfaction and reducing individual distress and

depression (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Jacobson, Dobson, Fruzzetti, Schmaling & Salusky, 1991). However, studies utilizing BMT have revealed specific clinical significance and improvement durability limitations. For example, at least one third of the couples studied in randomized clinical trials of BMT do not respond at all, and although another 25-30% improve, they are still distressed at the termination of therapy (Halford, Sanders, & Behrens, 1993; Jacobson, 1989; Jacobson et al., 1984). There are two important limitations of BMT in the context of difficult cases with severely problematic individual behaviors (e.g., domestic violence, suicidality, substance abuse): 1) many couples with these problems have been excluded from BMT treatment trials; and 2) the treatment is not based on a specific model of individual/familial distress and consequently does not specifically integrate partner psychopathology into its model. In addition, in part because it is based primarily a relational model, BMT fails to address thoroughly the role of emotional processes in relationships. This is a significant limitation, given that an important component of relationship conflict and intimacy is the emotional arousal that partners experience while communicating (Fruzzetti & Jacobson, 1990), and that emotion awareness and emotion regulation skills are central to promoting healthy individual and familial functioning (Fruzzetti & Fruzzetti, 2003; Katz, Wilson, & Gottman, 1999).

Couples DBT has some overlap with other treatments as well. For example, Greenberg and Johnson (1988) developed Emotionally Focused Therapy (EFT) in order to help couples identify unexpressed, underlying emotions and to redefine couples’ interactions in terms of these newly experienced emotions. A key principle in EFT is then to enhance emotional awareness. However, clients do not learn specific emotion regulation skills, and relatively high levels of individual functioning are recommended for this treatment. Similarly, Christensen and colleagues developed Integrative Behavioral Couple Therapy (IBCT; Christensen, Jacobson, & Babcock, 1995; Christensen et al., 2004), which is a variation BMT. In IBCT, an emphasis is placed on acceptance strategies and self-directed change, with a specific emphasis on the expression of “soft” emotions, as opposed to “hard” emotions. Although IBCT emphasizes the expression of emotions, and emphasizes acceptance (similar to DBT), the treatment does not focus on increasing emotion regulation skills per se, nor on integrating individual distress targets with relationship targets.

Modes of Treatment Delivery

DBT with Couples can be delivered in a variety of modes. Like most types of couple therapy, it can be administered with one couple at a time meeting on a regular (e.g., weekly) basis. In this mode couples that prefer structure can follow an established skill-based curriculum, whereas couples that prefer a more flexible agenda can do this, and the therapist can simply bring in whatever skills are needed as targets are encountered (within the treatment target hierarchy).

Because there is a skill focus in this treatment, DBT with Couples may also be delivered to multiple couples in a semi-structured group format. In this mode time is divided roughly equally between 1) homework review, 2) new skill teaching, and 3) practice.

Treatment Targets, Skills, and Strategies by Stage of Treatment

Couples DBT is organized around four stages of disorder that range from most severe (Stage 1) to least severe (Stage 4). When couples enter treatment their initial assessment determines their level of disorder and skillfulness, and they begin treatment in the appropriate stage. Of course, progression from one stage to the next is not always linear; sometimes couples backslide and temporarily return to targets and skills of a previous stage.

Skills utilized in this treatment include those individual DBT skills developed by Linehan (1993b) as well as complementary relationship-oriented couple and family skills developed more recently (e.g., Fruzzetti & Fruzzetti, 2003; Hoffman, Fruzzetti & Swenson, 1999).

Assessment

Both relationship factors and individual functioning must be assessed when assessing complex couples and families. DBT for couples utilizes traditional assessment measures of relationship and individual distress, as well as assessment tools specific to the treatment. For example, diary cards are self-monitoring tools by which individual behaviors (e.g., aggression, drinking, mood ratings, mindfulness practice, etc.) and relationship behaviors (e.g., feelings of closeness, time spent together, accurate self-disclosures, validating responses) can be assessed and monitored throughout treatment (providing both immediate treatment targets and longer-term outcome assessment). Chain (behavioral) analyses of target behaviors are used throughout treatment to better understand antecedents and consequences of particular individual and relational behaviors (including overt and private behaviors, such as thoughts, wants, and emotions) that inhibit the use of healthy/functional behaviors. Samples of couple/familial communication (videotaped assessments) are essential to the assessment of initial functioning and treatment progress with couples and families. The Validating and Invalidating Behavior Coding Scale (Fruzzetti, 2001; Fruzzetti et al., 2004) was developed specifically to assess these core behaviors.

