

Couples Research & Therapy Newsletter

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

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Counsel from the Co-Presidents

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

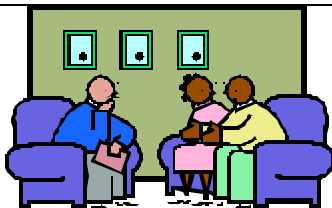
Gregory Stuart and Erika Lawrence

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

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

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

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



Couples SIG Newsletter

Editors: Farrah Hughes, Ph.D.
Francis Marion University
PO Box 100547
Florence, SC 29501
FHughes@FMarion.edu

Eric Gadol, M.A.
University of North Carolina
Campus Box 3270
Chapel Hill, NC 27599-3270
gadol@unc.edu

Editors' Note

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

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

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

~ Farrah and Eric

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

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

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

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

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

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

Dear SIGers,

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

RECEIPTS

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

\$2285

DISBURSEMENTS

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

\$2272

Each year, our money gets spent at the conference, and then the dues that we take in at the conference and throughout the year bring in enough funds to pay for the

TREASURER UPDATE

expenses of the next conference. We received \$920 in dues at the 2004 conference,

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

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

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

Shalonda Kelly, Ph.D.
 Associate Professor and ABCT Couples SIG Treasurer
 Graduate School of Applied & Professional Psychology
 Rutgers, The State University of New Jersey
 152 Frelinghuysen Road, Piscataway, NJ 08854-8085
 Phone: (732) 445-1791; Fax: (732) 445-4888
 E-mail: skelly@rci.rutgers.edu

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

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

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

Tanja Zimmermann, Technical University Braunschweig

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

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

The location of breast and gynecological cancer in those body parts most intimately associated with sexuality and femininity often leads to problems with body image, feelings of femininity, sexual functioning and intimate relationships in both men and women. The medical treatment often leads to side effects like induced early menopause, infertility, vaginal dryness, pain during intercourse, reduced sexual desire, and reduced orgasmic capacity. During treatment and recovery, many cancer patients also experience disruptions in their family roles, which then affect the partner and broader family. For that reason, the diagnosis of breast and gynecological cancer poses great challenges to patients and their families, such as facing death and undergoing extensive medical treatment. Therefore, emotional distress and adjustment problems

occur also in the spouses of these women. Given the psychological impact of cancer on patients and their families, a variety of psychosocial interventions have been developed in recent decades. The effectiveness of psychosocial interventions in significantly improving patients' individual emotional distress have been demonstrated in several meta-analyses (e. g. Meyer & Mark, 1995). The effect sizes, however, vary considerably across studies depending on the interventions employed and the foci of change.

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

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

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

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

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

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

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

Although educational interventions did not reach a significant level in both studies due to the small sample sizes, it seems to be important to include educational

components in the intervention because of the seemingly large results. Psychosocial interventions with a combination of different strategies might be more powerful than interventions comprised of a single approach.

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

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

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

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

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

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

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

As a consequence, the weak effects of current interventions for breast cancer might be due to their neglect of body image, sexual functioning, and relationship factors (Scott, Halford, & Ward, 2004). This conclusion is consistent with research in related areas. Many investigators have strongly recommended the development of new interventions focusing on these relationship issues. A large body of empirical literature demonstrates that in a variety of settings, cognitive-behavioral interventions for couples can significantly improve both individual adjustment and relationship functioning. Furthermore, in dismantling the effective components of psychosocial interventions for cancer populations, concrete skills could be identified to be among the centerpieces of successful and effective interventions. As such, brief cognitive-behavioral couple-based approaches seem to be promising. Women with cancer who are in committed relationships express a great

need for their partners' support, even more so than for other persons' support. Yet many female cancer patients feel disappointed about their interactions with their husbands when addressing cancer. The close association between the site of breast cancer, body image, and sexuality might make couple-based interventions particularly appropriate.

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

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

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

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

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



Interpersonal Foundations of Psychopathology

Reviewed by Athena Yoneda

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Assessment of Family Violence: A Handbook for Researchers and Practitioners

Reviewed by Tara M. Neavins

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

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

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

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

Book
Review

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

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

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

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

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

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

<p>Surf the Internet without guilt!</p>	<p>Visit the AABT Couples SIG website: www.aabtcouples.org/home.htm</p>	<p>Thanks to Brian Baucom for serving as webmaster!</p>
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COUPLES RESEARCH PRACTICE NETWORK

An Update from Jaslean and Barb

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

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

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

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

4. To maintain the Couple SIG Research Practice Network and establish principles for publication from the database.

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

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

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

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

2005 ABCT Conference Couples Events

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

FRIDAY MORNING

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

FRIDAY AFTERNOON

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

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

SATURDAY MORNING

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

SATURDAY AFTERNOON

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

Saturday, 6:30 p.m. -8:30 p.m.: Couples SIG Cocktail Party

Saturday, 9 p.m.-1 a.m.: ABCT party, International Ballroom

SUNDAY MORNING

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

TAKE THE ABCT DC TOUR!

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

Hello all!

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

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

Sights

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

outdoor memorials, follow the signs or check out the Cityguide.

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

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

Eats

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

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

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

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

Drinks

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

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

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

Parties

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

- Club Chaos (cash only, 1603 17th St.): American restaurant and dance club
- Habana Village (1834 Columbia Rd., Adams Morgan): Live Latin music plus dance lessons, with

lounges on the third and fourth floors for resting with a mojito

- Chief Ike's Mambo Room (1725 Columbia Rd., Adams Morgan): everything from hip-hop to '80s music available, with a crowd including young professionals
 - Red (1802 Jefferson Pl NW, open until 6 a.m.): a late night dance club/bar
 - Columbia Station (2325 18th St.): Live jazz music beginning around 10 p.m., but you'll want to arrive early for a good seat
 - Velvet Lounge (915 U St., Adams Morgan): Local and regional bands that you can hear for free from the downstairs bar, or pay and see them on stage upstairs
 - Black Cat (1831 14th St., Adams Morgan): Post-funk bar with live alternative music and vegetarian food at the bar
- ~ Susan Stanton and Sara Steinberg

The Interpersonal Process in the DSM-V Committee

Erika Lawrence and Brian Doss

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

There seems to be general consensus that the manner in which interpersonal processes are incorporated should be improved from the DSM-IV to the DSM-V. However, the specific nature of these modifications has remained a topic of much debate. One central issue is whether relationship difficulties should be promoted from V-codes to formal diagnoses. Proponents of this position note that the inclusion of formal relationship diagnoses make sense conceptually and methodologically, and would improve the likelihood of third-party reimbursement and federal funding. However, even if relationship difficulties are to be promoted to formal diagnoses, it is unclear what types of relationship disorders should be represented. Some authors have advocated for the inclusion of domestic violence, generalized relationship distress and/or parent-

child dysfunction as formal diagnoses. The potential inclusion of formal relationship diagnoses also raises questions about the axis on which they would be included (or if they should be represented by their own axis). In contrast, others argue against the inclusion of formal relationship diagnoses, noting that their inclusion could raise concerns about further pathologizing aspects of the human existence. A second central area of discussion has been whether, and how, interpersonal relationships should be included in the presentation of individual disorders. One possibility would be to expand inclusion of relationship dysfunction in the symptoms of other disorders. One could also advocate for more extensive consideration and presentation of interpersonal relationships in the etiology and consequences of individual disorders. Embedded within these ideas are numerous other questions, including whether a relational diagnosis is best conceptualized as an individual or dyadic construct and what symptom criteria would be necessary for a diagnosis.

Overview of Efforts to Date

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

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

To date, most of the work that has been done has been in furtherance of adding a Relational Diagnoses Axis (or at least adding diagnostic numbers) to the DSM-V. To consider the complex issues surrounding inclusion of interpersonal relationships, the Interpersonal Process in DSM-V Committee was formed. The committee consists of 25 distinguished professionals representing the ABCT

Couples SIG, APA's Division 43, and other organizations, and is comprised of researchers, psychologists, psychiatrists, and public policy advocates. Through structured online debates, we will develop formal recommendations we wish to make for the DSM-V. These recommendations will be developed through discussions about the nature of the constructs of relational diagnoses and how best to categorize such diagnoses within the DSM format.

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

HOT OFF THE PRESS

In Press and Recently Published Literature

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

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

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

Prior to dissolution, it is likely that couples that become severely distressed first pass through an at-risk stage in which they experience early symptoms of marital deterioration but have not yet suffered irreversible

damage to their marriage. It is during this "at-risk" stage when couples might benefit most from early intervention. In response to this need we have developed an indicated intervention program called the Marriage Checkup (MC) based on the principles of motivational interviewing. The current randomized study provides preliminary evidence for the attractiveness, tolerability, efficacy and mechanisms of change of the MC.

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

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

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

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

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

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

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

psychiatric morbidity. 1) Psychiatric disorder poses risk for involvement in an abusive relationship for both sexes; 2) Partner abuse is a contributing source of psychiatric disorder among women, but not among men.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Citations without abstracts:

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

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

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

Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '05

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Counsel from the Co-Presidents

Hello all. We hope everyone had a great spring semester. There have been several SIG-related activities that have been going on since the last conference, and we thought we'd take this opportunity to update you all on them. As always, we welcome your comments and feedback.

1) Planning the SIG Pre-Conference in DC

We are continuing to plan our SIG pre-conference workshop for the upcoming ABCT convention. We are pleased to announce that the topic of this year's Couples SIG workshop will be developing the Couple Research Practice Network. This topic generated a great deal of interest from our membership when we asked the listserv to brainstorm about possible workshop speakers.

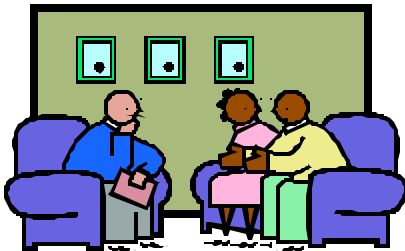
We are delighted that Dr. Tom Borkovec accepted our invitation and is confirmed as our speaker for the workshop! Dr. Borkovec is a leading expert in the formation of research practice networks (see more information about this below), and we are extremely fortunate to have an opportunity to learn from him. His talk will be from 6:30-8:30 p.m. on Thursday, November 17. We know that this is later than usual for our pre-conference event, but due to room availability, this time will maximize attendance. We recently sent the listserv a few of Dr. Borkovec's publications on research practice networks. Our webmaster, Brian Baucom, has volunteered to post these articles on the Couple SIG website in the near future for those who were unable to receive the attachments.

2) Planning the SIG Social Event for November's conference in DC

Our webmaster, Brian Baucom, oversaw a SIG vote to decide whether the group would prefer to have a dinner or cocktail party for our SIG social event at the next conference. The SIG voted overwhelmingly to have a cocktail party, and our Student Co-Presidents Susan Stanton and Sara Steinberg are in the process of planning this event. However, there has also been a request to organize some sort of group activity like we used to have at the dinners, most recently the "Family Tree" that Kristi Coop-Gordon organized at the dinner a few years ago. Susan (sstanton@email.unc.edu) and Sara (sara.j.steinberg@sunysb.edu) are in the process of brainstorming suggestions for this coming year's activity, and any and all ideas are welcome.

3) Update on the Best Practices Website Committee

At our SIG business meeting last November, Andy Christensen suggested that we establish a committee to examine the feasibility of creating a "best practices" database. As Andy stated, "This kind of collaborative endeavor is extremely important to our field if we are going to learn more about the outcome of couple therapy and demonstrate to the public that couple therapy is a viable and valuable treatment. If people like us don't establish this kind of database, who will?" Such a database would also improve our clinical work in that it would encourage clinicians to track couple change more closely. This



Couples SIG Newsletter

Editors: Eric Gadol
University of North Carolina
Campus Box 3270
Chapel Hill, NC 27599-3270
gadol@unc.edu

Farrah Hughes, M.A.
Brown University
Box G-BH
Providence, RI 02912
fhughes@utk.edu

TREASURER UPDATE

Dear SIGers,

Currently, our treasury balance is \$1494. We have 92 members, of which 48 are full members, and 44 are student members. Both our bank account balance and our membership numbers are lower than in previous years. For example, we have a list of 218 people who have paid dues at least once since 1999, which means that less than half of the people who are interested in couples research and therapy are currently paying their dues. This is particularly troubling because ABCT does not recognize those who are not current with their dues as couples SIG members, and thus our strong reputation with ABCT could decline from sheer lack of numbers. Another reason to pay dues is to ensure funding for our conference activities, and prevent our yearly scramble to fund our speakers, rooms, gatherings, etc.

The good news is that every year, our meeting rooms are consistently overflowing, our listserv stays vital, and we hold great pre-conference activities. Thus, it is likely that many of us didn't have cash or our checkbooks handy at the SIG meeting, or missed the meeting and then just forgot to pay. Also, please note that monies paid at the door at the SIG cocktail party went to fund the party, rather than to pay dues. So feel free to contact me to determine your membership status. Membership fees are \$20 for faculty members/professionals and \$5 for students/1st year postdocs. To pay your 2004-2005 dues or even pay your fall 2005-2006 dues in advance, please put "ABCT Couples SIG" in the memo line of your check and make it payable to me at the address below. Please include your current contact information and professional versus student status. All payments will be acknowledged with an email receipt.

Finally, as an additional incentive to pay your dues, I am

suggestion was met with tremendous enthusiasm by the SIG. Below is a progress report on the development of this committee.

The goals at this point are:

- To establish best-practice assessment procedures for couple therapy that are widely accepted in the SIG
- To establish procedures and set up a Research Practice Network throughout the SIG
- To maintain the SIG Research Practice Network and establish principles for publication from the database

The plan at this point is:

- To build knowledge and consensus for a Research Practice Network in the SIG (e.g., by holding our pre-conference workshop on it this year and discussing at the annual ABCT meeting)
- To gather information about existing Research Practice Networks (e.g., by meeting with Tom Borkovec during the pre-conference workshop) and how they operate (e.g., human subjects issues, confidentiality issues)
- To do a simple web survey of the SIG to see how many people would participate in the network and how many couples each year that they might see (to get an idea if the network is feasible and the database would be large enough to be useful)
- To develop the best-practice assessment procedures (some models for this already exist, e.g., see Brian Doss). Measures would need to be brief and limited and would likely include a short measure to be completed at the beginning of each session (e.g., the Norton QMI, ratings of target behaviors)

Co-chairs and members of this committee are being finalized. At present, Andy is the contact person for this committee (christensen@psych.ucla.edu), although once the co-chairs have been established (likely Barb Kistenmacher and Jaslean La Taillade), an E-Mail will be sent to the listserv with their names. We look forward to making substantial progress on these issues this year at ABCT!

4) Update on the Relational Diagnoses Committee

Brian Doss and Erika Lawrence are co-chairing the Relational Diagnoses Committee through Division 43 (Family Psychology) of the APA. The purpose of this committee is to begin to gather information and oversee a discussion about whether or not we want to pursue the inclusion of a Relational Diagnoses section in the DSM-V. Brian and Erika will be addressing a multitude of qualitative, categorical, and political/practical questions such as:

- a. Is a relationship diagnosis an individual, dyadic, triadic, or larger construct?
- b. Is there a single "relationship dysfunction" diagnosis or are there multiple types/subtypes (e.g., conflictual, lacking love, violent)?
- c. What combination of behavioral, cognitive, or affective problems would serve as criteria for a relationship disorder?
- d. Assuming the structure of the DSM-V remains similar to the DSM-IV, what axis would a relationship disorder best be categorized on?
- e. How do we respond to questions such as "What are we going to pathologize next?"

Members of this committee are being finalized. Erika (erika-lawrence@uiowa.edu) and Brian (doss@psyc.tamu.edu) are the contact people for this committee, and they will be sending an E-Mail to the SIG listserv about this issue over the summer.

asking “each on to reach one” towards bringing more members into our SIG. Thus, if you refer someone as a new member or remind someone to become financially active, tell the person to let me know when s/he pays dues. In my fall report, I will give a special acknowledgement to the professional and student members who have recruited the most new and returning SIGers.

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

Shalonda Kelly, Ph.D.
 Associate Professor and ABCT
 Couples SIG Treasurer
 Graduate School of Applied &
 Professional Psychology
 Rutgers, The State University of
 New Jersey
 152 Frelinghuysen Road
 Piscataway, NJ 08854-8085
 Phone: (732) 445-1791
 Fax: (732) 445-4888
 skelly@rci.rutgers.edu

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

Editors' Note

This is an exciting time in the Couples SIG! Erika, Greg, and others have been working hard on a number of projects, including a Research Practice Network for the SIG, a Relational Diagnosis Committee, and an Informed Dissemination Committee. As the SIG puts more energy into publicizing our work, we are delighted to include an article in this issue from the father of couples research on dissemination.

At the same time, exciting new research is being conducted in our field. We have the pleasure of presenting an article on research in couples and mindfulness, and many more topics of research are covered in the Hot Off the Press abstracts. Keep up the good work, everyone!

Eric & Farrah

5) Update on the Informed Dissemination Committee

At our SIG business meeting in November, Frank Fincham suggested that we establish a committee that would allow our SIG to proactively participate in the type of information that is being disseminated to the public about couple research and intervention. The committee could be used to disseminate basic knowledge as well as to discuss interventions. This suggestion was met with enthusiasm and a committee was established.

Potential goals of the committee:

- Creating a column on each of our research interests that would change each month
- Having formal SIG press releases on couple research findings of interest to the public

Frank has offered to be the chair of this committee and to base the committee's work at his Family Studies Institute in Florida (ffincham@fsu.edu). Please contact him for more information on the status of this committee.

6) New ABCT Rule: SIG members must be ABCT members

Just a reminder that we are now only allowed to formally count you as a SIG member if you are a dues-paying member to ABCT also. (This is an ABCT rule, not ours.) However, this rule has no bearing on whether you can attend SIG meetings and SIG social events at ABCT, whether you are on the SIG listserv, whether you can access the SIG website, etc. Our official numbers do impact how much influence we have as a SIG on ABCT in terms of the room size we get for our business meeting, whether couple-related conference events are double-booked, etc., so it is to our benefit to keep our official numbers high. In addition, your paid dues are crucial for the financial stability of the SIG and influence the services that we are able to offer to the membership. At present, we are the largest SIG in ABCT!

7) Clarification of SIG Offices, Duties, and Elections

We thought it would be helpful to have the SIG offices and the duties required for each office listed on the SIG website. This website addition would serve several functions. First, it would allow all of you to know who to contact when you have SIG-related questions. Second, it would allow those of you who wish to run for these offices in the future to have a clearer understanding of what is involved. Third, a suggestion was made at last year's SIG business meeting that we move to having more formal elections for the offices in the future. For example, we have discussed the possibility of gathering all nominations in advance of the conference. No decisions about this issue have been made yet, and we will soon be sending an E-Mail to the listserv asking for your opinions about the proposed streamlining of the election process (e.g., gathering nominations in advance, voting in a more formal way). One possibility for your consideration could be to have a more formal election for some offices (e.g., SIG Co-Presidents, Treasurer) but not others. Regardless, one advantage of streamlining the election process would be that it would allow us to more effectively use the time allotted for the business meeting.

As always, please feel free to contact either of us with any questions, comments, or suggestions. Thanks so much for all of your support. Have a great summer!

Erika and Greg

Surf the Internet without guilt!	Visit the AABT Couples SIG website: www.aabtcouples.org/home.htm Webmaster: Brian Baucom, bbaucom@ucla.edu
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Special Joys of Internship Application When You Are a “Couples Person”

By Susan Stanton and Sara Steinberg, Student Co-Presidents

Applying for internship—it's never an entirely fun process, but it can be particularly challenging for graduate students with a focus on close relationships. The scarcity of sites with major rotations in couples therapy may create complications in all aspects of the internship process, from selecting sites and writing essays to interviewing and matching. The highly biased advice to follow is from our internship experiences and advice and comments we received from recent internship applicants in the SIG. However, one of the main things we learned during the process is how different it is for everyone. We hope these comments serve as areas for consideration, but they do not describe the only way to match successfully.

Challenge #1: Finding sites

In general, one of the most important things to keep in mind when searching for internship sites is whether or not the site is a good match for you. It is helpful to keep in mind what your priorities are, whether they are having a couple's rotation or staying in one geographic area. For people not limited by geographical concerns, there are a small number of well-regarded sites with major rotations in couple's therapy, which may mean spending from 10-20 hours a week working with couples. Based on previous feedback from the SIG, there are approximately 20 sites with such major rotations, although there may be more. A larger number of sites have minor rotations in couple therapy, which often refers to spending 4-5 hours a week with couples. Sites with either a major or minor rotation may be found by entering couples in your search criteria under rotations when locating internship sites at appic.org. Finally, internships may not have a formal rotation with couples but may allow interns to see couples who present through the other rotations, which seems to translate into about 5 cases a year depending on demand and other interns' requests. Sites may mention this in their brochures under certain rotations but it can vary widely. The Spring-Summer 2001 newsletter found on the website has a table at the end with a list of couples-friendly sites gathered from the SIG, although the list is not comprehensive. Additional sites not in the past newsletter reportedly having major rotations in couples therapy besides those listed in the newsletter are UCSD-San Diego VA, Baltimore VA, and Boston Consortium. Perhaps members who know of other places can post it to the listserv.

The APPIC surveys show that most graduate students' priority in choosing sites is geographical location. As this limits choices greatly, it can be difficult

to find many sites with couples opportunities. For example, Susan applied to the Southern California area, where she found approximately 30 internship sites with adult tracks. However, only 1 had a major rotation of 10 hours or more a week in couples therapy and 2 or 3 had formalized minor rotations. The remainder advertised the possibility of seeing couples but noted the number of cases available were unpredictable. Sara applied only in the northeast, with a primary focus in the New York metropolitan area. While very few sites had couples rotations, many had opportunities to work with families, which is something that interested her. When choosing sites geographically, therefore, it is important to consider other areas of training important to you because most of your time will be spent in non-couple-related activities. Think about your goals after graduate school and how you might supplement your skills through internship.

Challenge #2: Writing essays and the APPIC application

For most issues regarding the APPIC application, we refer you to *Internships In Psychology, 2005-2006: The APAGS Workbook for Writing Successful Applications and Finding the Right Match (Williams-Nickelson & Prinstein, \$16.47 at Amazon.com)*. However, the essays require special care for graduate students specializing in couples issues. Although truthfulness about your experiences and interests is essential, it is also necessary to appeal to the opportunities available at your sites. Solely focusing on couples experiences or interests will cause sites with minor or no rotations to wonder what they might offer you. The APAGS' workbook argues that internships are evaluating what applicants can bring to the sites as well as the training opportunities they might offer.

Therefore, be yourself but include information pertinent to all your goals for internship in addition to those related to couples therapy and research. When writing, remember the wide range of experiences you have received in practica or classes. Be creative about how your research and study of couple functioning influence your more general clinical skills and may serve as an asset on various rotations. For example, working with couples may bring an interpersonal perspective to work with individual clients. Seeing couples from various ethnic, socioeconomic, and cultural backgrounds may be applicable to groups or assessments with diverse clients. At the same time, many applicants have not had opportunities to work with couples in graduate school, making you unique to many sites. Overall, seek a balance

between your couples interests and other goals, particularly for sites without a major couples focus.

Challenge #3: Interviewing

Interviewing entails many of the pitfalls of writing essays in which you want to represent all your interests and experiences equally. Some people have noted that interviewers have questioned their fit at sites with 4 hours or less of couples therapy available a week. Even in sites with a major rotation, you should convince them that you will be happy with the other 25% of your time. Sites may appreciate couples experiences but they do not want to have interns disappointed by doing primarily group, individual, and assessment activities.

Demonstrating interest in specific non-couples rotations that may complete gaps in your training or may relate to your research interests and future goals may help to alleviate such fears. For example, as a couples and health researcher, Susan emphasized her desire for a site with a behavioral medicine rotation. She explained that she had worked with many couples clinically but had not had a practicum with a health population despite research with that population. A similar argument may be made for those who study couples and psychopathology. Students interested in domestic violence may point to the ability to work with forensic populations, or conduct anger management groups on internship. If your research focuses on "traditional" couples areas that are difficult to apply to individual or group work on specific problems, you may focus on the theory, supervision, and populations available rather than on substantive rotations such as substance abuse. That is, your research may benefit from learning additional theoretical perspectives, receiving supervision from psychologists outside your area, or working with new populations. For example, veterans hospitals provide opportunities for working with older men who are often less represented in other practica sites.

In addition to presenting yourself as a good match to the site, you are evaluating their fit for you. Thus recent interns have recommended asking about couples

opportunities, including the type of supervision, number of couples and hours of therapy expected. Opportunities also may present itself in less traditional ways than couples therapy, such as working with families coping with chronic illnesses or leading groups for individuals that focus on relationship issues. Furthermore, sites may offer advantages such as research time or shorter hours (i.e., 40 rather than 60 hours a week) that can allow you to work on outside couples-related projects. Additional time during internship also might be helpful if you are applying for jobs or post-docs for the following year.

Challenge #4: Match

When it is time for match, the advice is not different from that provided to all applicants in the APAGS' work book. Follow your goals and your instincts, and trust the match to work! Unless you are only applying to a few places, the odds of getting an internship are very good. (And we all know that the SIG is full of awesome applicants!) Recent applicants cautioned against ranking places you did not like because a year can be a looong time when you are unhappy. On the other hand, a year is a short time in the life of graduate school — enjoy this last, supervised clinical time even if it does not have everything you want!

For internship next year, Susan will be at the VA Los Angeles Ambulatory Care Center and Sara will be at Long Island Jewish Hospital in New York. Neither place has any specific couples rotations, but there are informal possibilities to work with couples and families. We survived and so will you!

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



Kudos to the following people...

- Mia Sevier for her new tenure-track position at California State University, Fullerton in the Human Services Department!
- Kristi Gordon for the recent arrival of Lucia "Lucy" Nye Gordon, born March 30!
- Jenny Langhinrichsen-Rohling for her appointment at the University of South Alabama as the Youth Violence Research Scholar and for receiving the Phi Kappa Phi university-wide scholarship award!
- Shalonda Kelly for her promotion and tenure at Rutgers University!



Don't forget to mark your calendars for the Couples SIG Pre-Conference!
Dr. Tom Borkovec will be speaking on research practice networks
on November 17, 2005, 6:30-8:30

Dissemination Anyone?

Robert L. Weiss
University of Oregon

At our last SIG meeting I foolishly suggested that we consider disseminating our work and reputation to broader audiences by becoming spokespersons for information about couples. “Foolishly,” since that boomerang has now come back to me. Since I have no credible experience in operational matters of public influence, nor with dissemination in general, I am not the best person to preach to others. But ignorance is not a sufficient reason to stop me. Herewith, to be taken with caution are some thoughts on the assignment, viewed as a structural framework that may help in addressing whether, and then how, the SIG might consider dissemination options.

Your assignment should you agree to undertake it...

To recapitulate the suggestion: would it be feasible, in this information age, for the SIG to establish itself as a sort of clearinghouse for evidence based information about relationships, ranging from results of studies of basic processes, to various levels of prevention and remediation packages. Unlike existing “clearinghouse” operations (e.g., Diane Sollee’s *Coalition for Marriage, Family and Couples*) the narrower aim could be to speak to public opinion makers who in turn would utilize the information as basis for their own information articles and reports. Ours would be the source that writers or decision makers would come to for authentication of information or a source for statements that would be relevant to those making policy decisions.

Any public-opinion-functionary can call upon individuals in our, or anyone else’s field, for “story” material. This may occur either in response to some current flash-in-the-pan issue or as part of a more thoughtful featured investigative story. Indeed, this type of targeted contact happens with regularity and sometimes with less than desirable results (e.g., the story either contains inaccuracies or misrepresentations, etc.); many of us have had bad personal experiences while trying to be cooperative. Equally important, by our very choice of professional activity, we eschew popularizations of our scholarship. Self-promotion (unless for obtaining grants!) is frowned upon, and brother and sisters who have traveled that road are often dismissed as less credible and judged unworthy of redemption. More on the dangers of self-promotion later.

Can we do it better if we were to capitalize on the fact that collectively we are an organization whose members hold applied clinical work to very high standards? Is there a signature theme that, while making

the SIG personally and professionally a unique opportunity for students and faculty, that would also make it worthwhile to expand our sphere of influence? That is the question I have tried to address in terms of desirability and feasibility. These reflections may merely prove to be a flicker, but even so, everything has a first step (or a self organizing event).

Dissemination of What by Whom to Whom for Whom?

It may be helpful to parse ‘dissemination’ into the relevant options: What is being disseminated on whose authority to whom and for whose benefit.

The ‘what’ of dissemination most often is discussed in the context of either intervention or prevention. Stirman, Crist-Christoph, and DeRubeis (2004) summarize in detail the prominent models for the dissemination of therapies. Kistenmacher & Biglan (2000) added a further refinement to the discussion of dissemination by relating it to a public health perspective. The latter, public health policy, embraces epidemiological tools for determining incidence and prevalence of some “disease phenomena,” with the ultimate goal of insinuating appropriate steps in prevention. Having reliable knowledge about the phenomena to prevent on a very wide scale can fail more in the promise than the execution (e.g., estimating the prevalence of clinically significant marital discord). It may seem that the therapy piece is more likely to succeed for folks like us, whereas the prevention piece often requires a major edifice of community (and more recently governmental) involvement, as clearly attested to by the programs developed by Markman and Stanley.

What then does the SIG, as an applied clinical science based entity, have to disseminate? There appear to be three main categories of the ‘what’: empirical information (a) about relationship processes, (b) the utility of couples therapy, and (c) program packages designed to prevent marital discord. Thus the ‘what’ is comprised of informational packages, as it were, with more or less direct opportunities for implementation (e.g., (b) and (c)).

Consider the ‘by whom to whom’ or agency piece of the dissemination equation: the available options here are (a) the practitioner, (b) an educative agency (e.g., schools), (c) a professional organization (e.g., ACBT, SIGs), or (d) a governmental agency (e.g., local, state, federal). In this progression there is an increasingly more complex system of intermediaries coming on board; more intermediaries between the agent developing the knowledge base and the ultimate target. A can influence B who in turn seeks to affect the behavior of C.

For 'whom' is determined in large part by the agency itself. If it is a matter of therapists teaching therapists the ultimate consumer is a therapist's client (s). If the agency is a school system, for example, there is an immediate child focus with a secondary family focus of benefit. As governmental units become the agency the approach becomes more clearly a public health application to a broad spectrum of the population. (In the latter case the success of the application is based on percentages, often small, of successful influence.)

Is there a danger in disseminating information about the efficacy of marital therapy interventions? Shadish and Bladwin (2005) report a meta analysis of the effects of behavioral marital therapy that is less than a rousing endorsement of efficacy. And the popular press (*New York Times*) has recently published a rather damning account of the utility of marital counseling for all but Johnson's emotionally focused marital therapy. Putting aside the possibility that a bit of self-promotion was involved here, taken together with the 1995 *Consumer Reports* survey of satisfaction with marital therapy, the message to the public certainly does not encourage acceptance of this form of help.

The danger, as I see it, is that we run the risk of trying to disseminate something that is still changing and accrues all sorts of qualifications. I don't think we are even dealing with a beta version of our product and we may fall into the trap of making statements that are not adequately supported by the data.

Finding a niche

Does any of this description of the dissemination landscape spark any SIG-wide interest? Is SIG-based dissemination even desirable to consider? If it is thought to be worth considering the first step would be organizational: the SIG lives under the umbrella of ACBT. Would we be allowed to represent ourselves as an informational entity either as part of the parent organization or as an emancipated offspring? Or, would it make more sense to establish a nonprofit educational entity whose purpose is the dissemination of empirically based couples information and practices? In this day and age the later could be realized by acquiring a web domain that would be the home base.

As an example, I spoke with a friend and former dean of the school of journalism to get a sense of how we might address the goal of being seen as a dissemination source. He agreed that having organizational credibility is a good first step. Then having feature pieces that we might shop to the larger news agencies would be a next step. There really didn't seem to be much mystery in all this; it is a matter of gaining access based on credibility and appeal of the information.

Clearly finding a niche is made more difficult by making public claims of success rates, predicting divorce, or expounding this or that version of pop family psychology; it has become an aversive practice to many

of us. I see it not so much as a matter of therefore avoiding it altogether as more how to do it better. A SIG-based clearinghouse, as it were, would be a step in that direction; perhaps something like having peer reviewed dissemination projects. This would not limit those individuals who choose to go it alone to do so, but there would be, in the wings, an organization that promotes accuracy and when necessary caution. In time (oh yes, did I mention it would not be an over the night project?) the respectability of the organization would make it possible to do it better.

The Devil in the Details

Assuming that the members would wish to pursue this grand plan, what next and where to begin? My suggestion would be to establish a steering committee who would explore the likely status such an organization vis a vis ACBT. That is, what would our standing be and what oversight would AACBT require? If it were found to be not possible within the parent organization, then what sort of association could be formed that represented the interests of the current membership without disengaging from ACBT?

The steering committee would solicit interest and ability of persons to proceed with the clearinghouse review process. They would be charged with developing a pool of topics to be represented for dissemination to the options I outlines above (e.g., specific information to whom). Basically, the steering committee would have major responsibility for coordinating the pieces of the puzzle (e.g., what are realistic public interest sources, how to establish a communications network, etc.).

Ultimately, this will come down to whose is going to make the coffee. But it could be a fun undertaking and this is how professional groups can have a community wide influence. Are we the ones to do it? That remains to be seen. Next step is to hear members' reactions to this idea with as many specific responses to what might and might not work.

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Mindfulness and Intimate Relationships: Towards a Theory of Mindful Relating

Karen Wachs and James Cordova
Clark University

The state of popular opinion on the effectiveness of marital therapy can be discouraging. A recent New York Times article entitled, "Married With Problems? Therapy May Not Help," proclaimed that two years after couple counseling, "25 percent of couples are worse off than they were when they started, and after four years, up to 38 percent are divorced." Meta-analytic reviews use a kinder emphasis, stating that marital interventions produce clinically significant results in about forty to fifty percent of cases (Shadish & Baldwin, 2003). Whether the glass is seen as half empty or half full, however, there is clearly room for improvement. Data currently suggest that there is little reason to believe one form of couples' therapy is more effective than another (Shadish & Baldwin). Therapist expertise may play a role in such outcomes, however another explanation is that couples tend to get mired in certain beliefs or behaviors which extant therapies lack either the theory or specific technologies to address. Such challenges may be characterized as: 1) "stuckness" in habitual patterns that couples feel powerless to undo; 2) inability to implement problem-solving and communication skills in an emotionally challenging climate; 3) fear of powerful emotions as an obstacle to maintaining and building intimacy; 4) focus on changing the partner or situation, where change may be impossible or impractical. Couples in distress have been shown to experience high rates of negativity in their relationships (e.g., Gottman, 1994), likely contributing to an overall emotional relationship climate overwhelmingly comprising negative emotions such as sadness, fear, and resentment. One possible way of conceptualizing the above challenges to therapy is as a set of maladaptive responses to the 'problem' of such negative emotions. One promising direction to explore in terms of addressing such problems is the emerging area of mindfulness training.

This paper will present a theory of the potential role of mindfulness in couple and family functioning, and introduce new but promising research informing a potentially powerful role for mindfulness training in couple therapy.

Treatment Roadblocks

Many people's most intense emotions are associated with the initiation, maintenance and disruption of marital bonds (Bowlby, 1973). Given this, how partners identify and communicate emotions, cope with their own and their partner's emotions, and generally enact their emotions in

relation to intimate partners should constitute an important domain of couple health and well-being. One's particular enactment of emotions may, in fact, be the primary mechanism for relational adjustment. Conflicts, mistakes, and personality or stylistic differences are unavoidable in relationships, yet are often experienced by intimate partners as aversive. This suggests that approaches like those offered by Integrative Couples Therapy (ICT) (e.g., Christensen, Jacobson, & Babcock, 1995; Cordova & Jacobson, 1993) are needed which do not emphasize making these areas of difference or conflict *go away*, but rather work to change their emotional meaning and impact—in the case of ICT, through encouraging and modeling acceptance. For example, if the presence of conflict is no longer experienced as highly aversive, it becomes more feasible to respond proactively and positively rather than to simply *react* and in so doing avoid the full experience of an emotion in all its painful glory. The cultivation of mindfulness may offer a way to intervene in a partner's stance toward emotions and in the process address important areas of impasse.

For instance, couples in conflict often find themselves caught in habitual back-and-forth, such as a "demand-withdraw" pattern described by Christensen & Heavey (1993), from which they feel they cannot escape. Behavioral change techniques may be particularly difficult to introduce into such a system that has evolved its own, maladaptive, self-reinforcing patterns—a condition commonly described by partners as having his or her "buttons pushed." Secondly, although problem-solving and communication skills are widely acknowledged to be critical in maintaining couple stability over time, building (or having) these skill sets alone may not be sufficient. Intimate relationship partners will regularly be thrust into interactions that evoke emotional responses, sometimes strong ones.

Formulations of the construct in fact suggest that intimacy is built through repeated and mutual exposure to vulnerability and emotionally challenging interactions (Sprecher & Hendrick, 2004; Cordova & Scott, 2001; Reis, 1990). This ongoing vulnerability ensures that even healthy couples will experience rejection and hurt, however at lower levels than distressed couples. Having challenging emotions on board is likely to tax whatever cognitive resources for problem-solving an individual may bring to the table. Next, while some may manage challenging emotions themselves and/or with the help of a

skillful and sensitive partner, very often powerful emotional experience can overwhelm, or flood, emotional resources (Gottman, 1993). Experiential avoidance strategies to keep these threatening emotions at bay undermine the underlying processes of intimacy formation and maintenance. A coping style that predominantly employs avoidance strategies can thus pose a challenge to many efforts designed to develop and deepen intimacy. Finally, partners in distress often imagine that the source of their upset will disappear as soon as their partner changes. They become insistent upon the need for change and come to buy fully into the notion that the only possible solution is to fundamentally alter the situation, or even better, the person. Approaches to intervention which incorporate a focus on mindfulness may serve to influence partners' stance toward their emotional experience, and allow new possibilities for dealing with relationship roadblocks.

Mindfulness and Relevant Findings

Most research in mindfulness is based on the work of Jon Kabat-Zinn, whose Mindfulness Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center has been seminal in bringing Buddhist notions of mindfulness to Western behavioral medicine. According to Kabat-Zinn (1994), mindfulness is "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (p. 36). In other words, mindfulness is a state of awareness characterized by ongoing and consistent attention directed to the present moment, in order that one is in full contact with one's experience as it is happening. Mindful awareness is characterized by openness and acceptance

The Mindfulness-Based Stress Reduction Program is an eight-week intervention initially conceived as a meditation-based behavioral treatment for traditionally medically-treated problems such as heart disease and chronic pain. The meditation is, in effect, a training regimen for the mind, with the broader goal to become fully present and awake to one's own life. Beginning mindfulness meditation as it is explored in Buddhist teachings assumes that the mind is weak and undisciplined, and that it will immediately wander despite brief attempts to hold attention. In Buddhism this inclination is referred to as "monkey mind," wherein the mind moves—or even jumps—from speculation about the future to rumination about the past, completely removed from appreciation of the present moment most of the time. A first step of meditation is to use the breath as a reference point, in order to teach one to sustain attention on the ongoing flow of the present moment. However the objective is not a mind fixated on one thing (since the present moment is not itself fixed), but a mind that notices things *without* becoming distracted by or fixated on them. As such, the corollary to attending to the breath during meditation is to notice one's thoughts as they are arising

and fading away. Thoughts are not to be squelched or suppressed, but neither are they necessarily subject for further examination. One simply notices that one is *having* a thought, and then redirects attention back to the breath.