Stage 1

Targets In Stage 1 of treatment, partners focus on achieving individual self-control over significantly dysfunctional behaviors. Life threatening and other “out of control” behaviors are addressed hierarchically according to how severely they interfere with the couple’s/family’s quality of life. These behaviors include (in order): 1) reducing/eliminating life-threatening behaviors (suicidality, aggression and violence, child neglect, etc.; NB: when active suicidality is present, concurrent individual treatment is recommended; see Fruzzetti & Fruzzetti, 2003 for a fuller description of this protocol); 2) reducing/eliminating treatment interfering behaviors (not coming to treatment, not collaborating, not

completing diary cards or doing homework, etc.); and 3) reducing/eliminating severe quality-of-life behaviors (affairs, severe alcohol or drug use, severe depression, criminal behavior, etc.). It is important to stress that Stage 1 behaviors are targeted as *individual* behaviors regardless of their relational context, with an exclusive emphasis on individual partner responsibility and commitment to manage (control) her or his own behavior.

There are specific protocols for aggression and domestic violence for both perpetrators (Fruzzetti & Levensky, 2000) and for victims (Iverson, Shenk, & Fruzzetti, 2004). The dialectical tension between doing couple therapy for domestic violence versus individual treatment is at least partially resolved by seeing the elimination of aggression as an individual target (safety is not predicated on the partner changing her behavior), but in the context of couple therapy (i.e., it is the 1st stage in couple treatment).

The treatment of anger is particularly important in this stage. In this model, anything more than modest anger is viewed as problematic, regardless of whether anger is normative or justified per se (Fruzzetti & Iverson, in press). Partners are taught to observe escalating anger as a problematic, often self-invalidating response, and to focus attention on describing the situation and their reactions to it (i.e., primary emotions) without judgments. This allows partners to stay centered regarding their own experience while de-escalating.

Skills *Individual mindfulness* skills facilitate attention control, increase self-awareness, including emotional awareness and experiencing, and self-management skills. First, partners learn how to discriminate, label, and “accept” their own experiences, and how to let go of judgments by focusing on description. Mindfulness is essential for the development of all other skills (Fruzzetti, et al., 2003; Linehan, 1993b). *Distress tolerance skills* may be utilized, particularly in Stage 1 of treatment, to interrupt negative emotion escalation, endure crises without engaging in dysfunctional behavior (e.g., aggression towards partner, verbal abuse, substance use) and to “accept” things in life that are undesirable, but unchangeable in that moment (Linehan, 1993b). *Emotion regulation* skills help reduce emotional vulnerability, reactivity, and misery and facilitate emotion modulation. Such skills include awareness of one’s own rising reactivity (how to recognize when his or her emotional arousal is increasing); understanding what has caused the reactivity (linking reactivity to whatever the other person’s behavior or expression) in a *non-judgmental* (e.g., descriptive) way; identifying the accurate primary emotion; and self-validation of one’s own experience (cf. Fruzzetti & Iverson, in press; Fruzzetti & Iverson, 2004). These individual skills are employed primarily to reduce invalidation, negative escalation, and out of control individual behaviors. They also help set the stage for accurate self-expression and validation, which are central to treatment in Stage 2.

Stage 2

Targets In Stage 2, emphasis is placed on improving communication and understanding through expression and validation skills and on reconditioning time together through relationship activation. As noted earlier, the core healthy transaction is one in which one partner is able to identify what he or she is thinking, feeling, wanting, etc., and communicating that accurately (*self-disclosure*), followed by the other partner understanding that experience and communicating that understanding back (*validation*). This two-step process precludes many dysfunctional alternatives. Because couples who are distressed (and individuals who are distressed) often have withdrawn and stopped engaging in meaningful activities, *relationship activation* is also an important goal in Stage 2.

Skills In Stage 2 of treatment, partners learn specific mindfulness and emotion regulation skills in order to discriminate and label private experiences effectively and to express them accurately (*accurate expression* skills). Partners learn *relationship mindfulness* skills to increase understanding of the other and *validation* skills to communicate that understanding to their partner. Relationship mindfulness skills include teaching clients how to be aware of their own emotional reactivity; how to connect the emotional reaction to its stimulus (e.g., partner's expression, behavior, events) in a non-judgmental manner. Partners learn how to notice and accurately label the emotions that are associated with the rising reactivity, and how to distinguish primary emotional responses (accurate or authentic emotions, such as sadness, shame, worry, etc.) from secondary emotional responses (reactions to primary emotion, such as anger). Partners also learn how to self-validate and mindfully describe situations, which further reduces emotional reactivity, and how to stay aware of longer term goals (e.g., "this is my partner, my love"). Finally, partners learn at least 8 ways to validate (communicate understanding, acceptance, and legitimacy) the other's experience verbally and non-verbally, and how to recover from invalidation.