Current research in mindfulness interventions and psychological correlates has largely adopted the MBSR-style intervention as a template. A central finding has been that mindfulness training tends to promote psychological resiliency and sense of well-being in both clinical and non-clinical populations. Many of the observed changes have been on dimensions that the couples and marriage research have implicated in the cultivation and maintenance of intimate relationship health. For example, several studies have observed reductions in stress and improved coping skills. An intervention for new medical students indicated decreased stress at follow-up relative to a control group (Shapiro, Schwartz, & Bonner, 1998). Individuals being treated for substance abuse evidenced similar declines in post-mindfulness intervention stress (Marcus, Fine, Moeller, Khan, & Pitts, et. al., 2002). In one study involving breast and cancer patients, patterns of secretion of cortisol were found to have shifted to a healthier profile following MBSR intervention. Numerous studies have also reported mood improvements, particularly in anxiety and depression. In their work to develop a preventative approach to depression relapse, Segal, Teasdale, and Williams (2002) found that incorporation of mindfulness training significantly improved outcomes for those who had already experienced a depressive episode. Shapiro's 1998 study reported decreased depression and lowered anxiety levels in medical students. Another study involving medical students revealed post-treatment improvements on a number of mood dimensions including tension/anxiety, fatigue, and mental confusion (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). Miller, Fletcher, and Kabat-Zinn (1995) found that anxiety and depression amongst individuals meeting criteria for generalized anxiety and panic disorders was significantly reduced. A 2003 study (Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, et. al.) further found decreased anxiety and negative affect in a non-clinical population. One study of women with fibromyalgia revealed increases in sense of coherence (Weissbecker, Salmon, Studts, Floyd, & Dedert, et. al., 2002).

Promising results of these studies have been bolstered by other, non-intervention studies designed to measure the mindfulness construct. One such study (Brown & Ryan, 2003) identified a number of psychological correlates of mindfulness using self-report measures as compared to scores on the Mindful Awareness Attention Scale (MAAS). Results suggested that mindfulness was moderately related to lower levels of neuroticism, self-consciousness, depression, negative affectivity,

impulsivity, and angry hostility. Mindfulness scores were positively related to other indicators of well-being, including positive affectivity, life satisfaction, self esteem, autonomy, competence, and relatedness fulfillment. Almost all of these variables have been demonstrated to influence relationship satisfaction and stability (e.g., Gattis, Berns, Simpson, & Christensen, 2004; Whisman, Uebelacker, & Weinstock, 2004).

Mindful Relating Theory

The theory of mindful relating and some existing research suggest that paying attention to the present moment in a notably non-judgmental way should be especially beneficial to intimate relationships, particularly given their often emotionally challenging nature. For example, attribution research (Fincham, Harold & Gano-Phillips, 2000; Davey, Fincham, Beach, & Brody, 2001) and forgiveness research (Fincham, Beach, & Davila, 2004; Fincham, Paleari & Regalia, 2002) both recognize the benefits of a generally more nonjudgmental stance. In addition, research on rumination and the suffering caused by unrealistic relationship ideals suggest the benefits of present moment orientation over attention to either the past or the idealized future (Kachadourian, Fincham, & Davila, 2005; Whisman, Dixon, & Johnson, 1997). Thus, generally, the theory of mindful relating suggests that cultivating greater mindfulness should benefit intimate relationships by (1) facilitating identification of emotions; (2) increasing empathy; (3) fostering feelings of interdependence and relatedness; (4) decreasing intolerance of negative emotions and impulsivity; and (5) encouraging a non-blaming and non-judgmental attitude toward self and others. According to Buddhist scripture:

“Knowing that the other person is angry,
one who remains mindful and calm
acts for his own best interest
and for the other's interest, too.”

-Buddhist Scripture

We believe this verse captures the heightened and broadened emotional awareness, and the sequelae of awareness, that we theorize follows from paying mindful attention. It emphasizes self-knowledge, knowledge of the intimate other's feeling states and needs, an acknowledgment of mutuality of needs, and acceptance of both one's own and one's partner's emotional experience.

Identification of Emotions

Alexithymia, or the inability to recognize feeling states, has been negatively associated with a number of measures of psychological well-being (e.g., Zimmerman, Rossier, Meyer deStadelhofen, 2004). Recent empirical studies have made the explicit connection between the ability to identify emotions and satisfaction in close relationships (Cordova, Gee, & Warren, 2005). Presumably, impairment in recognizing and understanding one's internal emotional states would present a significant obstacle to maintaining a marital relationship, wherein emotional exchange is critical to

building and retaining intimacy. Moreover, according to Ekman and Davidson (1994), what we commonly experience and label as categorical emotions are not in fact discrete emotions, but emotion blends. We often leap to categorize our feelings, when in fact most affective experience is much more complex. Especially in challenging conflicted situations, feelings most likely consist of blends of a whole range of emotions, experienced at different intensities. Blended responses may even comprise seemingly inconsistent or even mutually opposing feelings. We suggest that those unskilled at recognizing their emotions will be particularly susceptible to missing out on a whole host of relatively subtle emotions which may be useful in negotiating emotionally challenging exchanges. Anger, for example, is a powerful emotion that tends to overwhelm or drown out an array of softer emotions—feelings such as hurt, sadness, and jealousy that may all be equally relevant aspects of the emotional experience.

Mindful relating theory asserts that close attention to one's experience at each moment presents one with better access to the full range of an emotional experience. The act of paying attention may be quite difficult, particularly under psychologically demanding conditions. Elevated stress may in many cases result in decrements to cognitive resources, including the capacity to process information and hold relevant detail in mind (Hopko, Crittendon, Grant, & Wilson, 2005). The emotionally challenging nature of couple conflict therefore suggests that lack of close attention could lead to missing critical subtleties in one's own emotional experiencing. We suggest that in being mindful, partners are in a position to take notice of feelings as they are arising, in “realtime.” A study presented by Wachs and Cordova (2004) at the 38th Annual Association for the Advancement of Behavior Therapy Convention examined the satisfaction and overall adjustment of married couples, in conjunction with both a measure of mindful awareness (MAAS; Brown & Ryan, 2004) and a range of emotion regulation skill variables. This work specifically examined whether greater mindfulness was associated with an increased ability to recognize and name one's emotions. Findings revealed that more mindful partners were indeed superior at identifying their own emotions, and that they were relatively more inclined and able to see emotional complexity. Moreover, more mindful couples also had more satisfied and stable relationships. Because they are able to track emotions as they occur, it may be that such couples are less likely to be taken by surprise by the strong emotions that may follow from a whole sequence of less intense feelings, and in turn are better managers of the sort of conflict that degrades relationship bonds. Greater identification of emotions and appreciation of emotion blends in self and other should allow for greater empathy and compassion, and more skillful responding

within the ongoing intimate interaction, which in turn should facilitate intimacy and acceptance.

Empathy and Awareness of Others

Empathic ability has been found to be one of the factors most useful in maintaining the quality of romantic relationships (e.g., Davis & Oathout, 1987). The construct of empathy captures the ability of an individual to be sensitive to another person's emotional state and to be able to reflect that emotion back to the person, indicating that they vicariously feel the same emotion (Johnson, Cheek & Smither, 1983). In a conceptualization proposed by Davis (1983) a primary dimension of empathy is perspective taking, or the ability to place oneself in another person's shoes and comprehend his or her point of view. Empathic concern, the second dimension, refers to caring about the welfare of others and becoming upset over their misfortunes. Personal distress, the third dimension, is defined as one's own negative affect connected with the suffering of others.

We posit that mindfulness promotes more skilled empathic responding, through 1) increasing the threshold at which one becomes overwhelmed by emotional experiencing, 2) expanding the capacity for concern for others, and 3) increasing perspective-taking ability. Mindful relating theory suggests that the tendency to be overwhelmed by emotions may be attenuated by the process described above, in which individuals better regulate intense emotions by noticing and identifying feelings as they come online. We would also expect that noticing the feeling states of others on a more regular basis would tend to enhance concern. Finally, growth in the ability to take the perspective of others may occur as paying sustained attention to ongoing experience puts the individual in close proximity to his or her own thoughts and feelings. Through repeated observation of thoughts coming and going through the mind, individuals may gain insight into their own conscious processes, particularly the transitory nature of thoughts and feelings. This type of meta-level awareness of the contents of consciousness has been referred to as "meta-cognitive awareness" (Teasdale, Moore, & Hayhurst, 2002). Development of a mindfulness-based depression prevention program, Mindfulness-Based Cognitive Therapy (MBCT; Segal, Teasdale, & Williams, 2002) led its authors to further speculate that in meta-cognitive awareness, one is capable of observing thoughts and feelings as separate from the self, resulting in an increased ability to allow them to pass through the mind without seizing onto and becoming attached to them. We suggest that seeing the independence of cognitions from any notion of the self helps to promote flexibility in recognizing that a broad range of thoughts may be possible in response to a given circumstance. More specifically, it should become easier to entertain the possibility that one's partner can have completely different thoughts and feelings from one's own, and that they may be equally valid.

Block Lerner, Rhatigan, Plumb, and Orsillo (38th Annual AABT Convention, 2004) examined the potential connection between mindfulness and empathy by having a community sample of women complete a measure of mindfulness, the Cognitive Affective Mindfulness Scales (CAMS; Feldman, Kumar, Galyardt, & Hayes, 2002), as well as a measure of various facets of empathy. Mindfulness was indeed found to be strongly positively correlated with the perspective-taking and empathic concern dimensions of empathy, as well as negatively correlated with personal distress (the tendency to become overwhelmed in the presence of someone else's pain or sadness). This provides support for the role of mindfulness in increased perspective-taking, and suggests that it may operate on an individual's sense of compassion for others as well as decrease the tendency to become distressed and overwhelmed by others' emotions. It also makes sense that attending more fully to the other, greater tolerance for unpleasant affect and less experiential avoidance, which will be discussed more extensively below, would result in greater empathic concern and less personal distress. Ultimately, higher levels of empathy contribute to better conditions for developing intimacy, and should also help to build acceptance.

Interconnectedness and Relatedness

Intimate relationship satisfaction and overall stability may in part be attributable to the feeling of connection between partners, as well as a shared sense that partners are contributing to a whole greater than the sum of its parts. "We-ness," which is evocative of this highly mutual, team-like stance toward a relationship, has been empirically associated with relationship health (Buehlman, Gottman, & Katz, 1992).

Mindful relating theory suggests that feelings of interdependence and connectedness that likely contribute to this sense of "we-ness" may in fact be cultivated through mindful awareness. Being mindful should increase the probability that one will be available to attend to the meta- or dyadic system-level significance of any given exchange for the relationship. One is in a better position to observe ramifications for the entity of the relationship, not just the individual or his or her partner as individual entities, and to recognize that the relationship is a project over time on which each interaction has some bearing. This new level of relationship-mindedness coupled with increases in empathy and concern may well contribute to greater, more positive feelings of relatedness with others.

Work by Brown and Barnes (2004), also presented at the 38th Annual AABT Convention, lends support to this hypothesis. In their research, a pool of community adults were initially measured on trait-level mindfulness, and were then enrolled in a 3-week long study in which they received pager signals asking them to record the degree of relatedness they felt toward whomever they

were with at the time. Those higher in mindfulness reported greater feelings of closeness to those they interacted with on a day-to-day basis. In a subsequent study, couples in steady romantic relationships engaged in relationship conflict discussions in the lab. More mindful individuals showed more positive interaction quality with their partners on a variety of measures of communication patterns, relatedness, and stress response. Increases in positive feelings toward others such as perceptions of closeness and relatedness, particularly in a conflict situation, are additionally encouraging in that they imply mindfulness may also operate on an individual's sense of compassion and acceptance.

Findings from this work are further bolstered by results of a mindfulness-based couples intervention study conducted by Carson, Carson, Gil, and Baucom (2004). Carson's program was designed for the purpose of relationship enhancement in non-distressed couples. It was an 8-week program with weekly meetings and a single all-day retreat, consisting generally of meditation practice, group discussion, individual and partnered yoga, and dyadic exercises to enhance communication and connectedness, and homework. Immediately following, the intervention was found to have had favorable impacts on a number of dimensions, including basic relationship satisfaction, and notably on feelings of relatedness and closeness to one another. Having a heightened awareness of being connected to one's partner should further promote acceptance, and potentially improve resolve to break from negative and over-learned relationship patterns.

Tolerance of Negative Emotion

Research into negative affect in marriage has done a great deal to describe those behaviors appearing to weaken intimate relationships, including "stonewalling" or shutting down during arguments, overt hostility, and impulsive displays of aggression (Gottman, 1994). Buddhism similarly recognizes the importance of "remaining calm." We suggest that "remaining calm" is essentially a byproduct of an ability to manage the impulse to react, which may often have destructive consequences.

According to mindful relating theory, decreased impulsivity may be a function of taking a different, more tolerant stance toward negative emotions. One may not feel compelled to react in order to avoid the unpleasant experience of internalized negative emotions, precisely because these emotions are no longer perceived as so aversive. Paying sustained attention to ongoing experience puts the individual in close proximity to his or her own thoughts and feelings that allows for meta-cognitive awareness, or recognizing cognitive content as temporary and distinct from the self. Even challenging or psychologically painful internal states can be observed to dissipate when one chooses not to elaborate on the thoughts or feelings, but simply notice them. We

speculate that through this process it should be possible to develop an understanding that negative feelings can be lived through and tolerated, thus reducing reactivity and impulsivity in emotionally challenging situations.

In our own work with married couples (Wachs & Cordova, 38th Annual AABT Convention, 2004), we have tested and found evidence supporting a model in which partners' skillfulness at emotional display and expression mediates the association between mindfulness and relationship satisfaction. Mindful couples demonstrated a greater awareness of the potential impact of emotional expression on others, exercised better control over aggressive impulses, and keeping aggressive behaviors, especially hostility, to a minimum. We believe these findings are particularly hopeful in regards to their implications for impulsivity. Couples who were mindful appeared to have a better grasp of the potential emotional impact of their destructive behavior, moreover they appear to be better managers of their destructive impulses even in situations that might pull for anger or hostility. Such couples may have a greater likelihood of breaking entrenched, negative, reciprocal patterns of behavior—that is, to resist the inclination to react when their "buttons" are pushed. Furthermore couples who experience emotions as less aversive may be better able to handle the pragmatics of problem-solving even under emotionally challenging circumstances.

Non-Judgment of Self and Other

Many couples find refraining from identifying imperfections and shortcomings in their partners, and from judging them as such, to be particularly challenging. As human beings it seems we are bound by nature to be evaluative, at least according to theories of evolutionary psychology (e.g., Chiappe & MacDonald, 2005). In discussion of the theoretical underpinnings of Acceptance and Commitment Therapy (ACT; e.g., Hayes & Wilson, 1994) the authors describe the particular implications of language and the role it takes in promoting inherently judgmental thoughts. According to this particular construction, thoughts are affectively laden without our conscious awareness, and carry automatic evaluations that such thoughts are "good" or "bad." Moreover, the *holder* of those thoughts tends to take on the properties of those evaluations, becoming a good or bad (or "serious" or "funny," or "anxious") person for being the bearer of these thoughts. Thus subjective distress occurs in response to the vagaries of the ongoing thought stream.

Mindfulness essentially pulls the plug on evaluative thought, as it involves simply noticing experience without engaging in any further examination of it. We also believe that meta-cognitive awareness, theorized to increase tolerance for previously aversive emotional experience, should tend to reduce judgments labeling that experience – the emotion is no longer quite so bad because one has observed that one can live through it. Mindful relating theory suggests that there should be an additional benefit

of increasing tolerance for one's partner in that negative expressions previously seen as expressions of an immutable self may now also be seen as isolated behaviors, or passing phenomena. Partners may come to see provocative behavior by the other as less subjectively distressing as they become more tolerant of their own emotional experiencing. Finally, mindful relating theory also suggests that increased perspective-taking should allow one to identify partner characteristics and behaviors as having multiple facets and motivations, which in turn should promote tolerance and acceptance. As described earlier, findings from studies on mindful relating by Brown and Barnes (2004) and Carson et. al. (2004) both provide support for increased feelings of acceptance of intimate others in association with greater mindfulness.

Conclusion

In sum, mindful relating theory and preliminary study suggest that non-judgmental awareness of the present moment may better equip couples to negotiate the ubiquitous and ongoing challenges of intimacy. One way to conceptualize empirical findings is that mindfulness helps to move couples to a more adaptive stance toward their own and their partner's emotions. By attending to ongoing experience with an attitude of open curiosity partners may learn to sit with their own emotional experience and that of their partner, thus creating opportunities to read their own and other's emotions, observe that they can be tolerated, respond to them more thoughtfully and with greater compassion, and to feel emotionally connected. We posit that increased capacity on these dimensions creates a more comfortable emotional climate in which individuals can work together to deal with common couple challenges. Such obstacles include disengaging from over-learned destructive relationship patterns, utilizing communication and problem-solving skills even under emotionally stressful circumstances, building and maintaining intimacy, and accepting unchangeable relationship circumstances or characteristics in their partner.

Of course, much work remains to be done in order to more fully understand the relational sequelae of mindfulness. We speculate that there are other mechanisms in play in mindful relating, however further hypothesis-testing work needs to be done in order to disentangle them. For instance, it remains to be examined how mindfulness may or may not increase accurate responding to one's partner. We suspect that being present-centered, one should be able to track the contingencies of current provocative interactions with one's partner, rather than be pulled off course by the strong feelings evoked and which may be associated with previous attachment relationships. Preliminary work also needs to be done to understand how mindfulness training might best be incorporated into couples therapies. There are indications, for example, that mindfulness may not operate in the same way across gender, and may confer

different types of relationship benefits. It also is unknown how mindfulness in a single partner contributes to a relationship, when the other is non- or less mindful. Furthermore, although we understand that present-centeredness can enhance couple satisfaction, how can the cultivation of mindfulness improve already-distressed relationships? These are just some of the questions that remain to be addressed.

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Ideas for the Couples SIG cocktail party?

We're looking for suggestions for skits, games, etc. to do during our get-together at the ABCT conference this year. Send your suggestions to Sara Steinberg at sara.j.steinberg@sunysb.edu!

HOT OFF THE PRESS

In Press and Recently Published Literature

In addition to the works cited here, be sure to check out the March 2005 (10,1) issue of the Journal of Family Psychology. This issue is devoted to methodological issues in couple and family research and covers a variety of techniques for data collection and analysis and includes several articles from SIG members.

Allen, E. B., Atkins, D. C., Baucom, D. H., Snyder, D. K., Gordon, K. C., Glass, S. (in press). Intrapersonal, interpersonal, and contextual factors in engaging in and responding to infidelity. *Clinical Psychology: Science and Practice*.

Extramarital involvement (EMI) occurs with high prevalence among couples in clinical and community settings, frequently resulting in considerable distress both to participants and their spouses. A great deal has been published on EMI, but the field currently lacks a synthesized review of this literature. Without such a synthesis, it has been difficult for researchers and clinicians to have an understanding of what is and is not known about EMI. This article reviews the large and scattered EMI literature using a framework that encompasses multiple source domains across the temporal process of engaging in and responding to EMI. In addition, this review delineates both conceptual and methodological limitations to previous work in this area and articulates directions for further research.

Atkins, D. C., Yi, J., Baucom, D. H., & Christensen, A. (in press). Infidelity in couples seeking marital therapy. *Journal of Family Psychology*.

The revelation of an affair is often an emotionally explosive event for a couple, yet little is known about specific individual and relationship factors that accompany infidelity. The present study examined the qualities of individuals and couples that differentiate couples with ($n = 19$) and without ($n = 115$) infidelity using couples from a randomized clinical trial of marital therapy. Findings indicated that couples with infidelity showed greater marital instability, dishonesty, arguments about trust, narcissism, and time spent apart. Gender also proved to be a significant moderator of several effects. Men who had participated in affairs showed increased substance use, were older, and were more sexually dissatisfied. Results offer initial clues to concomitants of affairs for couple therapists.