Woven throughout Stage 2 are stimulus control and relationship activation exercises, which provide both an opportunity to practice skills and important "reconditioning" for each other. Partners practice different levels of intensity of being together (e.g., passively together, actively together, interactively together) with the idea that some of the negative reactivity that has been learned during long periods of relationship distressed can be "unlearned" (Fruzzetti & Iverson, 2004; in press).

Stage 3

Targets The main targets in Stage 3 are reducing destructive conflict by resolving or managing relationship problems and altering problematic interaction patterns. This stage typically includes problem-solving or problem-management skills employed to resolve individual life problems and thematic relationship problems. By this point in treatment, safety has been achieved, partners are

both more in control of their relationship behaviors, and effective communication has become possible. In this stage the couple will refine their change strategies and problem management skills, and try to disengage from chronic, problematic interaction styles.

Skills *Problem/conflict management* are based on BMT problem-solving skills (Jacobson & Margolin, 1979), albeit with some important differences. For example, Couples DBT incorporates individual mindfulness so that partners can sort through what they want, accurately express their wants (e.g., wanting more acknowledgement of role as homemaker or bread-winner, requesting more help around the house, asking for more autonomy, etc.), give and receive validation, and effectively negotiate differences. In addition, effective resolution in Couples DBT may involve *accepting* the problem *or* solving it. *Observing* skills allow partners to notice problematic interactions patterns (e.g., engage-distance) or conflict themes (e.g., closeness vs. independence). Once observed, couples can return to the basic "two-step" dance of accurate disclosure/validation, and then negotiate, rather than simply recapitulating the problematic pattern.

Stage 4

Targets The target in Stage 4 is simply enhanced relationship closeness and intimacy. This is targeted in two ways. First, left over conflict is targeted for transformation into closeness. Second, relationship mindfulness is extended (and titrated) to as many couple interactions as desired by each partner so that he or she experiences the level of closeness desired.

Skills *Acceptance* skills involve using relationship mindfulness to recontextualize a "problem behavior" that is detracting from closeness and intimacy in the relationship. Partners learn how to "let go" of unnecessary suffering in the service of their relationship. These skills are influenced by the "radical acceptance" skills (e.g., turning the mind) taught in individual DBT (Linehan 1993b). Such skills are aimed at helping clients "let go" of unnecessary suffering (e.g., negative reactivity to the lack of change by the partner). The steps involved include: 1) *Individual mindfulness*: awareness that the tactics he or she has tried in order to get the partner to change is now maintaining the problem and is causing both partners to suffer. This includes a willingness to stop putting energy into trying to change the partner, and an acknowledgment that giving up the struggle for change likely means that the person will not get the specific behavior he or she was wanting, but may benefit from increased closeness (balancing short-term goals with long-term goals). 2) *Behavioral tolerance*: the partner decides to tolerate the behavior in question as opposed to continuing to react negatively to it or trying to get the partner to change. This includes tolerating and self-validating one's own disappointment about the lack of change (similar to grieving), as well as "letting go" of anger and judgments about the partner. 3) *Pattern awareness*: This step involves recognizing the consequences (emotional distance, reactivity, conflict,

less intimacy) of ongoing disappointment and anger that has resulted from an "extreme" focus on changing the partner's behavior. The consequences of trying to get the other person to change may be far more negative than the "problem" itself. 4) *True Acceptance and Synthesis of Conflict into Closeness*: In this final step, the partner recontextualizes the original problem behavior in manner that does not have the same negative valence. Of course, not all 4 steps must be completed to achieve significant improvements in closeness. Simply engaging in the process collaboratively may result in an important shift in interaction patterns vis-à-vis closeness in the relationship.

Research

Although individual DBT has been shown to be a highly effective treatment in more than 30 studies, applications to couples and families are very recent. Regardless, several studies suggest this is a promising approach: One recent study showed that DBT family interventions significantly augmented outcomes in individual DBT (Fruzzetti, 2004). In a study (just wrapping up) of couples with mixed individual and relationship distress, a couples group format was utilized. Partners reported significant improvements in individual distress and depression as well as significant improvements in relationship satisfaction, with improvements maintained at 3 month follow-up. Moreover, observational data showed significant improvements in validating responses (and decreased invalidating ones) from pre to post (Mosco & Fruzzetti, 2003), which mediated outcomes, supporting the model and its putative mechanism of change. In a community sample of families with a member with borderline personality disorder (or at least significant features of BPD) a family skill group demonstrated significant reductions in individual distress and burden, and increased empowerment (Hoffman, Fruzzetti, Buteau, et al., 2004). Other studies are underway. Clearly, much more research needs to be done, including direct comparisons with more established approaches. However, these initial results are promising.

Conclusion

Couples with partners with significant distress and psychopathology pose particular problems for most couple therapists. Couples DBT provides a coherent, integrated model, based on emotion regulation principles, relevant to both individual and relationship distress. The treatment is organized into 4 stages of disorder (or, severity), and includes relevant skills for each stage. Preliminary research suggests this may be a promising approach to treating multi-problem couples and families.

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Book Review *Treating Difficult Couples*

Edited by Douglas K. Snyder and Mark A. Whisman

Publication Date: May 2003 ISBN: 1572308826

448Pages List Price: \$45.00

Review by Miriam Ehrensaft, Ph.D.

As the field of couples therapy has matured, our conceptualization of the interplay between dyadic and individual problems, such as physical illness or mental disorders, has become more sophisticated. Increasingly, the field is recognizing the recursive nature of individual and relational problems.

Certainly, *Treating Difficult Couples* is not the first book to address the role of special issues, such as depression or anxiety, in couples therapy (e.g., O'Leary and Beach's texts on depression and marriage). However, what distinguishes this book from others is its conceptual integration of a wide range of mental and physical health problems and their association with dyadic problems. Couples therapists seeking a conceptual framework on integrating dyadic and individual problems will be hard pressed to find a better reference book. From the point of view of research, the book makes a strong case for viewing the course of mental disorders in the context of interpersonal relationships. Given the current emphasis of NIH on mental disorders, it is an invaluable resource for anyone seeking to convince granting agencies that the search for novel approaches to improving mental and physical health should be placed squarely in the context of intimate relationships.

The editors, Snyder and Whisman, have done a superb job of selecting contributors who are experts in both research and clinical practice relevant to their particular area. The book takes a 'Boulder Model' approach to the problem of comorbid individual and dyadic problems, and the chapters present an excellent balance of research findings and practical suggestions. The book is divided into four parts. Part I is an overview of empirical and conceptual issues in managing emotional, behavioral and health concerns in couples therapy. Part II reviews couple-based treatments for emotional and behavioral disorders, including anxiety and depressive disorders, schizophrenia-spectrum disorders, substance abuse, sexual dysfunction, and partner abuse. Part III offers specific examples of adaptations to couples therapy for specific individual problems, including various personality disorders, Post Traumatic Stress Disorder, physical illness and aging and cognitive issues. The fourth and final section offers an insightful integration of the preceding chapters and highlights the bi-directional influence of individual problems and dyadic difficulties.

The book makes a truly substantive contribution to both to the fields of couples therapy and psychopathology. From a clinical perspective, the text offers hands-on techniques and case illustrations on ways to educate patients about the extent to which individual problems play a role in exacerbating their relational problems, as well as ways that relationship dysfunction impacts the course of individual psychological problems (e.g., substance abuse). All of this information is backed by state-of-the-art research and references for further reading. From the point of view of individual psychopathology, the book reviews findings that establish intimate relationships as having critical implications for the course and outcome of psychological disorders. Furthermore, the book highlights advances in the approaches to using the intimate relationship as a

tool for assessing and treating psychopathology. Thus, readers are guided to use the dyadic relationship to engineer lasting environmental change, and in so doing, to maximize the impact of therapeutic approaches for mental health disorders.

I would have liked a chapter addressing child behavior problems and parenting issues in the context of couples therapy, given the association of marital dissatisfaction with child internalizing and externalizing problems (e.g., Davies & Cummings, 1994). Also missing was a discussion of cross-cultural issues, such as differences in values and traditions that may arise in relationships of partners from different cultural or religious backgrounds. As a whole, though, the book represents one of the most important contributions to our field in the last decade. I recommend this book to both therapists in formation and more senior therapists. Moreover, the chapters on the integration of individual problems and relationship distress would be excellent conceptual reading for a graduate course on couples research.