Busby, D. M., Gardner, B. C., & Taniguchi, N. (2005). The family of origin parachute model: Landing

safely in adult romantic relationships. *Family Relations*, 54, 254-264.

This study investigates the utility of the family of origin parachute model in predicting longitudinal outcomes for couples in romantic relationships. This conceptual model contains common family variables that are theoretically and empirically related to later adult functioning and are believed to influence attitudes that adult children develop regarding romantic relationships as well as self-esteem. Data from two samples were used to analyze this model. The results support the model and demonstrate its ability to predict membership in relationship satisfaction groups. Suggestions are presented for integrating the family of origin in applied work.

Capaldi, D. M., Kim, H. K., and Shortt, J. W. (in press). Observed initiation and reciprocity of physical aggression in young, at-risk couples. *Journal of Family Violence*.

The present study examined sex differences in initiation of physical aggression as observed during discussion tasks and in the likelihood of a similar response from the partner. In addition, patterns for men and women in the prevalence of aggression initiation and partner reciprocation across 4 time points spanning approximately 9 years from late adolescence through the mid-20s are examined, as well as overall associations with reported aggression and injuries. Findings indicated that the young women were more likely than the men to initiate physical aggression at late adolescence, but by the mid-20s in early adulthood there were no significant sex differences in initiation rates. The average rates of reciprocation across the 4 time points appeared to be similar for men and women. Women and men appeared more likely to report injuries if the couples observed physical aggression involved mutual aggression in their interactions.

Cordova, J. V., Gee, C. G., & Warren, L. Z. (2005). Emotional skillfulness in marriage: Intimacy as a mediator of the relationship between emotional skillfulness and marital satisfaction. *Journal of Social and Clinical Psychology*, 24, 218-235.

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

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

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

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

Doss, B. D., Thum, Y. M., Sevier, M., Atkins, D. C., & Christensen, A. (in press). Improving relationships: Mechanisms of change in couple therapy. *Journal of Consulting and Clinical Psychology*.

In a sample of 134 married couples randomly assigned to Traditional or Integrative Behavioral Couple Therapy (TBCT vs. IBCT), a multivariate hierarchical growth curve analysis using latent variable regression revealed that measures of communication, behavior frequency, and emotional acceptance acted as mechanisms of change. TBCT lead to greater changes in frequency of targeted behavior early in therapy while IBCT lead to greater changes in acceptance of targeted behavior both early and late in therapy. Additionally, change in behavioral frequency was strongly related to improvements in satisfaction early in therapy; however, in the second half of therapy, emotional acceptance was more strongly related to changes in satisfaction. Research and clinical implications are discussed.

Ehrensaft, M. K., Cohen, P., & Johnson, J. G. (in press). Development of Personality Disorder Symptoms and the Risk for Partner Violence. *Journal of Abnormal Psychology*.

A community sample ($N = 543$) was followed over 20 years to study the associations among childhood exposure to family violence, personality disorder (PD) symptoms, and perpetrating partner violence in adulthood. We investigated whether PD symptoms in early adulthood

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

Fals-Stewart, W., Leonard, K. E., & Birchler, G. R. (2005). The day-to-day relationship between episodes of male partner violence and alcohol use: The moderating effects of antisocial personality disorder." *Journal of Consulting and Clinical Psychology*, 73, 239-248.

In this study, the moderating effects of antisocial personality disorder (ASPD) on the day-to-day relationship between male partner alcohol consumption and male-to-female intimate partner violence (IPV) for men entering a domestic violence treatment program ($n = 170$) or an alcoholism treatment program ($n = 169$) were examined. For both samples, alcohol consumption was associated with an increased likelihood of nonsevere IPV among men without a diagnosis of ASPD but not among men with ASPD (who tended to engage in nonsevere IPV whether they did or did not drink). Drinking was more strongly associated with a likelihood of severe IPV among men with ASPD compared with those without ASPD who also drank. These results provide partial support for a multiple threshold model of intoxication and aggression.

Hoyt, W. T., Fincham, F., McCullough, M. E., Maio, G. & Davila, J. (in press). Responses to interpersonal transgressions in families: Forgiveness, forgivability, and relationship-specific effects. *Journal of Personality and Social Psychology*.

Social relations analyses examined the relative importance of forgiveness (disposition to forgive others), forgivability (tendency to obtain forgiveness from others), and relationship effects in determining family members' transgression-related interpersonal motivations (TRIMs), and their perceptions of others' TRIMs toward them (PTRIMs). In two studies, the individual and dyadic predictors of these components and their relative importance differed by family role (father, mother, or early adolescent child). Dispositional tendencies

accounted for the most variance in father and child forgiveness, whereas mothers' TRIMs and PTRIMs were more strongly determined by relationship and partner effects. Personality correlates of forgiveness and forgivability were moderated by family role. The findings point to the need to embed the study of forgiveness in more complex psychosocial contexts. The theoretical, methodological, and applied implications of this conclusion are discussed.

Kelly, S., & Floyd, F. J. (in press). Impact of racial perspectives and contextual variables on marital trust and adjustment for African American couples. *Journal of Family Psychology*.

This study examined the associations of racial perspectives that represent pro-Black, anti-Black, or a mixture of these beliefs with marital trust and adjustment for African American couples ($N = 93$). Religious well-being and socioeconomic status (SES) were examined as contextual moderators. For husbands only, the anti-Black perspective was inversely associated with couple functioning, the mixed perspective was inversely associated with marital trust, and the pro-Black perspective predicted marital trust only for husbands having relatively low religious well-being and relatively high SES. The limited effects of pro-Black attitudes suggest the need to evaluate a wider range of these attitudes in future research. Also, findings corroborate suggestions for therapists to routinely assess and address both cultural pride and shame issues relevant to Black couple relationships.

Laurenceau, J-P., Troy, A. B., & Carver, C. S. (in press). Two distinct emotional experiences in romantic relationships: Effects of perceptions regarding approach of intimacy and avoidance of conflict. *Personality and Social Psychology Bulletin*.

This study examined how perceived position and velocity regarding approach and avoidance in romantic relationships relate to affective experiences. The authors hypothesized that perceived progress toward intimacy would predict positive affect and that perceived movement toward conflict would predict anxious affect. Ninety-two romantic couples recorded perceived levels of, and perceived changes in, both intimacy and conflict twice daily throughout 10 consecutive days using electronic palm-top devices. Multilevel modeling demonstrated that perceived increase in intimacy related to positive affect above and beyond perceptions of intimacy, conflict, and changes in conflict, for both male and female partners. Perceived increase in conflict related to anxious affect above and beyond perceptions of conflict, intimacy, and changes in intimacy, but only among male partners. Findings support a dual-process view of these feelings in romantic relationships and suggest that increases in positive feelings in close

relationships depend on enhancing intimacy rather than on decreasing conflict.

Lorber, M. F., & O'Leary, K. D. (2004). Predictors of the persistence of male aggression in early marriage. *Journal of Family Violence, 19*, 329-338.

The prediction of husband-to-wife physical aggression was examined in a sample of 94 community couples in which the husband had 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. Over seventy-six 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 aggression, and witnessing interparental aggression in the family of origin were associated with continued aggression. Only general aggression, and premarital physical aggression predicted the persistence of severe aggression.

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

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

Paleari, G., Regalia, C., & Fincham, F.D. (2005). Marital quality, forgiveness, empathy, and rumination: A longitudinal analysis. *Personality and Social Psychology Bulletin, 31*, 368-378.

McCullough et al.'s (1998) social-psychological framework of forgiveness informed a longitudinal study that examined the extent to which marital forgiveness is determined by social-cognitive (the offended spouse's rumination and emotional empathy) and relationship variables (the quality of the relationship in which the offence took place). One hundred and nineteen husbands and 124 wives from long- and medium-term marriages in north Italy provided data at 2 time points separated by 6 a

month interval. Structural equation models showed that rumination and empathy independently predicted concurrent marital forgiveness. Forgiveness, in turn, predicted concurrent marital quality. Finally, reciprocal directions of effect emerged between forgiveness and marital quality over time. These results are discussed in terms of their implications for promoting forgiveness and future research directions are outlined.

Rhatigan, D.L., Moore, T.M., Stuart, G.L. (in press). An Investment Model analysis of relationship stability among women court-mandated to violence interventions. *Psychology of Women Quarterly*.

This investigation examined relationship stability among 60 women court-mandated to violence interventions by applying a general model (i.e., Rusbult's 1980 Investment Model) to predict intentions to leave current relationships. As in past research, results showed that Investment Model predictions were supported such that court-mandated women who reported lesser relationship satisfaction, greater alternatives and fewer investments in current relationships endorsed lower levels of commitment and greater intentions to leave those relationships. Secondary analyses showed that court-mandated women's violence perpetration and victimization experiences were minimally related to model factors or women's intentions to leave. Taken together, results of this study provide additional evidence that general models should be used to predict relationship termination decisions among women involved in violent relationships, and violence experiences alone do not affect that decision.

Stanley, S. M. (2005). *The power of commitment: A guide to active, lifelong love*. New York: Wiley and Sons.

In his new book, Scott Stanley, best-selling marriage expert, reveals that the secret ingredient for finding lasting love is understanding commitment. Too often, men and women find themselves in half-committed, Maybe I Do, relationships that lead to frustration, sadness, and, in many cases, divorce. But it doesn't have to be this way. Scott Stanley offers a five-step plan—based on his groundbreaking marital research and uniquely spiritual approach—for understanding commitment, including learning to handle the pressures of everyday life, moving through the pain of unfulfilled dreams and hopes, overcoming attraction to others that might endanger a marriage, transforming your thinking from "me versus you" to "we" and "us," and capturing the beauty and mystery of lifelong devotion, loyalty, teamwork, and building a lasting vision for the future.

Troy, A. B. & Lewis-Smith, J. (in press). Preliminary findings on a brief self-disclosure

intervention with young adult dating couples. *Journal of Couple and Relationship Therapy*.

Self-disclosure has been viewed as an integral part of intimacy formation and relationship satisfaction. Despite the availability of techniques to increase self-disclosure (e.g., Gottman, 1999), studies exploring the efficacy of these interventions have not been reported in the literature. In this pilot study, 26 college-aged dating couples were recruited to investigate the impact of a self-disclosure intervention described by Gottman (1999) on relationship satisfaction in dating couples over a five-month period. The intervention did not significantly influence relationship satisfaction compared with a control group at any one of three time periods tested; however, males' knowledge of their partners' life predicted females' satisfaction over a five month time period. These findings suggest that further research is needed for understanding the application of self-disclosure to couples interventions.

Troy, A. B. (in press). Romantic passion as output from a self-regulating, intimacy-seeking system: A model for understanding passionate love. *Psychological Reports*.

This article presents a model of why individuals experience the feeling of passionate love in intimate relationships. Previous models have been limited because they do not describe the purpose and function of passionate love, do not incorporate basic emotion and personality theory, or are not applicable to help couples in distress. The present model reinterprets and integrates previous findings. New predictions are made about the functioning of passionate love in relationships by hypothesizing a self-regulating, intimacy-seeking system that produces passionate love as its outcome. A self-regulation model proposed by Carver and Scheier (1998) is the template on which this model is based.

Troy, A. B., Lewis-Smith, J., & Laurenceau, J.P. (in press). Interracial and intraracial romantic relationships: The search for differences in satisfaction, conflict, and attachment style. *Journal of Social and Personal Relationships*.

Interracial relationships constitute a rising proportion of dating and married couples. Despite this fact, they continue to be an understudied population. The present paper presents two studies that compared the functioning of interracial and intraracial intimate relationships. Because interracial relationships face additional challenges and societal disapproval, we hypothesized that interracial relationships would report lower relationship quality, more intense conflict patterns, and increased frequency of coping strategies. Additionally, based on prior research, we also hypothesized that individuals in interracial relationships would report similar attachment styles to individuals in intraracial relationships. In Study One, 32 interracial and 86 intraracial couples were

recruited and completed measures of relationship satisfaction, conflict patterns, and attachment style. Mixed model ANOVAs revealed a significantly higher level of relationship satisfaction for partners in interracial relationships compared to those in intraracial relationships. No differences were found for reported conflict or attachment style between male and female partners in interracial relationships and their respective intraracial counterparts. To replicate and extend these

findings, 34 interracial and 75 intraracial couples completed a measure of relationship quality, conflict patterns, relationship efficacy, coping style, and attachment style in Study Two. No significant differences were found for male or female partners in either interracial or intraracial relationships. This investigation casts doubt on the commonly held belief that interracial relationships are burdened with more problems than intraracial relationships.

Couples Research & Therapy *NEWSLETTER*

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

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Couples SIG Newsletter Editors:

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

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

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

Matthew R. Sanders
University of Queensland

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

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

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

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

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Letter from the Co-Presidents

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

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

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

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

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

- Sarah Whitton and Beth Allen

**Updated
Information!**

2006 COUPLES RESEARCH & THERAPY SIG BUSINESS MEETING

Please be sure to attend!!

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

"Astoria Room," ABCT Convention Hotel (Hilton)

**Updated
Information!**

Editors' Note

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

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

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

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

- Will Aldridge and
Diana Coulson-Brown

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

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

"GOING TO SCALE"

FROM PAGE 1

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

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

Rising to the Challenge to Implement a Public Health Approach

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

1) Evidence Concerning the Base Prevalence Rates of Targeted Problems

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

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

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

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

3) Evidence that Targeting Such Factors Reduces Targeted Family Problems

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

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

4) Evidence that Effective and Culturally Appropriate Interventions are Available

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

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

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

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

5) Making Interventions Widely Available

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

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

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

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

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

6) Having an Effective System of Training and Dissemination

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

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

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

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

7) Tracking Outcomes at a Population Level

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

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

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

Managing the Sociopolitical Environment

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

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

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

lence of serious behavioral and emotional problems in children.

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(References Continued Next Page)

2006 COUPLES RESEARCH & THERAPY SIG PRECONFERENCE EVENT

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

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

The Dissemination of Evidence-based Family Interventions: Lessons Learned

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

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

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

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

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

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

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

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

The current context

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

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

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

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

Dissemination Model: The messenger matters

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

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

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

Current Dissemination Efforts

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

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

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

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

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

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

Challenges and questions as we move forward

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

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

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

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

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Kudos to the following people...

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

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

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

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

Reviewed by Virginia Salzer Burks
Philadelphia College of Osteopathic Medicine

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dear Couple SIGer's,

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

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

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

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

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

-Brian Baucom and Eric Gadol

2006 ABCT CONVENTION COUPLES-RELATED EVENTS SCHEDULE

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

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



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

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

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

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

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

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

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

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

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

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

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

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

2) Decide what you want out of a career.

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

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

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

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

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

3) Network.

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

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

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

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

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

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

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

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

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

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

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

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

5) Get experience.

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

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

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

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

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

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

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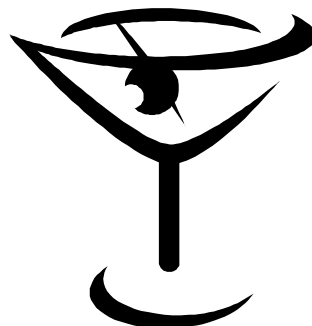
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Will is currently a fourth year graduate student working in Don Baucom's Marital Studies Lab at UNC-CH.

2006 COUPLES RESEARCH & THERAPY SIG COCKTAIL EVENT

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

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



Around Town in Chicago!

Dear Couples Siggers,

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

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

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

Bars and Restaurants in the area:

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

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

Sincerely,

The Chicago Couples Lab at the Illinois Institute of Technology



TREASURER'S UPDATE

Dear SIGers,

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

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

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

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

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

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

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

Shalonda Kelly

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



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

HOT OFF THE PRESS

In Press and Recently Published Literature

- Allemand, M., Amberg, I., Zimprich, D., & Fincham, F. D. (in press). The role of trait forgiveness and relationship satisfaction in episodic forgiveness. *Journal of Social and Clinical Psychology*.
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Couples Research & Therapy *NEWSLETTER*

The Newsletter of Couples Research & Therapy ABCT–SIG Spring/Summer '06

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Premarital Cohabitation: Translating Basic Science into Clinical Practice

Galena H. Kline & Scott M. Stanley
University of Denver

Historically, cohabitation has been studied mainly by researchers in sociology and demography, professions that are typically not occupied with the development of interventions. Therefore, little information is available regarding the practice implications of what basic science tells us about cohabitation. The purposes of this paper are to briefly review what is known about premarital cohabitation and to translate major findings regarding premarital cohabitation into tangible ideas for clinical practice.

What We Know

Why do couples cohabit? Although many have speculated that couples cohabit as a way to test their relationships, couples' own reports suggest that many don't give the transition from dating to cohabiting that much thought. Instead, they report that living together just sort of happened (Lindsay, 2000) or that they slid into it (Manning & Smock, 2005). In our own research, cohabiting couples most often report that they started living together so that they could spend more time together. In fact, in our most recent study, only about 15% ranked testing the relationship as the top reason for their own cohabitations. Nevertheless, the majority of young adults in general believe that cohabitation provides a good test for compatibility (Glenn, 2005).

The cohabitation effect. Premarital cohabitation has been shown to be associated with higher rates of divorce in several U. S. samples (e.g., DeMaris & Rao, 1992; Kamp Dush, Cohan, & Amato, 2003). Further, several studies demonstrate links between premarital cohabitation and lower marital quality. After marriage, those who cohabited premaritally have lower satisfaction (Stanley, Whitton, & Markman, 2004), more negative observed communication (Cohan & Kleinbaum, 2002), higher levels of conflict (Thomson & Colella, 1992), more physical violence (Brownridge & Halli, 2000; Stanley et al., 2004), higher rates of infidelity (Forste & Tanfer, 1996), and higher perceived likelihood of divorce (Thomson & Colella, 1992) than those who did not cohabit premaritally. This association between premarital cohabitation and marital distress and divorce has been termed the cohabitation effect.

Couples SIG Newsletter Editors:

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

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

CONTINUED ON PAGE 4

Editors' Note

Hello everyone! Let us introduce ourselves. Will just finished his third year as a graduate student in the Clinical Program at UNC-Chapel Hill, where he works with Don Baucom in the UNC Marital Lab. Diana is beginning her third year in the Clinical Psy.D Program at PCOM, while she works with families and children in various mental health settings.

We hope that you enjoy our first edition of the Couples SIG Newsletter as co-editors! Several authors have contributed pieces that reflect a diversity of issues facing us as researchers, clinicians, and professionals. Also, David Hill has reviewed *Helping Couples Change*, by Richard Stuart.

The authors and reviewer featured in this edition have been a pleasure with which to work, and we thank them for their time and efforts! We'd also like to thank all who contributed items for the "Kudos" and "In Press" sections. Keep them coming!

In the next edition of the SIG Newsletter, expect to see important information about the upcoming ABCT convention in Chicago. We also hope to tie much of the newsletter content to our pre-conference meeting on dissemination of evidence-based couples and family interventions.

We're look forward to three more newsletters with the SIG! Please feel free to contact us with your ideas.

- Will and Diana

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

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

Letter from the Co-Presidents

Hello everyone, from your new co-presidents, Beth Allen and Sarah Whitton! We'd like to introduce ourselves to you, since you'll likely be getting more than a few emails from us in the next couple of years. Beth did her graduate training in Don Baucom's lab at UNC, went on to a postdoc with Howard Markman and Scott Stanley, and is now an Assistant Professor at the University of Colorado at Denver. Her main research focus is infidelity, but she is also engaged in research on premarital intervention and couples and health. Sarah, who trained with Howard Markman and Scott Stanley at the University of Denver, is a postdoctoral fellow at Judge Baker Children's Center, Harvard Medical School, researching the longitudinal relations between close relationships and depression. We are excited about our new positions with the SIG, and want to encourage you to contact either of us if you have any suggestions or questions. Our emails are: Elizabeth.Allen@cudenver.edu and swhitton@jbcc.harvard.edu. Feel free to write us!

In this letter, we'd like to fill you in on the important happenings at and since the 2005 conference.

- 1) **New Faces:** At the SIG meeting in November, we held elections for new SIG officers. The newly elected officers are:

Student Co-Presidents: Eric Gadol and Brian Baucom
Newsletter Editors: Diana Brown and Will Aldridge
Website Manager: Nikki Frousakis

We are also grateful to Shalonda Kelly for continuing as our SIG Treasurer. To learn more about these new officers, be sure to check out their contributions to the newsletter!

In addition, we have a new committee for the Weiss Graduate Student Poster Award: Becky Cobb, Lorelei Simpson, Brian Doss, and Dave Atkins.

- 2) **Awards:** The 2005 recipient of the Robert L. Weiss Graduate Student Poster Award was Robin A. Barry from the University of Iowa for her poster entitled "Validation of a Measure of Disengagement in Romantic Relationships" co-authored by Erika Lawrence. Honorable mention went to Rebecca Brock from the University of Iowa for her poster entitled "The Moderating Role of Spousal Support in the Association Between Chronic Stress and Marital Satisfaction," co-authored by Erika Lawrence. Ms. Barry was awarded \$200 and Ms. Brock was awarded \$100.

- 3) **Dues change for retired SIG members:** At the 2005 meeting, the SIG decided to change the dues for retired members to \$5.

- 4) **Updates from Committees:**

- a) SIG Relational Diagnoses Committee: *Co-Chairs:* Brian Doss and Erika Lawrence. *Purpose:* to gather information and begin to oversee a discussion about the pros and cons of including a Relational Diagnoses section in the DSM-V.

Updates:

1. The Committee has been formed, which comprises 30 distinguished professionals representing Division 43 members as well as marital and family researchers from ABCT, the American Psychiatric Association, and other allied groups.
2. We have selected committee readings and have distributed these

- to committee members. The committee website, hosted by the Fetzer Organization, will hopefully be up and running in the next several weeks and will be used for discussion and development of early drafts of position papers for the DSM-V working groups.
3. At this year's APA convention, a draft of the position papers will be presented as part of an accepted panel discussion. This panel, sponsored by Division 43, will present the position papers and solicit feedback from the larger APA community. Co-chairs: Erika Lawrence and Brian Doss; discussants: Nadine Kaslow, Mike Gottlib, Terry Patterson, Jay Lebow & Steve Sayers
 4. We submitted a SIG-sponsored panel discussion for this year's ABCT convention. Co-chairs: Erika Lawrence and Brian Doss; discussants: Terry Patterson, Amy Holtzworth-Munroe, Rick Heyman & Miriam Ehrensaft
 5. By early 2007, we will submit policy papers to the DSM-V planning committees.
- b) **SIG Best Practices Committee:** *Co-Chairs:* Barb Kistenmacher and Jaslean La Taillade. *Purpose:* to establish a "best practices" database, including best-practice assessment procedures for couple therapy and establish a Research Practice Network in the SIG.

Updates:

The 2005 Couple SIG pre-conference presentation by Dr. Tom Borkovec was successful in outlining constructive guidelines for establishing and maintaining a Couples Practice Research Network (PRN) within the SIG. More specifically, through both his presentation and the small group discussions, initial ideas were generated for: 1) building a knowledge base and consensus for the Couples PRN within the SIG; 2) creating possible research questions to be addressed; 3) selecting appropriate measures of both couple and individual functioning, as well as progress across treatment sessions; 4) dealing with ethical issues; 5) establishing a PRN database; and 6) establishing a link between researchers and practitioners participating in the Couples PRN.

We have decided to keep Dr. Borkovec, as well as members of the SIG, updated on the sub-committee's progress. The Couples PRN committee had their first online meeting on 3/30/06 to discuss next steps in the establishment of the PRN. We encourage members to contact either Barb Kistenmacher (bkistenmacher@yahoo.com) or Jaslean La Taillade (jaslean@umd.edu) for additional information about the subcommittee, to provide suggestions, and/or to join the subcommittee.

- c) **APA Division 43 Task Force for Identification of Empirically Supported Couples and Family Treatments**

Update from Kristi Gordon:

The task force is continuing to develop a very nice position paper that defines levels of evidence and provides guidelines for evaluation of the existing research and suggestions for improvement of future research. Our latest development is the identification of overarching principles across empirically validated therapies and how best to present these principles, as well as the implication of the principles for existing treatment models. To date we have presented preliminary work to AFTA/IFTA members, to this Board, and briefly to the ABCT Couples Special Interest Group. We submitted a symposium to present our work at APA this August that has just been accepted. Amy Holtzworth-Munroe and I will also head up another similar symposium to present our work at ABCT. The paper is almost finished and will be submitted to the American Psychologist after approval from the advisory panel, from the Division 43 Board, and from the Division 43 and AABT Couple SIG listservs. The next task will be collecting examples of existing research that represent each level for a full-length report. We also plan to make this material available on-line in a format that will be useful to researchers, clinicians, and consumers.

5) Preconference meeting:

Based on votes from SIG members, we have decided to use this year's pre-conference meeting to focus on *Dissemination of Empirically Supported Treatments*. We are happy to announce that Dr. Matt Sanders of the University of Queensland will be our esteemed presenter. In his talk, "The dissemination of evidence-based family interventions: Lessons learned" (see abstract in sidebar), Dr. Sanders will discuss issues involved in disseminating evidence-based interventions, drawing from his extensive experience with the wide-spread dissemination of his Triple-P Positive Parenting Program. He has also graciously agreed to tailor his talk to address any particular issues and/or questions that our SIG members may have related to dissemination. So, after you read the abstract, email us (Beth or Sarah) with particular issues that you would like Dr. Sanders to address, and we will pass them on to him.

The pre-conference SIG meeting will be held from 6:30-8:30 p.m. on Thursday, November 16th. This time appeared to work well with people's travel schedules last year, and allows us to reserve a large room (which workshops prohibit us from doing earlier in the day). More details to follow in the fall newsletter!

Again, feel free to contact us with any feedback or comments that you may have. Have a great summer!

- Sarah and Beth

2006 COUPLES RESEARCH AND THERAPY SIG PRECONFERENCE EVENT

The Dissemination of Evidence-based Family Interventions: Lessons Learned

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

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

PREMARITAL COHABITATION FROM PAGE 1

Selection vs. experience. There exists a debate in the cohabitation literature as to whether it's the type of people who cohabit (i.e., the selectivity perspective) or the experience of cohabitation itself that accounts for the cohabitation effect (e.g., Brown & Booth, 1996). (As more couples cohabit in the United States, this debate may become less interesting, for it becomes harder to say that it's something specific about those who cohabit that can account for the cohabitation effect when at least 60 or 70% of couples marrying today live together first (Bumpass & Lu, 2000; Stanley et al., 2004)). Nevertheless, there is evidence that selectivity can account for at least part of the association between premarital cohabitation and divorce. For example, Woods and Emery (2002) found that the association between premarital cohabitation and divorce was negligible after controlling for variables that were connected to both premarital cohabitation and divorce (i.e., ethnicity, religiosity, and a history of delinquency).

On the other hand, as traditionally conceptualized, selectivity does not account for all of the cohabitation effect. For example, Cohan and Kleinbaum (2002) and Kamp Dush et al. (2003) carefully controlled for a number of possible selection variables and continued to find that those who had cohabited premaritally were at higher risk for distress and divorce (also see Amato & Rogers, 1999; Stanley, Amato, Johnson, & Markman, in press). Thus, while there are known differences between couples who live together before marriage and those who do not (e.g., religiousness; Stanley et al., 2004), the differences do not fully explain the cohabitation effect. It appears that there is more to the story. Could there be something about the experience of cohabitation that accounts for another portion of the cohabitation effect? Next, we describe our perspective on how the experience

of cohabitation may increase risk for divorce in some couples.

Inertia. We detail our theory (inertia theory) of how the experience of cohabitation may account for part of the cohabitation effect elsewhere (see Stanley, Kline, & Markman, in press), but in brief, we hypothesize that there are some couples who live together and then marry who would not have married if they had not cohabited. Commitment theory (e.g., Johnson, Caughlin, & Huston, 1999; Stanley & Markman, 1992) distinguishes between constraints, such as financial investments or the difficulty of the steps one would need to take to end a relationship, and dedication (i.e., an intrinsic desire for relationship continuance). Theoretically, constraints can keep couples together, even when times are tough and when dedication may be low. Thus, all other things equal, the average couple would likely find it harder to break up if they were cohabiting than if they were dating and not cohabiting because cohabitation involves a higher level of constraints. For example, cohabitation may involve increased financial commitments (e.g., a lease) and increased social pressure to stay together. Thus, we believe that cohabitation increases the likelihood of marriage, even among couples who are already at higher risk for divorce or marital distress. If this reasoning holds, it could be part of the explanation for the cohabitation effect. We are currently pursuing related research hypotheses in a number of studies.

The timing of the decision to marry. When considering the cohabitation effect, there is evidence that it is important to distinguish between couples who had made mutual decisions to marry before they started cohabiting and those who develop plans for marriage during cohabitation. Brown and Booth (1996) found that the relationship quality of cohabiting couples with plans for marriage was similar to married couples' relationship quality. More directly, in a study we conducted, married couples who lived together before engagement had more negative interactions, lower relationship quality, and lower relationship confidence than those who did not

cohabit until after engagement or marriage (Kline et al., 2004). In the same study, there were no significant differences between couples who lived together only after engagement and those who did not cohabit premaritally. These findings demonstrate that couples who make a decision to marry before cohabitation may not be at increased risk for marital distress. They are consistent with inertia because couples who cohabited before engagement would be the ones most at risk for sliding into marriage because of the increased constraints associated with cohabitation.

Gender differences in commitment. In two studies that we have conducted, we have found that married men who cohabited with their partners before marriage have lower levels of dedication than men who did not cohabit premaritally (Kline, Stanley, & Markman, in press; Stanley et al., 2004). In one of these studies, we had access to longitudinal data from both partners and we found that for couples who cohabited before engagement, the men were significantly less dedicated than their partners. This within-couple gender difference was apparent both before marriage and several years into marriage and it could have implications for couples' power dynamics and the quality of their relationships (Kline et al., in press).

Limitations to what we know. Before we move on to practice implications, it's important to note three limitations to the cohabitation literature (and therefore to the conclusions we draw here about the risks associated with premarital cohabitation). First, many studies published on cohabitation have been based on a single data set, the National Survey of Families and Households. While it comprises a random sample of the United States population, it is now somewhat outdated, for the first wave occurred in the late 1980s. Given the quickly changing nature of cohabitation in terms of both its popularity and its meaning in the United States (Smock, 2000), replication studies are very important to this field, but they are not widely published.

The second limitation is that it is difficult to isolate the relative contributions of variables to the cohabitation effect. For example, it is impossible to know from the current literature how religiousness (Stanley et al., 2004), the number previous of cohabitation partners (Teachman, 2003), a history of delinquent behavior (Woods & Emery, 2002), and living together before engagement (Kline et al., 2004) may interact in explaining the cohabitation effect because not all of these constructs have been measured in a single study. Longitudinal studies that follow participants from very early in relationship development through cohabitation to break-up or marriage and that include comprehensive measurement of a multitude of variables are needed to fully understand the relative risks related to cohabitation.

Third, good estimates of the strength of the association between premarital cohabitation and divorce are not available. For example, studies have shown that those who cohabited premaritally experienced a divorce rate that was somewhere between 1.29 and 1.86 times

greater than the rate for those who did not cohabit premaritally (DeMaris & Rao, 1992; Kamp Dush et al., 2003; Teachman, 2003). However, these estimates are based on couples who married as early as the 1960s and none of these studies included participants who married later than the 1990s. Updated samples will be necessary before steadfast conclusions can be drawn about the degree of risk for divorce.

Practice Implications

It is clear that the literature does not contain all the answers regarding the association between premarital cohabitation and marital distress and divorce. As the field moves forward, research will further elucidate the circumstances under which cohabitation is a risk factor for distress and divorce and more precisely characterize the mechanisms that explain the cohabitation effect. In the meantime, we (the authors) cannot ignore the fact that we are both researchers and practitioners, and we believe that enough knowledge exists to begin incorporating research on cohabitation and the cohabitation effect into interventions and relationship education efforts.

Relationship education with individuals. With regard to relationship education efforts, it seems clear to us that individuals should be made aware of research demonstrating links between cohabitation and subsequent marital distress and divorce. As noted earlier, the majority of young adults believe cohabitation is a good way to test a relationship before marriage (e.g., Glenn, 2005). It is our impression that most young adults are unaware of the cohabitation effect. Providing basic information in relationship education programs on what is known from research may help some young adults think more carefully about what is right for them with regard to cohabitation. Does this mean that those delivering relationship education programs should dissuade couples from cohabiting? Not necessarily. However, that approach may fit when conservatively religious individuals are working with conservatively religious practitioners because the people least likely to cohabit (and perhaps most likely to be conflicted about it) are those who are more religious. More broadly, we believe that practitioners of all backgrounds will be most effective in psychoeducational contexts if they help individuals consider their expectations about cohabitation, their religious perspectives, their own circumstances, and the available research evidence.

In our own relationship education program geared toward individuals (*Within My Reach*; Pearson, Stanley, & Kline, 2005), we frame these ideas as "sliding versus deciding" (also see Stanley, Kline et al., in press). We briefly research on cohabitation and encourage individuals to make a decision about cohabitation rather than sliding through what could become a life-altering transition. We advise that they think carefully about their reasons for wanting to live together and that they talk with their partners about the future of their relationships, their commitment levels, and the meaning of cohabitation. Given the commitment differences between men and women based on cohabitation history, such

psychoeducational efforts may pique the interest of women in particular. Most women likely would not want to find themselves in relationships in which they are more committed than their partners.

Relationship education with couples. The selection perspective suggests that individuals who tend to cohabit tend to also have characteristics that put them at increased risk for divorce. Thus, cohabiting couples may be good candidates for couple relationship education or premarital training programs. In particular, we know that those who cohabit premaritally are more prone to negative marital communication (Cohan & Kleinbaum, 2002), especially if they lived together before becoming engaged (Kline et al., 2004). Communication skills training is typically included in premarital training programs and could be particularly beneficial for those who are cohabiting. At the same time, their lower level of religiousness means that they are not likely to have easy access to such services (Stanley, Amato et al., in press). Thus, better access to relationship education could be very beneficial to cohabiting couples.

Couple therapy with cohabiting couples. Therapeutic interventions could also benefit from greater consideration of cohabitation dynamics and patterns. Many couple therapists have mentioned to us that they are seeing more and more cohabiting couples in their practices. Cohabiting couples are likely very different from married couples in a number of ways (as research suggests), but the biggest difference may be in terms of the salience of commitment issues. In the United States, cohabitation represents an ambiguous commitment between partners and to their communities (see Heuveline & Timberlake, 2004). Cohabiting partners may have unidentified or unspoken differences about the meaning of cohabitation and future goals for the relationship. Hence, couple therapists who are used to working with married couples need to realize that cohabiting couples may have special needs with regard to commitment. Few cohabiting couples who enter a therapy office will have decided what their futures will look like. Or, one partner may have decided while the other is ambivalent. In our experience, it is sometimes difficult for a couple to directly acknowledge this core relationship issue; the less dedicated partner may not wish to upset the status quo and the more dedicated partner may wish to retain some level of denial about the reality of the situation. Of course, the therapy issues will depend on the specific needs of the couple, but therapists seeing cohabiting couples may need to make space for conversations about commitment, differences in partners' commitment levels, and plans for the future of the relationship.

Marital therapy. In terms of therapy with couples who are already married, the research and ideas presented here may have important implications, as well. A colleague recently asked us whether we would do anything differently in marital therapy based on a couple's premarital cohabitation history. On the surface, it seems as though what we know from research about cohabitation would be rather irrelevant to couples who are

already married. Yet, couples who cohabited before marriage may have special needs around commitment dynamics and the ways in which they make decisions in their relationships. If it is true that some cohabiting couples slide into marriage because of constraints, they could encounter problems related to commitment later on in their marriages. In particular, we know that the men may be less committed than their wives, which could spark not only conflict over commitment, but also power struggles, as it is generally believed that he or she who is least committed has the most power (Stanley, 2005). Additionally, we've wondered whether a couple who experienced a significant number of constraints around the transition to marriage might benefit from making a recommitment to their decision to be married. If a decision was never fully made, it may be more difficult to follow through on the commitment to marriage when times are tough.

Of course, there are many more ways that research on cohabitation and the cohabitation effect might influence clinical practice. We hope that this paper has provided a clear picture of several relevant implications and, most of all, that it generates new ideas for both research and practice.

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Kudos to the following people...

K

Jean-Philippe Laurenceau moved this past Fall from University of Miami to University of Delaware.

K

U

Richard E. Heyman has been promoted to Research Professor at the State University of New York at Stony Brook.

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The first Summit in EFT for individual, couple and family therapists was conducted in Ottawa on May 11-13th 2006. You may visit www.eft.ca for further details.

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Gary R. Birchler would like to thank all those Couples SIG members who attended the SIG Cocktail Hour at the recent ABCT Convention in November. Special thanks to Bob & Barbara, Tim O'Farrell, John McQuaid, Bill Fals-Stewart, and Lorelei Simpson for their care and comments and the videotape of my surprise ROAST, but a special thanks to all in attendance who had the opportunity (or captive audience necessity) of observing 40 minutes of tattle-tales regarding my career. I do appreciate your support for this special event in my life. May you each be so fortunate to experience the same sort of KUDOS! See you in Chicago!

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Multilevel Models Can Be So Confusing, On So Many Different Levels

David C. Atkins

Fuller Graduate School of Psychology

Author Note. My sincere thanks go to Galena Kline, Sarah Whitton, Brian Doss, and Brian Baucom for helping me to choose which topics to focus on in this article. Sherry Steenwyk provided helpful feedback on a draft that greatly improved the manuscript.

Correspondence concerning this article should be addressed to David C. Atkins, Travis Research Institute, Fuller Graduate School of Psychology, 180 N. Oakland Ave., Pasadena, CA 91101. Email: datkins@fuller.edu.

Multilevel modeling (Snijders & Bosker, 1999) is rapidly becoming one of the most frequently used data analytic techniques in couple therapy and relationship research, as recent issues of the *Journal of Consulting and Clinical Psychology* and the *Journal of Family Psychology* can attest. Part of the appeal of these models (also called Hierarchical Linear Models, HLM; Raudenbush & Bryk, 2002) is their flexibility in modeling correlated data, such as data from couples and families as well as longitudinal data (see Atkins, 2005). However, the added flexibility of HLM comes at a price: HLM is significantly more complex than traditional methods. In this brief article, I attempt to illuminate two issues that can be challenging to new users of HLM: How to define “levels” in HLM and when is autocorrelation a concern – and what is it anyway?

Nested Data, Levels, and Random-Effects

As the name implies, multilevel models are statistical methods for data with multiple levels (Luke, 2004); however, it is not always clear what constitutes a “level” within our data. Oftentimes, levels are described with reference to nested data:¹ When participants or data points are organized within groups – spouses within couples, students within classrooms, and repeated-measures within individuals – we can view the data as having an inherent hierarchy, or multiple levels. HLM uses random-effects to capture the correlation in the data due to the groups. Thus, levels are quite critical. If we incorrectly specify the levels, the standard errors in our model, and our inferences based upon them, may be biased. Let’s take two examples that will help elucidate the nuances and pragmatics of specifying levels in HLM.

Imagine a couple therapy study comparing Behavioral Couple Therapy (BCT) to a no-treatment control group. Couples saw one of six therapists, and

their marital satisfaction was measured repeatedly during therapy. What levels should be included in our HLM analyses? Two clear choices would be repeated-measures and spouses; random-effects for these groups reflect that our data are correlated due to time points nested within individuals who are nested within couples. However, consider two other possibilities: therapies and therapists.