This book will undoubtedly find its way to the bookshelves of couples therapists seeking up-to-the-moment information on helping couples struggling with special needs. Even more useful for the field of clinical psychology as a whole would be for the book to find its way to therapists conducting primarily individual therapy, so that their patients might also benefit from a couples based approach to their mental and physical health problems.

As such, my only significant criticism is of the book's title. I would have liked to see the book market itself more directly to researchers and therapists outside the field of couples therapy, perhaps by labeling the book as a powerful tool for challenging individual problems. It is this strength that will make me continue to reach for it for both individual and couples cases.

Book Review

Attachment Processes in Couple and Family Therapy

Edited by Susan M. Johnson and Valerie E. Whiffen

Publication Date: May 2003 ISBN: 1572308737

422 Pages List Price: \$42.00

Review by: Nate Tomcik, M.A.

As a graduate student and novice couple therapist I've found that there are many books available to broaden my theoretical understanding of marital distress and strengthen my technical skill. *Attachment Processes in Couple and Family Therapy* was one of those rare books that took this process a step further and dramatically changed the way I think about couple therapy. A variety of disciplines are represented by the contributing authors of this book, who draw from the fields of developmental, clinical, and social psychology. The result is an interesting blend of complementary perspectives that emphasize the importance of understanding attachment style as an organizing theme by which individuals structure their relationships. For those not well steeped in the attachment style literature, a brief summary of the history of attachment research is presented as an introduction preceding the rest of the book's content.

The first section of the book is dedicated to providing a detailed argument for the clinical utility of attachment styles. A thorough review of attachment literature is presented, including the stability of attachment styles from infancy to adulthood and the role of adult attachment styles as a means to access support and regulate autonomy and relatedness in current romantic relationships. Central to the authors' point is the idea that dependency is the natural state of human relationships, which is oftentimes discouraged and even pathologized in individualistic cultures, such as ours, which place a high premium on self-reliance. Furthermore, the characteristic styles that humans develop to manage their dependency needs may either be adaptive or maladaptive, which paradoxically encourages or stifles effective autonomy. The second section of the book focuses on current interventions that utilize attachment theory in their approaches. Susan Johnson presents the role of attachment in EFT and Joanne Davila discusses effective ways to incorporate adult attachment styles in behavioral models of couple therapy. There are also a few chapters on family based interventions in adoptive families and for families with depressed adolescents. The third section of the book takes a look at the application of attachment based interventions for particular populations, including repairing disrupted infant-mother attachments, same sex couples, and the role of attachment in older adults. The final section of the book demonstrates the applicability of attachment based interventions with specific types of problems. I found the chapter on the effects of child sexual abuse on current couple relationships from an attachment perspective to be particularly useful.

In general I was impressed with the extensive array of perspectives and clinical applications of attachment theory presented in this book. I quite literally found every chapter of this book useful in expanding my knowledge of attachment theory in the context of couple and family therapy. I think this book should be required reading for both graduate students and practitioners looking to expand the depth of their interventions and gain a better understanding of attachment style as an organizing theme behind human relationships.

HOT OFF THE PRESS

In Press and Recently Published Literature

Clements, M. L., Stanley, S. M., & Markman, H. J. (in press). Before they said "I do": Discriminating among marital outcomes over 13 years. *Journal of Marriage and Family*.

One hundred couples were followed for 13 years from the premarital period well through the primary risk period for divorce. Results of discriminant analysis indicated that couples who remain satisfied, become distressed, and divorce can be reliably classified on the basis of premarital data. Furthermore, both previously identified demographic risk factors and couple interaction variables contributed to classification accuracy, suggesting that both types of variables play important roles in relationship outcomes. The method employed here addresses weakness in previous studies by (a) following couples for an extended period after marriage, (b) utilizing multiple validated self-report and observational measures, and (c) making predictions simultaneously for divorced, distressed, and satisfied couples.

Fals-Stewart, W., Kelley, M. L., Fincham, F. D., Golden, J., & Logsdon, T. (in press). The emotional and behavioral problems of children living with drug-abusing fathers: Comparisons with children living with alcoholic fathers and nonsubstance-abusing fathers. *Journal of Family Psychology*.