Each couple receives a single therapy so we can think of couples as being nested within therapies. We should definitely not include therapy as a level in our analysis, but let’s be quite clear about why not. Fixed and random-effects within HLM share many similarities with fixed and random factors within analysis of variance; the classic distinctions between fixed and random factors can assist us in considering therapy as a predictor in our HLM analysis. Fixed factors have levels that are explicitly set by the experimenter (and I am using level here to refer to the separate categories of the factor). Random factors have levels that represent a random sampling of all possible levels. There are clearly therapies besides BCT, but in no way did we randomly sample from the universe of therapies in designing our study. Our choice was explicit and purposeful to test the efficacy of BCT against a no-treatment control. Thus, therapy is a fixed-effect in our model based on the classic distinction between fixed and random factors.

What about therapists? The therapists in our study are not a random sample of all possible therapists, yet therapist is quite different from therapy as a variable. We do not plan to make inferences about these six specific therapists, another classic distinction of fixed factors; we desire to infer that the effects we find with these six therapists are representative of similar therapists who were not in the study.² Thus, therapists as a variable in our model is closer to a random factor as opposed to a fixed factor, based on our reasoning above. As it turns out, we likely would not include therapists as a level in

¹ However, HLM is not limited to nested data and can be used with non-nested designs that lead to correlated groups, such as cross-classified or multiple membership data (Raudenbush & Bryk, 2002).

² Whether our therapists are representative of the larger world of therapists has little to do with our choice of statistical model. We would need additional data to effectively make that argument.

our HLM analysis, though the decision is largely a pragmatic one.

Designating a grouping variable as a level in our HLM analysis means that we will assign one or more random-effects to that variable in our statistical model. If we designate therapists as a level, HLM will estimate a variance term describing the variability between our six therapists on our outcome measure. Here is the critical, pragmatic issue: With only six therapists, that variance estimate will be very imprecise if it can be estimated at all. In fact, this is a scenario in which the iterative algorithms that HLM uses to obtain estimates of our model might fail; the program might either fail to obtain estimates at all (i.e., failure of the algorithm to converge to a single solution) or might generate impossible solutions (i.e., correlations among random-effects are outside of the typical bounds of -1 and 1). A more simple answer is that a sample size of six is just too small to generate reliable estimates in virtually any statistical method.

So, what do we do with therapists in our study? If we are unable to estimate a variance term for therapists, we should include therapists as a fixed-effect in the HLM analysis (i.e., a predictor). It is far easier for HLM to get reliable estimates for a categorical predictor with six levels as opposed to estimating a variance component based on six data points. In fact, entering dummy variables for each group was an early method for dealing with nested data (Luke, 2004). With a small number of groups, this can be a reasonable approach, but as the number of groups increases, so do the number of dummy variables. The advantage of HLM is that it will only have a single variance component regardless of the number of groups whereas entering dummy-variables becomes very unwieldy.

Thus, therapists would be included as a fixed-effect rather than a random-effect based on the number of therapists. With more therapists (e.g., 50 or 100), we should definitely include therapist as a random-effect. A logical question then is how many groups are needed to include a variable as a random-effect? As with most tricky questions, there is no simple answer. However, a very rough guide might be that variables with less than 10 units should probably be treated as fixed-effects and those with more than 20 should probably be treated as random-effects. With between 10 and 20 estimates, we might experiment with treating the variable in both manners.

Autocorrelation: What is it and what to do with it?

Diary studies in which participants take daily – or more frequent – assessments of the primary variables is another recent trend in psychology (Laurenceau & Bolger, 2005). Originally, these assessments were kept in diaries (hence the name); now, assessments are often conducted with personal digital assistants (PDAs) using experience-based sampling designs (e.g., after a panic attack or self-harm, the participant completes measures on the PDA.). These designs lead to many repeated-measures, often 30 to more than 100 assessments. HLM's strengths are uniquely suited to data like these, which often have

irregularly spaced time intervals and considerable missing data. However, there is an additional consideration with data such as these, called autocorrelation.

Longitudinal data share two common properties: 1) assessments within an individual tend to be correlated, and 2) assessments closer in time tend to be more highly correlated than those farther apart. The first property is simply a restating of nested data, but the second property is unique to longitudinal data and is often called autocorrelation because it reflects that a variable is correlated with itself when measured repeatedly. Autocorrelation can violate assumptions of HLM, and we might need to extend our HLM analysis to properly incorporate its effects. In theory, longitudinal data of any length may have autocorrelation, but in practice, autocorrelation only needs to be explicitly modeled in HLM when time-series have more than a few repeated-measures (e.g., greater than five or six).

In HLM, we assume the level-1 residuals from our model are conditionally independent, given our predictors and other random-effects. With many repeated-measures, data may violate the conditional independence assumption. More specifically, there may be residual autocorrelation over and above the correlations implied by the random-effects of HLM.³

Ignoring residual autocorrelation can bias standard errors in the same way that ignoring correlated data can. With nested data, standard errors are almost always too small when we ignore the correlated data (e.g., using standard regression as opposed to HLM). With longitudinal data, the effects are harder to predict, and standard errors could be either too small or too large depending on the nature of the correlations among repeated-measures and the random-effects structure. Let's consider how to diagnose and handle autocorrelation.

The correlations due to repeated-measures can be seen in a number of ways. First, we can estimate a correlation matrix of the outcome at each time point with every other time point (i.e., with data at five time points, we could create a 5 x 5 correlation matrix). Similarly, a scatter plot matrix will visually display correlations and are easier to assess when there are many time points; however, with more than 20 or 30 time points, scatter plot matrices are very hard to read, though examining subsets of time points can give a feel for the level of correlation in the data. In addition, our primary concern is with autocorrelation among the level-1 residuals as the random-effects will model some of the correlation among repeated-measures.⁴ To assess the residual

³ It is interesting that writers on HLM rarely show how the random-effects imply a correlation model, except for the trivial case that a single random-effect implies a compound symmetry model. I do not have the space to review this here, but see chapter 7 of Singer and Willett, 2003, for a readable discussion.

⁴ In fact, explicitly modeling autocorrelation will "fight" with the random-effects to explain the correlations among

autocorrelation, we can use either a scatter plot matrix or correlation matrix of the level-1 residuals from the HLM analysis. Typically, the residuals will first need to be saved and then the file transposed to have each time point in a different column.

An additional method is to examine the empirical autocorrelation function (see Diggle et al., 2002 or Pinheiro & Bates, 2000), which estimates the average correlation at each lag of the repeated-measures (i.e., the average correlation between time points that are one assessment apart, two assessments apart, and so on). Moreover, the average correlations can be tested against zero, providing a statistical test for residual autocorrelation.⁵ If the options above are not available or challenging to implement for a specific dataset (e.g., more than 30 repeated measures), there is also a blind empiricism approach: We can add a correlation model for the level-1 error term and see if it improves the fit of the model.

As the previous discussion implies, HLM can be extended to include a correlation model for the level-1 error term, typically assumed to be independent and identically distributed (i.e., homoskedastic). There is a huge variety of possible correlation models (see, for example, the SPSS syntax guide for the MIXED function or Singer & Willett, 2003), many of which were developed in the statistical literature on time-series. Visualizing the residual autocorrelation as mentioned above can help decide the most appropriate method. However, in most longitudinal data examples, an autoregressive, lag1 (AR1) model provides an improved and sufficient fit. An AR1 model fits an average correlation between pairs of adjacent time points (i.e., lag 1). With each successive lag (i.e., time points farther apart), the correlation is raised to an additional power. As an example, if our lag 1 correlation is .40, lag 2 correlation based on AR1 would be .16 (i.e., $.40^2$), lag 3 correlation would be .06 (i.e., $.40^3$), and so on. The AR1 correlation model decays by a power with each lag, reflecting that more distant time points have less influence than closer time points. The AR1 model is very parsimonious in that it uses a single degree of freedom, whereas other models can require many degrees of freedom (e.g., the Toeplitz or banded model fits a separate correlation at every lag).

observations. This is not usually a problem, but random-effects can shift with the addition of a correlation model for the level-1 residuals. Some writers have suggested that only a random-intercept term be included when using a correlation model for the level-1 residuals (Diggle, Heagerty, Liang, & Zeger, 2002). However, others see this as an unnecessary limitation (Verbeke & Molenberghs, 2000).

⁵ This is available in the nlme library of HLM functions (Pinheiro, Bates, DebRoy, & Sarkar, 2005) in the R statistical package (R Development Core Team, 2005); however, it is not available in the HLM program or SPSS at the present time.

Whether or not the correlation model improves the fit of the model to the data can be assessed via a deviance test – the same test that is used to assess the necessity of random-effects (see Atkins, 2005). Additionally, we could use an information criterion (e.g., Akaike Information Criterion or Bayesian Information Criterion; see Singer & Willett, 2003) to determine whether the improved fit of the data offsets the additional degree of freedom. Although I do not have the space to provide a tutorial on how to model correlation structures in different software packages, all of the major software packages with HLM functions can include level-1 correlation models (e.g., SPSS, HLM, R, SAS, MLWIN).

As I noted at the start, multilevel models are flexible but complex. For those of you who are struggling to learn and use multilevel models, I hope the current discussion further clarifies the role of levels and autocorrelation in HLM and how to implement each in your own analyses.

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Book Review: *Helping Couples Change*, by Richard Stuart

Reviewed by David C. Hill

Millersville University

Being asked to review a book that venerable authorities have intensively reviewed, read, and utilized in their teaching, supervision, and clinical work over the past 25 years is at once a humbling and exciting opportunity. The new release of Richard Stuart’s *Helping Couples Change* (1980; 2004) in paperback version provides this opportunity. Stuart’s book is clearly an enduring classic that is, at the same time, as practical and relevant today as it was when it first appeared in 1980. On the very day that I found out that this was the book I was to review, I discovered that my lesson plan for that day in my “Family Systems” course involved lecturing on “Behavioral Couples Therapy” based on Stuart’s book. The fact that it provided the basis for my lecture before I had any idea that it had appeared in a new paperback version is testament to its undying authority and relevance.

Richard Stuart’s impressive integration of a coherent philosophical foundation, a thorough empirical base, and a practical set of interventions and techniques remains a very impressive contribution and makes this book exemplary in terms of the scientist-practitioner model. The philosophical foundation rests squarely on a combination of humanism, pragmatism, and idealistic positivism, while the more therapy-specific theoretical bases include social-cognitive learning theory, social exchange theory, systems theory, and interactionism. In the contemporary world of integrative approaches to the practice of individual, couples, family, and group therapy, Stuart’s choice of philosophical and theoretical influences is one that most current practitioners will find compatible with their own ideas.

The empirical support that Stuart offered in 1980 is still relevant today, and 25 years of additional work have only contributed to our knowledge of the efficacy and effectiveness of this social learning approach. For the interested reader, Stuart has thoughtfully provided in his preface to the paperback edition, an excellent review of the empirical and theoretical support that has accrued over the past quarter-century since *Helping Couples Change* first appeared.

This book contains a detailed practical set of interventions and techniques clearly outlining the core components of the program—assessing troubled relationships, structuring the therapeutic process, the “caring days” technique for building commitment, communication skills training, structuring behavior exchange, allocating the authority to make decisions, and conflict containment. An additional chapter authored separately by Freida Stuart and D. Corydon Hammond focuses on sex therapy and the significant convergence of sexual problems and relationship problems in troubled relationships.

Reviewers do not generally characterize books of this kind as “page turners”, but I challenge any reader to complete the following exercise that I conducted with myself. I selected 10 numbers at random and turned to those pages in the book to see if I could read that page only without continuing with material before or after that page. I found it to be impossible; I indeed had to continue turning pages! I randomly found the following topics in the following order and could not stop pursuing them: (a) how to facilitate the caring days activity complete with detailed examples; (b) structuring the therapeutic process; (c) approaches to treating male orgasmic disorder; (d) the critical importance of evaluating depression, anxiety, parenting effectiveness, work functioning, and leisure in the assessment stage; (e) specific instructions and examples regarding the dynamic process of allocating decision-making authority in the relationship; (f) helping clients self-monitor, record, and maintain progress; (g) techniques for assessing communication problems and processes in relationships; (h) negotiating the stages of development in a marriage including issues of money, children, and cultivation of intimacy; (i) boundary conditions and mate selection; and (j) the interrelatedness of sexual problems and relational-communicational problems. I found every page I selected compelling and fully as current and relevant today as it was in 1980.

In his preface to the 2004 paperback edition, Stuart himself discussed what changes he might make if he had to write the book again. He wrote that he would add updated information on the research on marriage that has accumulated since 1980; expand on the integrative nature of the model; provide additional information on mate selection and family of origin issues; and include a new chapter on cohabitation, premarital counseling, remarriage, and postmarital relationships. While this would all be wonderful, none of it is crucially necessary because the book has withstood the test of time as it is.

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<p>Surf the Internet without guilt!</p>	<p>Visit the ABCT Couples SIG website: www.aabtcouples.org</p>	<p>Thanks to Nikki Frousakis for serving as our NEW webmaster!</p>
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Research and Clinical Practice in Marriage and Family Therapy Programs: A Closer Look at the University of Maryland

Taryn Dezfulian, Rachel Alexander, Janey Cunningham, Laura Evans, Serena Galloway, Lindsey Hoskins, April McDowell, Elise Resnick, Ashley Southard, Mark Treimel, Norman Epstein, Jaslean LaTaillade, & Carol Werlinich
University of Maryland

The vast majority of members of ABCT and the Couples' SIG are faculty and students from psychology programs from across the U.S. and other countries, so many members may not be aware that CBT is alive and thriving in other types of clinical programs. Recent surveys of members of the American Association for Marriage and Family Therapy (AAMFT) indicated that CBT was the most frequently used theoretical approach. Although AAMFT clinical training programs have not participated much in ABCT conventions and other functions in the past, the Marriage and Family Therapy (MFT) program at the University of Maryland, College Park has been increasingly involved during the past several years. MFT programs offer another educational path for individuals who want to focus on research and treatment with couples and families. This article describes the purpose and structure of our MFT master's degree program and the Family Studies Ph.D. program. It outlines the programs' curricula, MFT clinical requirements, professional interests of faculty and students, and career opportunities for students post-graduation. The 13 authors contributing to this article represent an ideal balance of faculty, first- and second-year MFT students, and students pursuing the combined MFT/Ph.D. track. Our goal is to share the experiences and perspectives of faculty and students at multiple training levels within the program.

Purpose/Structure of the MFT Program

The MFT master's degree program is designed to educate and train clinicians from a systemic perspective in this full-time two-year program. Two cohorts of students with about ten students in each class serve as the staff of the Department's outpatient Family Service Center (FSC) while they complete the academic aspects of the program. First-year students begin sitting in on client sessions with second-year student mentors as co-therapists within two months of beginning the program, and participating in therapy sessions gradually. Co-therapy teams continue throughout the first semester until first-year students are cleared by their supervisor to conduct therapy alone. The MFT program at the University of Maryland, College Park was ranked among the top three MFT master's programs in the nation by AAMFT in 2000 and is nationally accredited by the

Commission on Accreditation for Marriage and Family Therapy Education.

Curriculum

The Department of Family Studies offers the MFT master's degree and a Ph.D. in Family Studies. The MFT curriculum includes practicum courses associated with students' internships in the FSC, as well as didactic courses in family theories, family therapy theories and approaches, couple therapy, research methods, quantitative statistical methods, gender and ethnicity in family therapy, sexual issues in family therapy and service delivery, and electives such as family mediation, clinical assessment and testing, and substance abuse treatment. Many students pursue only the master's degree and then either enter the field in clinical positions or continue their education in various doctoral programs elsewhere. Some students who are completing the MFT program decide to apply to the Family Studies Ph.D. program, which focuses on quantitative and qualitative family research, family program development and evaluation, and public policy. Alternatively, students can apply jointly to the two programs initially, receiving their master's degree in MFT on the way to completing the Family Studies Ph.D. program. The combined program usually takes students about five years to complete.

Weekly practicum seminars are a part of every student's curriculum throughout the program. These courses, taught by the clinical faculty members, are integral to acquainting students with theoretical models and therapeutic techniques, as well as a variety of client presenting problems and common issues in the practice of couple and family therapy. Practicum classes allow students to learn and practice therapy in a variety of ways, such as videotaped role plays with classmates (during the first semester) and multimedia class presentations, which include video clips and sound bites, the creation of detailed treatment plans, and the application of DSM-IV-TR diagnoses to clinical cases.

MFT students may choose to complete a master's research thesis or a non-thesis option – a clinical case study in which they provide an in-depth analysis of the clinical work conducted with one client family over at least twelve therapy sessions. The clinical case study is presented both through a paper and a 1-hour presentation to the faculty and students, using video clips from

sessions to illustrate use of the student's theoretical model. In both thesis and non-thesis options, students work closely with a faculty mentor. MFT students interested in pursuing a Ph.D. are strongly encouraged to complete a research thesis.

Clinical Work

The MFT program at the University of Maryland provides students with extensive clinical training. Consistent with national accreditation standards, students are required to complete a minimum of 500 client contact hours with families, couples, individuals, and therapy groups. Additionally, students receive about 250-310 supervision hours in weekly 3-hour meetings with AAMFT approved supervisors; extra ad hoc supervision is available as needed. Therapy conducted at the FSC is conceptualized from a systemic perspective. Training is provided in multiple theoretical models of relational therapy including (but not limited to) strategic, narrative, experiential, Bowenian, cognitive behavioral, and emotionally focused frameworks. Students are encouraged to experiment with a variety of therapy models during their training. MFT programs across the country vary in the range of theoretical models that are taught, and our program provides more CBT training than most. At any one point in time, students may carry a caseload of 10-30 cases.

In addition to working at the FSC on the University of Maryland's campus, students are encouraged to complete part-time externships with local agencies focusing on more specific populations and presenting concerns, such as Second Genesis, an adolescent and drug rehabilitation program. Students participate in externships working with a broad range of clients from women in domestic violence shelters to clients diagnosed with schizophrenia and their families. In this way, MFT students gain experience in applying a relational perspective to treat psychological disorders and medical illnesses that have traditionally been treated individually. MFTs use a systemic perspective to conceptualize these problems and to examine their effects on the entire family.

Family Service Center

The FSC client base includes an ethnically and socioeconomically diverse group of families, couples, and individuals from nearby Maryland, Washington, D.C., and Northern Virginia. Clients are referred to the FSC for services by, among others, schools, the county court system, and mental health services on campus. The FSC operates on a sliding fee scale on which the fee per 45-minute session ranges from \$20 to \$100.

The FSC serves approximately 500 families, couples, and individuals per year with a variety of presenting diagnoses and problems and conducts specific problem-focused groups on an as needed basis. Presently there is an ADHD group being held for both parents and children. In the past, therapists have also conducted groups for court-ordered males struggling with anger management.

In the spirit of combining clinical training, service, and research, the FSC is presently conducting the Couples Abuse Prevention Program (CAPP), a treatment program for couples who have experienced problems with anger control and have a history of psychological and/or mild to moderate physical violence in their relationship. The CBT-oriented CAPP treatment program focuses on psychoeducation, anger-management skills, communication and problem-solving skills, relationship recovery from prior domestic abuse and trauma, and enhancement of relationship strengths and satisfaction. In a controlled outcome study, the CBT approach is being compared to treatment as usual at the FSC, which consists of the various systemically-oriented forms of couple therapy described earlier. All of the interns at the FSC participate in the project by treating couples either with the CBT protocol or usual treatment. Extensive assessments are conducted before treatment, after the standard ten sessions of treatment, and at a 4-month follow-up.

Faculty

The MFT clinical faculty has rich and diverse backgrounds and research interests. The clinical faculty members are Dr. Norman B. Epstein, Dr. Carol Werlinich, Dr. Leigh Leslie, and Dr. Jaslean LaTailade. The faculty teaches the master's level courses and provides supervision to therapist interns seeing clients in the FSC. They also teach courses within the larger Family Studies curriculum to undergraduate and doctoral students and supervise student research. The faculty is a highly qualified group of experienced family therapists who bring a variety of theoretical approaches and a broad experiential base to their supervision of graduate students. Additionally, the majority of the clinical faculty members have their own private practice.

Students

The MFT Program and the larger Department of Family Studies have a long tradition of rich diversity among its student both in their educational and ethnic backgrounds. Students enter the MFT program with a broad range of undergraduate degrees. As interns at the FSC, students collaborate on clinical and research projects, gain experience in carrying out a variety of clinic duties, and have extensive experience conducting co-therapy and well as treating families on their own. In classes, clinical supervision, and at FSC staff meetings students are encouraged to share skills and viewpoints from their diverse backgrounds. They also are encouraged to become involved with national associations to develop their professional identities and networks, and to be abreast of the latest research. Each year many students present their research at national conferences including AAMFT, ABCT, and NCFR.

Career Opportunities

Licensed MFTs with a master's degree or Ph.D. are qualified to treat families, couples, groups, and individuals with a variety of relational and individual presenting problems. They may work within larger systems or agencies including family therapy clinics, the

foster care and criminal justice system, schools, and the prison system, as well as in private practice. Forty-eight states presently offer licensure for MFTs, with requirements for licensure varying from state to state, although all use the standardized national exam and typically require at least two years of supervised post-degree clinical work.

In the state of Maryland, MFT graduates can become Licensed Graduate Marriage and Family Therapists (LGMFTs). This preliminary graduate license allows MFTs to practice under the supervision of an AAMFT approved supervisor. In order to qualify for the LGMFT designation, an individual must complete an accredited program that meets the specifications set by the state of Maryland as well as pass the licensure exam. The LGMFT status allows graduates to practice in a wide range of settings following graduation, to work toward full clinical licensure. After completing 2,000 hours of supervised clinical experience within a minimum of two years post-graduation, LGMFTs are eligible to receive

their Licensed Clinical Marriage and Family Therapist (LCMFT) license that allows them to practice autonomously without supervision.

Students who complete the combined MFT/Ph.D. programs find their training to be excellent preparation for careers involving both therapy and research, providing clinical training and supervision in university settings, pursuing academic careers at research universities, directing clinical agencies, evaluating and analyzing public policy, and assessing the effectiveness of developing programs.

Closing Comments

Overall, MFT programs are an excellent source of extensive clinical and research training. Both the faculty and students at the University of Maryland highly value our involvement in the Couples Special Interest Group. Please visit the department's website for more information on its programs, faculty, and students at www.hhp.umd.edu/FMST.

Letter from the Student Co-Presidents

Dear Couple SIGer's,

One of the things that were most memorable for us from last year's conference was the retirement tribute for Gary Birchler that took place during the SIG cocktail hour. While the tribute varied from being funny to serious, it was poignant throughout. It was hard not to see the fondness and affection that Gary's many colleagues and students had for him as a collaborator, a mentor, and a friend.

The sense of community that exists within our SIG is one of its most valuable qualities. It makes conferences enjoyable not only because of the research presentations and posters, but also because of the time that will be spent with friends and colleagues catching up, exploring the host city, and planning future collaborations. In between conferences, the only contact the most of us have with each other is through the listserv. The listserv is a valuable medium for posing research and clinical questions that allow us all to immediately tap the vast, collective experience of our members, who represent over 4 decades of experience at more than 50 colleges, universities and organizations in 7 countries and who have produced well over 1000 scholarly publications. However, there are occasions when members of the SIG may have a question that is not germane to the entirety of the SIG's membership. As students, there are frequently times when it would be beneficial to get input and advice from fellow students, but there is currently no readily accessible method for doing so.

We would like to propose a solution to this condition by suggesting that we create a student Couple SIG listserv. The purpose of the student listserv would be to function as vehicle for students to discuss topics uniquely relevant to being a student, such as but not limited to internship, post-doctorate positions, and junior faculty openings. Additionally, we hope that the student listserv will foster our sense of community as students. It is often times difficult to meet and get to know your fellow students at our annual conferences simply because of our sheer numbers. While we do not mean to suggest that the student listserv would primarily be a social outlet, we do think that it would serve as a way for us to get acquainted with one another outside of the conferences.

We would like to invite all current students to join the student Couple SIG listserv. If you interested in joining this listserv, please send an email to either Brian Baucom at bbaucom@ucla.edu or Eric Gadol at gadol@unc.edu.

-Brian and Eric

TREASURER'S UPDATE

Dear SIGers,

It was great to see so many of you in DC! Below is a summary of the changes in our treasury since my last report in October. Our pre-conference balance was \$1612.34. Since then, conference and mailed receipts totaled \$1985 in current dues (\$1060), back dues (\$285) and cocktail party receipts (\$640). For the current 2005-2006 year, we have 98 members, of which 45 are professionals, and 52 paid as student, postdoc, or retired members. Retired is a new category created in honor of Gary Birchler. Eighty-two of our members paid dues at the conference.

Pre-Conference (95 2004-5 members: 50P and 45S, 4P prepaid 2005-6)		+\$1612.34
Receipts		
At conference (35P, 47S [82] = \$1120, party = \$625)	\$1745.00	
Mailed (6P, 6S)	\$ 240.00	
(Total 2005-6 members = 98; 41P & 52S + 4P prepaid)	<u>\$1985.00</u>	+\$1985.00
Disbursements		
Cocktail party (food, cash bar, bartender)	\$1448.00	
Pre-conference speaker (\$300 honorarium plus expenses)	\$ 545.13	
Student awards and retirement plaque	<u>\$ 345.00</u>	
	\$2338.13	<u>-\$2338.13</u>
CURRENT BALANCE (including \$.77 dividend)		+\$1259.98

As usual, dues are \$20 for faculty members/professionals. Students, 1st year postdocs, and now retired persons pay \$5. If you haven't yet paid your dues, please mail a check made out to Shalonda Kelly, with "ABCT Couples SIG" in the memo line, to the address at the end of my report. I will send you a receipt of payment via mail or email.

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

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

If you have any other suggestions please email me at skelly@rci.rutgers.edu. Also, please encourage your colleagues and students to pay dues if they haven't already.

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

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



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Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Fall/Winter 2007
SPECIAL ISSUE: COUPLES AND SEX

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An Invitation to Couple Therapists to Become Involved in Sex Therapy and Research

Barry McCarthy and Maria Thestrup
American University

The sad truth is that couple/marital therapy and sex therapy professionals do not typically communicate with each other nor speak the same "language." They read different journals, attend different conventions, and are often unaware of the major issues and controversies that exist within the other field. For example, how many couple therapists read the major clinical journal in the sex therapy field—*Journal of Sex and Marital Therapy*? How many couple researchers read the leading sex research journal—*Archives of Sexual Behavior*? How many couple therapists attend the Association of Sex Educators, Counselors, and Therapists convention or the convention of the Society for Sex Therapy and Research?

When the first author was trained as a marital therapist, he learned that

- 1) Sexual dysfunction is best understood as a symptom of an individual or relationship problem.
- 2) Sexual issues are best approached indirectly rather than risk intimidating the couple or violating sexual boundaries.
- 3) A hierarchical approach should be taken to dealing with problems—address core issues first (such as depression or alcohol abuse), then address relationship issues, and lastly, if necessary, sexual issues.
- 4) The more intimacy the better the marriage and marital sex.
- 5) Once a sexual problem is resolved, it can be neglected without fear of without fear of relapse.

In fact, there is not only a lack of empirical support for these assumptions, but growing evidence that these are potentially iatrogenic concepts.

Sexual dysfunction is multi-causal and multi-dimensional. There are many individuals who experience sexual dysfunction separate from individual and relationship pathology. Sexual problems can be influenced by a range of individual, couple, cultural, and value issues. When sexual problems arise, couples fall into a cycle of anticipatory, tense and performance-focused intercourse, and these increasingly frustrating, embarrassing and failed encounters lead to sexual avoidance. The couple then settles into a blame/counter-blame dynamic and feels increasingly demoralized and alienated.

Couples SIG Newsletter Editors:

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

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

CONTINUED ON PAGE 3

Letter from the Co-Presidents

Philly, here we come! We're looking forward to seeing you all soon at the 2007 ABCT conference in Philadelphia. Our SIG continues to make a strong showing at the conference, and we anticipate a stimulating few days of intellectual (and not so intellectual) exchange.

We will kick-off the conference with the **Couples SIG preconference event**, at 6:00-8:00 PM on Thursday November 15th in Room 410 of the conference hotel. By popular request, this year's seminar will focus on sex! Dr. Barry McCarthy will present on integrating psychobiosocial sex therapy techniques into couple therapy. Dr. McCarthy is a clinical psychologist, a professor of psychology at American University, a certified sex and marital therapist, and the author of 72 professional articles, 20 book chapters, and 11 lay public books about relationships and sexuality. His book "Coping with Erectile Dysfunction," co-authored with Michael Metz, won the Society for Sex Therapy and Research consumer book of the year. In his seminar, Dr. McCarthy will confront the typical disconnect between couple and sex therapy, and discuss the integration of sexual permission-giving, clinically relevant information, and specific sexual interventions into couples therapy. He will discuss major controversies in the sex therapy field with implications for couple researchers and clinicians. Dr. McCarthy is familiar with our group and will focus on practical, clinically relevant suggestions for incorporating sex therapy techniques into our work with couples. Dr. McCarthy's work is empirically grounded, exemplifying the tradition of our SIG and this year's convention theme of developing clinical interventions from scientific findings.

Our **SIG Business Meeting** will be held from 1:45 to 3:15 on Friday (Room 403/404). We will be holding elections for several SIG offices: co-presidents, student co-presidents, newsletter editors, and webmaster. Typically, the co-presidents are recent graduates and the other offices are filled by graduate students. Please start thinking about potential nominations. We'd like to avoid the painful silence last year as we waited for a treasurer volunteer (again, many thanks to Lorelei Simpson!!), and given the number of offices to fill this year, we certainly don't want to have a six hour SIG meeting! So, we encourage people to start submitting nominations via the couples SIG website soon. On the website, there is a description of the job responsibilities for each office. Please email webmaster Nikki (nikkif@utk.edu) to nominate yourself or a colleague for any of the open positions. You just need to send a name and a brief "blurb" about the nominee, and Nikki will post the list of candidates as we get closer to the conference.

The **SIG Exposition and Welcoming Cocktail Party** is scheduled 6:30 to 8:30 pm on Friday the 16th (Grand Ballroom, E-I). This year, we've had an amazing response to our request for poster submissions from our SIG members; we will have 15 posters representing the Couples SIG! Please come socialize and see research findings from the many members of our SIG. Speaking of socializing, don't miss the **Couples SIG Cocktail Party** on Saturday evening (see sidebar for details). It promises to be a great party at a fun restaurant, with dinner to follow for those interested. There will be plenty of opportunities to chat, network, and even get in a game of pool or darts.

Finally, we are very proud to be sponsoring the **Couples SIG Student Symposium**, a symposium developed and conducted entirely by our very own Couples SIG student members! Entitled "Positive Aspects of Relationship Functioning," the symposium will be chaired by our student co-presidents Brian Baucom and Eric Gadol, include talks by student members Amy Meade, Katherine Williams, Laura Evans, and Lydia Mariam, and conclude with discussion by student member Cameron Gordon. One of the great strengths of our SIG is its support of students as they grow into the promising young scientists of tomorrow, so please attend this symposium to show your support! (Sunday 9:15-10:45, Liberty A).

Thanks and kudos to all of you for all the wonderful contributions to this year's conference!

In addition to planning for conference events, we have also been working at updating the Couples SIG website. We received much helpful input from SIG members at last year's business meeting about potential website improvements—thank you! Since then, the SIG officers have continued to brainstorm and make plans. Based on these plans, Brian Baucom is currently developing a new, updated website that we think will not only look cool but will have many useful features for our SIG. We will have SIG member contact information and links, listserv and newsletter archives, and updated links to research resources, couples related employment and training, conference information, and some fun stuff like pictures and humor. One major improvement is that SIG members will be able to log on and update their own contact information, eliminating the forms we all fill out every year at the SIG business meeting and allowing you to be sure that your info is always up to date. We are planning to solicit contributions from you all this fall, so if you haven't gotten an email already, expect one soon!

This is our last column as co-presidents, so we'd like to take this opportunity to say thanks to all of you for all the support and input you have provided to the SIG and to us over the past two years. It has been a great pleasure to serve this strong and active SIG. This group is extraordinarily valuable as a source of collaboration, student mentorship, clinical and empirical advice, and lively fellowship. We both look forward to growing and participating with this group for years to come.

- Beth & Sarah

Editors' Note

Hello Couples SIGers! The crisp fall air has finally begun to break the heat of summer, meaning it's time for another edition of the Couples SIG Newsletter! Continuing with the idea we implemented last fall, this is a special issue on the topic of the Couple SIG Preconference Event at the upcoming ABCT Convention: SEX! Look for great articles by our featured sex specialists, Barry McCarthy, Maria Thestrup, and Brian Zamboni. Dr. McCarthy will be the featured speaker at the preconference event in Philly! Thanks to these authors and to everyone who submitted items for the regular "Kudos" and "In Press and Recently Published" sections.

This issue is especially meaningful to us as co-editors as it is our last one on the job. Our time as co-editors has been fantastic and we'd like to again thank everyone with whom we worked and everyone who read the Newsletters we put out twice a year for the past two years (this means YOU!). We've had a lot of great professional experiences, added some new bells and whistles for the newsletter (such as our format tweaks and these annual special issues), and best of all started many new friendships and professional relationships.

We are saddened by the thought of our term ending but excited to enjoy future editors' own additions to the SIG Newsletter. As Brian and Eric have proposed, we hope that this will include the beginning of a regular feature on public policy issues relevant to couples research and therapy. In any event, know that this newsletter continues to be a success because of all you contributors and readers! Let's keep our newsletter thriving with support and encouragement for our new co-editors as they begin their term.

Please be sure to stop us and say "hello" at the upcoming ABCT Convention in Philadelphia!

- Will & Diana

**Comments? Suggestions? Crazy ideas?
Send them to the new Couples SIG
Newsletter Co-Editors, to be elected at
the SIG Business Meeting in
Philadelphia!
Interested in running for this position?
Email Nikki (nikkif@utk.edu) to
nominate yourself or a colleague.**

"AN INVITATION TO COUPLE THERAPISTS" FROM PAGE 1

The paradox of sexuality is that when sex is functional and satisfying, it plays a small, integral, positive role in the relationship, contributing 15-20% to relationship vitality and satisfaction. However, when sex is dysfunctional, conflictual, and becomes avoidant--which results in a non-sexual relationship, sex plays an inordinately powerful role (especially early in a marriage) draining intimacy and threatening relationship stability.

A prime assumption in traditional couple therapy was that once other psychological and relational issues were dealt with, sexual problems would either resolve themselves or be easily dealt with by focusing on communication and love. In reality, once dysfunction is established, it is quite difficult to return to functional sex. When the sexual problems are anxiety-based, involve poor psychosexual skills, or the core issue is inhibited sexual desire (hypoactive sexual desire disorder), it is particularly important to directly treat the sexual dysfunction. Rather than the traditional hierarchical treatment approach, the "both-and" model of addressing problems is beneficial for most couples. For example, anxiety and sexual dysfunction or an affair and sexual dysfunction are addressed concurrently. The traditional strategy of treating sexual problems with "benign neglect" can be iatrogenic because it increases self-consciousness and reinforces sexual avoidance.

Although couple communication and emotional intimacy is a foundation for a healthy relationship, excessive intimacy can stifle sexual desire and result in de-eroticizing the partner. The challenge for serious couples (married or unmarried, straight or gay) is to balance intimacy and eroticism so that sexual desire remains vital. By far, the most frequent sexual dysfunction couples struggle with is inhibited sexual desire.

It is crucial to be aware that sexual problems, as well as couple problems, have high rates of relapse. An individualized relapse prevention program is integral to successful couple sex therapy.

Research Issues in Sex Therapy

The couple therapy field has seen an impressive growth in high quality research over the past 20 years. Unfortunately, the same is not true of the sex therapy field. There are two factors that have crippled sex research. The first has been the dearth of funds, especially from the federal government. Since the University of Chicago's *Sex in America* study in 1994, sex research has been quite limited. Sex research now emanates primarily from Canada and Europe. The second factor is the medicalization of the male sexuality field. Since the introduction of Viagra in 1998, funding for sex therapy research has been dominated by pharmaceutical companies. This funding raises major concern over the quality of the reported research. A major exception to this funding trend is the research programs at the Kinsey Institute.

There are two primary textbooks in the sex therapy field, *Principles and Practice of Sex Therapy* (Leiblum, 2006) and the *Handbook of Clinical Sexuality for Mental Health Professionals* (Levine, Risen, & Althof, 2003). These textbooks as well as the authors' chapter in the *Handbook of Couple Therapy* (Gurman, in press) are rich in clinical detail, intervention strategies and techniques, and the conceptualization of the causes and meanings of sexual problems. Unfortunately, there are major weaknesses regarding

empirical support for sex therapy strategies and techniques. For example, the widely-quoted statistic that one in five American marriages are non-sexual (defined as having sex less than 10 times a year) has only weak empirical support. Couple researchers (as well as clinicians) will find the area of sexuality generally, and sex therapy specifically, a rich field for exploration and empirical research.

Sex Therapy as a Sub-Specialty of Couple Therapy

Couple therapy and sex therapy are different but complementary. A clinician can not engage in high quality, comprehensive sex therapy without being comfortable and competent in dealing with both individual and couple issues. In couple sex therapy there are five clients. This includes both members of the couple, their general relationship, their sexual relationship, and their couple sexual history (this is usually the most difficult issue). The sex therapist needs to be skilled in individual assessment and treatment, couple assessment and treatment, sexual assessment and treatment, and design and implementation of a relapse prevention program. Rather than a standardized, mechanical approach, couple sex therapy is a complex, multi-dimensional treatment which is challenging for both the clinician and the couple.

A very helpful concept/intervention is the PLISSIT model (Annon, 1974). This model contains four levels of intervention:

- P-Permission Giving
- LI-Limited Information
- SS-Specific Suggestions
- IT-Intensive Sex Therapy

This model urges couple therapists (and, in fact, all helping professionals) to be comfortable and competent in the first two levels of intervention, giving permission and information. Rather than being value-neutral, the clinician takes a pro-sexuality stance. Sex can be a means of sharing pleasure, reinforcing intimacy, and serve as a tension reducer. The role of healthy sexuality is to energize the couple bond and enhance feelings of desire and desirability.

The couple therapist can present information about sexuality in a respectful, empathic manner which empowers the couple to make "wise" sexual choices based on scientific and clinically relevant guidelines. Sexual issues require the clinician to take a psychoeducational approach which emphasizes accurate psychological, biological, relational, and sexual information with a focus on positive, realistic expectations. Our culture has moved from an extreme that entailed ignorance, misinformation, fear of sex, and repressive attitudes to the opposite extreme of being inundated with sensationalized, confusing, and intimidating sexual performance demands. Examples of positive, realistic information and expectations include an emphasis on pleasure and satisfaction as opposed to perfect performance, particularly the "Good Enough Sex" model of male and couple sexuality (Metz & McCarthy,

2007). Another example of implementing positive sexual information is relaying that many women by age 40 and most women by age 50 benefit from using a vaginal lubricant before beginning a sexual encounter or as part of the pleasuring process. Even if her subjective arousal is high, her objective arousal is reduced as a result of aging (similar to male erectile function). This information can help normalize vaginal dryness for the couple.