The emotional and behavioral problems of 8-12 year-old children living in two-parent families with drug-abusing fathers (N = 40) were

compared to those of children living in families with fathers who abused alcohol (N = 40) and children living with fathers who did not abuse drugs or alcohol (N = 40). Mothers in all of these family types did not abuse drugs or alcohol. Children living with fathers who abuse drugs experienced more internalizing and externalizing symptoms than children living with fathers who abused alcohol or children whose fathers did not abuse drugs or alcohol. Interparental conflict and parenting behavior partially mediated the relationship between family type and children's adjustment.

Fortunata, B., & Kohn, C. S. (2003). Psychosocial and Personality Characteristics of Lesbian Batterers. *Violence & Victims, 18, 557-568*.

Prevalence of domestic violence (DV) in lesbian and heterosexual relationships appears to be similar. Despite this, few studies have examined factors associated with DV in lesbian relationships, and even fewer have examined characteristics of lesbian batterers. Demographic and psychosocial characteristics and personality traits were examined in 100 lesbians in current relationships (33 Batterers and 67 Nonbatterers). Results indicated that Batterers were more likely to report childhood physical and sexual abuse and higher rates of alcohol problems. Results from the MCMI-III indicated that, after controlling for Debasement and Desirability indices, Batterers were more likely to report aggressive, antisocial,

borderline, and paranoid personality traits, and higher alcohol-dependent, drug-dependent, and delusional clinical symptoms compared to Nonbatterers. These results provide support for social learning and psychopathology theoretical models of DV and clinical observations of lesbian batterers, and expand our current DV paradigms to include information about same-sex DV.

Hall, J.H. & Fincham, F.D. (in press). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology*.

Although research on interpersonal forgiveness is burgeoning there is little conceptual or empirical scholarship on self-forgiveness. To stimulate research on this topic a conceptual analysis of self-forgiveness is offered, in which self-forgiveness is defined and distinguished from interpersonal forgiveness and pseudo self-forgiveness. The conditions under which self-forgiveness is appropriate are also identified. A theoretical model describing the processes involved in self-forgiveness following the perpetration of an interpersonal transgression is outlined and the proposed emotional, social-cognitive, and offense-related determinants of self-forgiveness are described. The limitations of the model and its implications for future research are explored.

Kachadourian, L.K., Fincham, F.D., & Davila, J. (in press). The tendency to forgive in dating and married couples: Association

with attachment and relationship satisfaction. *Personal Relationships*.

Given the positive benefits associated with interpersonal forgiveness, the current investigation examined the tendency to forgive in romantic relationships. Two studies tested the hypothesis that the tendency to forgive mediates the association between attachment models of self and other and relationship satisfaction in dating ($n = 184$) and marital relationships ($n = 96$). In addition, the extent to which the tendency to forgive predicts forgiveness of an actual transgression was examined among married couples. The tendency to forgive partially mediated the relation between model of other (relationship partner) and satisfaction for those in dating relationships and for husbands. In addition, for those in marital relationships, the tendency to forgive partially mediated the relation between model of self and satisfaction. In addition, for wives, endorsing a greater tendency to forgive was related to forgiveness of an actual transgression, regardless of the severity of that transgression. For husbands, endorsing a greater tendency to forgive was related to forgiveness of an actual transgression, but only for more severe transgressions. Results are discussed in terms of who is more likely to forgive and the role that the tendency to forgive plays in romantic relationships.

Leone, J., Johnson, M., Cohan, C.L., & Lloyd, S. (in press). Consequences of domestic violence for low-income, ethnic women: A control-based typology of male-partner violence. *Journal of Marriage and Family*.

The current study used a random sample of 563 low-income women to test Johnson's (1995) theory that there are two major forms of male-

partner violence, situational couple violence and intimate terrorism, which are distinguished in terms of their embeddedness in a general pattern of control. The study examined the associations between type of violence experienced and respondents' physical health, psychological distress, and economic well-being. Analyses revealed three distinct patterns of partner violence: Intimate Terrorism, Control/No Threat, and Situational Couple Violence. Compared to victims of control/no threat and situational couple violence, victims of intimate terrorism reported more injuries from physical violence and more work/activity time lost due to injuries. Compared to women who experienced no violence in the previous year, victims of intimate terrorism reported a greater likelihood of visiting a doctor, poorer health, more psychological distress, and a greater likelihood of receiving government assistance.

Sanford, K. (in press). Attributions and anger in early marriage: Wives are event-dependent and husbands are schematic. *Journal of Family Psychology*.

Two types of attributions believed to predict anger in married couples were investigated. Wives' anger was expected to be predicted by event-dependent attributions, appraisals based on the unique aspects of one's current situation. Husbands' anger was expected to be predicted by schematic attributions, appraisals based on one's global sentiment in the relationship. Seventy-seven recently married couples attended two assessment sessions, and each couple identified four incidents pertaining to unresolved relationship issues. Participants rated their event-dependent attributions and their anger prior to a discussion for each incident. They also completed questionnaires

regarding schematic attributions and relationship sentiment. Hierarchical linear modeling was used to distinguish between the two types of attributions. Strong support was found for the expected gender differences. Results suggest that wives are particularly attentive to the details of interpersonal interaction.

Sanford, K. & Rowatt, W. C. (in press). Emotion and attachment in marriage and roommate relationships: When is negative emotion positive for relationships? *Personal Relationships*.

Three types of negative emotion (hard, soft, and fear-based) were believed to be integral to functioning in close interpersonal relationships. Hard emotion includes feeling angry, soft emotion includes feeling sad or hurt, and fear-based emotion includes feeling anxious or threatened. Married persons (Studies 1 and 3) and college roommates (Study 2) rated the extent to which they would feel different emotions in response to a variety of negative partner behaviors. Confirmatory factor analysis supported the distinction between the three types of emotion. Although hard and soft negative emotions were highly positively correlated, they had opposite effects when used to predict relationship functioning. After controlling for shared variance between the emotions, soft emotion was associated with positive relationship functioning (high satisfaction, low conflict, and low avoidance) and hard emotion was associated with negative relationship functioning (low satisfaction, high conflict, and high avoidance). In contrast, fear-based emotion was strongly, positively, and uniquely associated with relationship anxiety.

List of Newly Developed Measures for Assessing Couples/Families:

We are beginning to compile a list of measures that SIG members have recently developed, as well as those that they find most useful (in both practice and research). Here are the measures we've collected so far. We hope to develop this list on the SIG website, in conjunction with Brian Baucom, so that it will be easily accessible to all.

Also, we would like to thank Scott Stanley (Sstanley82@aol.com) for his input on this list of measures. Last fall, he wrote a paper for an NICHD measurement conference on couples; thus he has thoroughly reviewed constructs and measures relevant to couple functioning. His paper has a substantial appendix containing couples constructs and measures, and in the paper he also describes an overall context for where the field is heading. To read the paper, access the following URL: <http://www.popcenter.umd.edu/conferences/mifd/papers/stanley.pdf>

Please e-mail any newly developed measures to Eric Gadol (gadol@unc.edu) for inclusion in the fall SIG newsletter.

Developed by SIG members:

- Matthew Johnson (mjohnson@binghamton.edu) has developed and published a rating system for observing affect in dyadic interactions. It is called the Behavioral Affective Rating System (BARS).
 - Johnson, M. D. (2002). The observation of specific affect in marital interactions: Psychometric properties of a coding system and a rating system. *Psychological Assessment, 14*, 423-438.
- Jennifer Langhinrichsen-Rohling (jlr@usouthal.edu) has developed a measure called the Unwanted Pursuit Behavior Inventory (Palarea & Langhinrichsen-Rohling, 1998) that assesses the occurrence, frequency and impact/ degree of fear associated with experiencing a variety of relationship pursuit behaviors (including those that would constitute stalking) that can occur during times of relationship separation and/or break-ups.
 - Langhinrichsen-Rohling, J., Palarea, R. E., Cohen, J., & Rohling, M. L. (2000). Breaking up is hard to do: Unwanted pursuit behaviors following the dissolution of a romantic relationship. *Violence and Victims, 15*, 1-17.
- Gary Birchler and Bill Fals-Stewart (Gary.Birchler@med.va.gov) have developed a very brief measure that assesses a couple's maladaptive responses to conflict. It is still used in ongoing BCT and shown to track a mechanism of change over the course of treatment.
 - Birchler, G. R., & Fals-Stewart, W. (1994). The Response to Conflict scale: Psychometric properties. *Assessment, 1*, 335-344.

Most Useful to SIG members:

Commitment measures:

- Johnson, M. P., Caughlin, J. P., & Huston, T. L. (1999). The tripartite nature of marital commitment: Personal, moral, and structural reasons to stay married. *Journal of Marriage and the Family, 61*, 160-177.
- Stanley, S. M. & Markman, H. J. (1992). Assessing commitment in personal relationships. *Journal of Marriage and the Family, 54*, 595-608.

Communications Pattern Questionnaire

- Heavey, C. L., Larson, B., Christensen, A., & Zumtobel, D. C. (1996). The communication patterns questionnaires: The reliability and validity of a constructive communication subscale. *Journal of Marriage and the Family, 58*, 796-800.

Willingness to Sacrifice

- Van Lange, P. A. M., Rusbult, C. E., Drigotas, S. M., Arriaga, X. B., Witcher, B. S. & Cox, C. L. (1997). Willingness to sacrifice in close relationships. *Journal of Personality and Social Psychology, 72*, 1373-1395.

Marital Satisfaction Inventory – Revised

- Snyder, D. K. (1997). *Manual for the Marital Satisfaction Inventory - Revised*. Los Angeles, CA: Western Psychological Services.
- Means-Christensen, A. J., Snyder, D. K., Negy, C. (2003). Assessing nontraditional couples: Validity of the Marital Satisfaction Inventory-Revised with gay, lesbian, and cohabiting heterosexual couples. *Journal of Marital and Family Therapy, 29*, 69 – 83.

Conflict Tactics Scale – Revised

- Straus, M. A., Hamby, S. L., Boney-McCoy, S., Sugarman, D. B., Finkelhor, D., Moore, D. W., & Runyun, D. K. (2003). *Conflict Tactics Scales Handbook and Revised Forms*. Los Angeles, CA: Western Psychological Services.

Dyadic Adjustment Scale

- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*, 15-28.

Areas of Change Questionnaire

- Margolin, G., Talovic, S., & Weinstein, C. D. (1983). Areas of Change Questionnaire: A practical approach to marital assessment. *Journal of Consulting and Clinical Psychology*, 51, 944 – 955.

ANNOUNCEMENTS

◆ Barry Ginsberg's (Bginzer@aol.com) book, **Relationship Enhancement Family Therapy**, was originally published in 1997 by John Wiley & Sons (at \$100.00 +). It is now being self-published by The Relationship Enhancement Press in a paperback edition for \$14.95 plus \$3.50 postage & handling. It has a comprehensive chapter on Relationship Enhancement Couples Therapy. Anyone who would like to purchase a copy can send a check for \$14.95 plus \$3.50 postage & handling to:

Barry G. Ginsberg, Ph.D.
The Center of Relationship Enhancement
P.O. Box 5268
Doylestown, PA 18901

◆ Bill Fals-Stewart and Gary Birchler are offering an all day Institute and a 90-minute Workshop on "Learning Sobriety Together" at the 8th Annual Smart Marriages Conference in Dallas, June 8-11. This unique conference attracts over 1500 people interested in marriage education; several other SIG members are prominently and regularly involved in the program. Please contact Bill or Gary for additional information.

∞ SIG Family Tree ∞

At our SIG dinner at the 2003 AABT conference in Boston, we began tracing our academic genealogy. I attempted to decipher the names, lines, scratch marks, and arrows (I even discovered a few nonrecursive models), and the Family Tree appears on the next page, as best as I could reconstruct it. If you would like to make changes or additions, please send an e-mail to me at fhughes@utk.edu. This is a work in progress, so there are many branches that still need to be completed; the information on which this initial family tree is based includes the information provided by members at the last SIG dinner and information I have gleaned from e-mails sent to me by SIG members.

On a personal note, I have had to reconstruct my own academic genealogy for a graduate course this semester. Because of that project, I have come to better understand the development of our field as a whole, and I am extremely proud of my academic heritage. I also am proud to part of a group that strives to preserve its legacy, as we have done with the creation of this Family Tree.

A couple of notes: SIG members received their own "boxes" if they had "descendants" listed on the original family tree. Parentheses indicate a student who trained, but did not earn their Ph.D., under a particular adviser. Also, the listing of names is rather arbitrary, determined only by space limitations (i.e., the order of names is not chronological or based on importance).

~FMH

Our "Roots" (in alphabetical order):

Don Baucom	Norman Epstein
Frank Fincham	John Gottman
Kurt Hahlweg	Kim Halford
Neil Jacobson	Dan O'Leary
Matt Sanders	Doug Snyder
Bob Weiss	

Pictures of the "family tree dinner" are located on our SIG website at <http://www.aabtcouples.org/home.htm>, as is a graphical version. Many thanks to Farrah for her hard work on transcribing the original to this version!