The third level of intervention, specific sexual suggestions, can be an important addition to the couple therapist's repertoire and successfully integrated into ongoing therapy. The new mantra in sexual functioning is to establish a mutually comfortable level of intimacy, integrate non-demand pleasuring, add erotic scenarios and techniques, and establish positive, realistic sexual expectations (McCarthy & McCarthy, 2003). This includes normalizing the variability and flexibility of sexual function, and specifying that it is normal for five to 15% of sexual experiences to be dissatisfying or dysfunctional. Other interventions include taking responsibility for his/her sexuality; being an intimate team; developing "hers", "his" and "our" bridges to sexual desire; awareness that physical health promotes sexual function; dealing with sexual side effects of medications; and integrating a pro-erection medication into the couple's sexual style.

Common psychosexual skill interventions/suggestions include the use of non-demand pleasuring exercises with a temporary prohibition on intercourse (the most common sexual suggestion used by couple therapists); use of the stop/start technique to learn ejaculatory control; self-exploration /masturbation exercises (with or without a vibrator) to address primary non-orgasmic response; wax and wane erection exercise to regain erectile comfort and confidence; creating erotic scenarios to build anticipation and desire; and developing afterplay scenarios to reinforce the meaning of the sexual experience and enhance satisfaction. The essence of the sexual intervention is to use semi-structured sexual exercises to facilitate changing attitudes, behaviors and feelings (McCarthy, Ginsberg & Fucito, 2006). Exercises provide the clinician with a continuous assessment/treatment method to identify self defeating attitudes, inhibitions, and psychosexual skill deficits and to build a comfortable, functional and resilient couple sexual style.

Strategies and Techniques for Female Sexual Dysfunction

The most common female dysfunction (by order of frequency) is 1) hypoactive sexual desire disorder 2) non-orgasmic response during couple sex 3) painful intercourse. Female sexuality has traditionally emphasized intimacy and pleasuring but de-emphasized eroticism. There are three core therapeutic strategies to address female sexual dysfunction. The first strategy is to value both intimacy and eroticism which includes accepting responsive sexual desire (Basson, 2006) and developing erotic scenarios and techniques which are compatible with the context and meaning of female

sexuality (Heiman, 2006). The second strategy is to help the woman develop her own “sexual voice” that promotes receptivity and responsivity to sensual and sexual touch. The third strategy is to emphasize “desire, pleasure, satisfaction, and variable, flexible sexual response” rather than the traditional male focus on intercourse and orgasm (Foley, Kope, & Sugrue, 2002). A positive way to understand female orgasmic response is that it is more complex and variable than male orgasm and can occur in the pleasuring/foreplay phase, during intercourse (especially with multiple stimulation which includes breast stimulation, kissing, testicle stimulation, and/or use of erotic fantasies as a bridge to high arousal and orgasm), or during the afterplay phase. Exercises/interventions include using self-stimulation to reach orgasm during couple sex; focusing on multiple stimulation during both erotic, non-intercourse sex and incorporating multiple stimulation during intercourse; transitioning to intercourse during high levels of arousal; and using “orgasm triggers,” especially erotic fantasies. The focus is not on orgasm as a performance goal, but to increase arousal and erotic flow and reduce inhibitions and self-consciousness. Orgasm is an integral part of the pleasuring/eroticism process, not a pass-fail test.

A major paradigm shift has occurred in the understanding and intervening with dyspeurunia (painful intercourse). Bink, Bergeron, and Khalife (2006) propose conceptualizing this as a pain disorder, not a sexual dysfunction. In the treatment of mild to moderate cases, the woman learns to take control of the sexual scenario, utilizes physical and psychological relaxation, uses a lubricant either preventatively or as part of the pleasuring process, and initiates and guides intromission. In chronic, severe cases, the treatment team includes a couple sex therapist, a gynecologist, and a female physical therapist with a sub-specialty in female sexual health.

Strategies and Techniques for Male Sexual Dysfunction

Traditional male sexual socialization conceptualizes sex as easy, highly predictable, and most importantly, autonomous, with an emphasis on perfect intercourse performance. This perspective is problematic for middle-aged and older men, and especially for marital sexuality.

Since the introduction of Viagra in 1998, there has been a strong professional and public focus on medicalization. This is in sharp contrast to the couple, psychobiosocial perspective of the Good Enough Sex model of male and couple sexuality which reinforces an intimate, interactive, pleasure-oriented approach to couple sexuality (McCarthy & Metz, 2007). The most common male sexual dysfunctions (by frequency) are 1) premature ejaculation 2) erectile dysfunction 3) hypoactive sexual desire 4) ejaculatory inhibition.

Metz and McCarthy (2003) emphasize a comprehensive approach to assessing the nine types of premature ejaculation. It is even more important to employ a treatment program that addresses all the causes and dimensions to ensure successful treatment and guard

against relapse. Although psychosexual skill training, medication, and self-entrancement arousal interventions can be crucial, change is fundamentally an interpersonal process that includes increasing couple empathy, intimacy, and cooperation.

Erectile dysfunction is an example of how the professional and lay public culture swings from one extreme to the other. Traditionally, erectile dysfunction was understood as 90% caused by psychological and relational factors—now the mistaken belief is that biological factors are the cause of 90% of cases. Viagra is used as the first line intervention, typically prescribed by an internist or family practitioner. In contrast, Metz and McCarthy (2004) propose a couple integrative, psychobiosocial approach to assessment and treatment and the necessity of a relapse prevention component. When a pro-erection medication is used, it needs to be integrated into the couple’s intimacy, pleasuring, and eroticism style. A key element is the maintenance of the positive, realistic expectation that 85% of experiences will flow from comfort to pleasure to eroticism (this phase involves a high level of subjective arousal combined with manual, oral, and rubbing stimulation) to intercourse. The transition to intercourse is made at high levels of arousal. When the sexual episode does not flow into intercourse, the couple transitions (with no apologies) to either an erotic, non-intercourse scenario or a cuddly, sensual scenario. The goal of returning to 100% perfect performance is unrealistic for men sensitized to erection problems. The Good Enough Sex model helps maintain erectile comfort and confidence.

Male hypoactive sexual desire disorder is misunderstood and stigmatized. Primary male desire problems affect as many as 10% of men with the most common cause being a sexual secret (a variant arousal pattern, being more comfortable with masturbatory sex than couple sex, an unresolved history of sexual trauma, and conflict about sexual orientation). Much more common are secondary desire problems, usually caused by sexual dysfunction, especially erectile dysfunction. Whether the couple stops being sexual at 30, 50, or 70, it is almost always the man’s decision, made unilaterally and conveyed non-verbally. He has lost confidence with predictable erections and intercourse, and sees sex as a failure and embarrassment.

Revitalizing sexual desire is an excellent example of the personal responsibility/intimate team model of change. The key is for the man to value intimacy and pleasuring, enjoy sharing pleasure rather than clinging to the male performance model, view the woman as his intimate/erotic friend, and accept the Good Enough Sex model.

Ejaculatory inhibition is the “unspoken” male sexual dysfunction, affecting only one to two percent of younger men but as many as 15% of men after the age 50 (where it is often misdiagnosed as erectile dysfunction). In treating ejaculatory inhibition, the core strategies are to avoid transition to intercourse until he is experiencing high levels of subjective arousal and use multiple

stimulation during intercourse. Another strategy is to utilize “orgasm triggers” to allow erotic flow to culminate in orgasm (Metz & McCarthy, 2007b).

Couple Sexual Style and Relapse Prevention

The therapeutic challenge is to help the couple develop and maintain a couple sexual style which integrates intimacy and eroticism (Perel, 2006). Perhaps most important for couple sexual vitality is to value touch and the multiple pathways of connection-affection, sensual, playful, erotic, and intercourse touch. A crucial relapse prevention strategy is to maintain positive, realistic expectations: 40-50% of sexual encounters involve mutual desire, arousal and orgasm while five to 15% of experiences are dissatisfying or dysfunctional (Frank, Anderson & Rubenstein, 1978). An individualized relapse prevention program is an integral component of both couple and sex therapy.

The challenge for couple/marital theorists, clinicians, and researchers is to integrate intimacy and sexuality issues into their work and to engage in careful empirical research on the interplay between couple and sex therapy strategies and techniques.

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2007 COUPLES RESEARCH & THERAPY SIG PRECONFERENCE EVENT

Thursday, November 15th, 6:00-8:00pm
Room 410 ABCT Convention Hotel (Marriott)

An Invitation to Couple Therapists to Become Involved in Sex Therapy and Research

Barry McCarthy Ph.D.

Professor of Psychology, American University

Certified Sex and Marital Therapist, Washington Psychological Center

Author of 72 professional articles, 20 book chapters, and 11 lay public books about relationships and sexuality, including the new release by Routledge, *Men's Sexual Health: Fitness for Satisfying Sex* (McCarthy & Metz, 2007).

The paradox of sexuality is that when sex is functional and satisfying, it contributes 15-20% to relationship health, but when sex is dysfunctional, conflictual, or avoided it plays an inordinately powerful role in draining intimacy and threatening relationship stability. Sex therapy research has not kept up with the research breakthroughs in the couple field, and has been largely ignored by couple therapists. This is a mistake for the field and the couples we serve. This presentation will focus on important issues in sexuality and sex therapy, with the hope of generating conceptual, empirical, and clinical interest in sex function and dysfunction.

Letter from the Student Co-Presidents

Dear Couple SIGers,

As we conclude our two years as Student Co-Presidents, we would like to thank the SIG for allowing us to serve in this position. It has been a joy to continue to get to know the remarkable people that make up this SIG, and we have been grateful for this opportunity to contribute to the functions of our group.

In particular, we would like to draw the SIG's attention to two efforts that we hope will become traditions. For this year's conference, we organized a student symposium on positive psychology in couples therapy and research. The student members of the symposium voted to select this topic, and we recruited exclusively student presenters for this symposium as well as a recent graduate to serve as the discussant. We are grateful that the Couples SIG sponsored this symposium, and we are thrilled to announce that the Program Committee has accepted it for this year's conference. To our knowledge, this is the first symposium that has focused on recruiting only students, and we are excited that both the SIG and the Program Committee have chosen to support this effort to acknowledge the excellent research that our student members are producing. We would also like to thank Andy Christensen for his support through the application process. Please attend this symposium as a sign of your own support! The student symposium on Positive Aspects of Relationship Functioning will be held on Sunday, 9:15-10:45, in Liberty A.

Our second effort has been to heighten the SIG's awareness of policies being considered and passed across the country that impact couples therapy and research. This proposal was described in the last newsletter, so we will not belabor the point here, but we do hope that future SIG officers will work together to introduce a continuing policy-based article in the newsletter. As decisions are made at local, state, and federal levels that impact our field, we hope that we will stay informed and become more involved in the decision-making process.

We would like to thank the SIG again for the opportunity to serve as Student Co-Presidents. We have truly enjoyed this experience, and wish the next Co-Presidents good luck.

Sincerely,

Eric & Brian

2007 COUPLES RESEARCH & THERAPY SIG COCKTAIL PARTY

Saturday, November 17th, 6:00-8:00pm
Independence Brew Pub (across the street from the Marriott)

For this year's SIG event we are continuing our new tradition of having a cocktail party and also bringing back our old tradition of having dinner together. Both will take place on Saturday night at the Independence Brew Pub (www.independencebrewpub.com), which is across the street from the conference hotel. The cocktail party will be from 6-8pm. We'll have the 2nd floor game room to ourselves to enjoy some appetizers like baked brie, bruschetta, chicken satay and tenderloin canapé while we socialize, shoot a round of pool and toss some darts. We're also hoping to put together a round of SIG trivia (please send any good trivia questions to Brian Baucom via email, bbaucom@ucla.edu). Dinner will take place as soon as the cocktail party ends in the downstairs dining area. There is no set menu for dinner; everyone can order whatever they would like off of the menu (which is on-line if you'd like to take a look). Please plan to join us for one if not both of these events!

Working with Couples Facing Compulsive Sexual Behavior: A Brief Overview of Therapeutic Considerations

Brian D. Zamboni

University of Minnesota Medical School

Compulsive sexual behavior (CSB) is common problem that many couples face. In this writer's own work in sexuality, well over 40% of presenting concerns relate to CSB. What is CSB? This can be difficult define, but consider this: CSB is any sexual behavior that is taken to an extreme or cannot be controlled and interferes with some aspects of an individual's functioning. CSB is also known as sexual addiction, which can be a controversial term. What most therapists should know is that there are more similarities than differences when it comes to CSB and sexual addiction. These are not the only two terms that have been used to describe this phenomenon, but experienced therapists and scholars in this area would tell you this that there is no right term. It is important to remember that there many different types of CSB (e.g., compulsive masturbation; multiple affairs) and there are different levels of severity. The varying diagnostic labels that have been used reflect the diversity of cases. Sexual Disorder NOS is the only diagnostic category in the *DSM-IV-TR* (2000) that fits this specific presentation. That said, clinical experiences and some research shows that most clients will have comorbid diagnoses. Good research in CSB is severely lacking, but some studies suggest that 31% of cases will have some type of depression, 33% will have some type of anxiety disorder, and 23% will have some type of substance abuse problem (Black, Kehrberg, Flumerfelt, & Schlosser, 1997). Other Axis I diagnoses (e.g., ADHD) and Axis II features or diagnoses may also be seen (Black et al., 1997; Montaldi, 2002).

Women who engage in CSB often show a pattern of serial or multiple love relationships. Note that these patterns are closely tied to how women are socialized with regard to sex (i.e., women are taught that sex occurs in a relational or emotional context). Some women with CSB are working in the sex industry. Men also show these patterns, but men also engage in several other types of CSB, such as compulsive masturbation, use of pornography, use of prostitutes, frequenting strip clubs, telephone sex, or various forms of internet-related sexual activity. For the purposes of this brief article, persons with CSB will be referred to as men because the vast majority of presenting clients are men (Leedes, 2001). Also, sex offending behavior that involves CSB will not be addressed because it is a complex topic beyond the scope of this piece.

Partners of men with CSB may have had suspicions that "something was going on" even if they do not know that the problematic behavior is related to sexuality. It is very common for partners to have no suspicions whatsoever. Indeed, many men present for treatment without their partner in attendance and these men will report that their partner knows nothing. When partners learn of his CSB, it is often by accident and sometimes the result of "detective work." For example, a partner might read his e-mail or look for the internet sites that he has visited (McCarthy, 2002).

Understandably, partners are often shocked, embarrassed, and angry. They feel betrayed and may blame themselves, thinking that they should have known or that they caused the CSB in some way. Partners often experience ambivalence and confusion about their partner or the relationship. Some partners will have legal concerns (e.g., is he doing something illegal), health questions (e.g., has he put me at risk for a sexually transmitted infection?), financial concerns (e.g., how much money has he been spending on CSB?), and social concerns (e.g., what do I tell my family or friends?). It is comparatively easier to talk about and get support for chemical dependency problems than it is to talk about CSB or sexual addiction (McCarthy, 2002).

In therapy, it is important to validate a partner's thoughts, emotions, and questions. As a partner, he or she will need a great deal of support (Corley & Alvarez, 1996; Matheny, 1998). This may involve a separate therapist or a self-help group such as COSA [www.cosa-recovery.org] or S-Anon [www.sanon.org]. There is disagreement about whether COSA is an acronym for 'Codependents of Sex Addicts' or 'Co-Sex Addicts'; be aware that these are pathologizing terms for partners and that they are not necessarily "codependents" or "co-addicts." That said, it is important as a therapist to be aware of any Axis I or Axis II features that a partner may have because such features may influence a partner's response to his compulsive sexual behavior. Some therapists or clinics may have their own partner support program. Some partners have also found support via Al-anon groups (Al-anon is the group devoted to friends and family members of individuals who are alcoholic).

Therapists should be aware of unhealthy relationship dynamics that can occur in the process of

recovery. For example, a man with CSB may feel the need to confess everything he has done. His partner may not be ready to hear this, particularly if he is inclined to divulge unnecessary specific details about his sexual acting out. In these situations, the men are often looking to assuage their own guilt. Similarly, some partners ask too many questions of the men, who may feel as though they are being “grilled” (McCarthy, 2002).

Therapists can help by providing several suggestions to couples struggling with these dynamics. First, some couples might benefit from agreeing to discuss the CSB and its related issues only on certain days and times of the week. This provides more structure to the recovery process and the couple can plan or prepare themselves for these discussions. Second, therapists might help couples by preparing them for “a process of disclosure.” This involves asking the man to make a list of his secrets and his partner to make a list of her questions. Ideally each list is reviewed by a therapist in individual therapy sessions before the couple starts to share their lists in couple therapy. The therapist can act as a moderator, but also join the relationship by asking questions of both individuals and offering feedback. Men may find this very difficult, particularly if they want to keep their secrets. Thus, this process requires considerable preparation and occurs over several therapy sessions. Regardless, for the health of the relationship, men must make a pledge to be honest with their partner and keep no more secrets.

Therapists might also find it useful to read the Patrick Carnes book *Don't Call It Love* (1991). Carnes, one of the individuals who promulgated the notion of sexual addiction and raised awareness of this overall phenomenon, describes further “partner tendencies” in this book. Furthermore, this book is a great candidate for therapists looking to recommend outside reading to couples whom they are seeing for CSB.

If the man with CSB only recently stopped his sexual acting out, a good rubric for therapy is for him to do a fair amount of individual therapy. The goals during this treatment should include identifying triggers and risk situations for CSB, setting boundaries, identifying cycles of CSB, going through CSB history, creating a better support system, defining healthy sexuality, and examining basic identity and intimacy functioning issues (Adams & Robinson, 2001). Medication and group therapy are often components of treatment as well. Individual therapy should be complemented with occasional couple therapy. As he progresses in his recovery, more consistent couple therapy is usually advised. These are basic guidelines, but every situation is different. Therapists need to gauge the needs of the relationship and of each individual. The timing and process of recovery will vary.

Finally, therapists should remember that CSB is a broad concept. Thus, therapists should take their time with the assessment of such presenting problems and understanding the sexual concerns fully. For example, a couple may present with CSB when it truly reflects a difference in values within the relationship regarding masturbation, pornography, or both. Some adults do not have CSB, but are instead struggling to reconcile their sexuality with religious convictions or cultural standards. Explain to clients that it is important as a professional to take time to understand problems fully, noting that sexual behavior is complex and varied, making it difficult to come to firm conclusions. With patience and a willingness to discuss sexual matters in an open way, therapists can work with couples to explore different ways of understanding the CSB, which can lead to many solutions for resolving the difficulty.

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TREASURER'S UPDATE

Dear SIGers,

It's getting to be that time of year again – the ABCT conference approaches and it's time to support our SIG. Dues are \$20 for professional members and \$5 for students, post-docs, and retired members. To become or remain an active member in the SIG, you should plan to pay your dues sometime this fall, either by mail to the address below or at the conference. Checks should be made out to Lorelei Simpson, with ABCT Couples SIG in the memo line. The current SIG balance is \$1500.85. We are using our current funds to update the website and plan exciting SIG events at the conference. Please remember to contribute so that we can keep it up!

Our membership continues to be strong – we have 120 members: 62 professionals and 58 students. Since the last newsletter we've gained 2 new members, and will hopefully have even more join at the conference, so encourage your students, post-docs, and colleagues to become part of or renew their membership in our active and exciting SIG!

And finally, if you're not already on it, remember to join the SIG listserv at www.couplessig.net/listserv.htm.

See you in November!

Lorelei Simpson, Ph.D.
Assistant Professor and ABCT Couples SIG Treasurer
Southern Methodist University
Department of Psychology
P.O. Box 750442
Dallas, TX 75275-0442
Phone: 214-768-2395
Email: lsimpson@smu.edu



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



Kudos to the following people...

K
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D
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S

Dave Atkins was recently promoted to Associate Professor in Clinical Psychology at Fuller Graduate School of Psychology.

Jennifer Langhinrichsen-Rohling received two honors this year: "Olivia Rambo McGlothren National Alumni Outstanding Scholar Award" as well as the "USA Dean's Lecture Award for Scholarship in College of Arts and Sciences".

Erika Lawrence was elected Vice President of Science in APA's Division 43 (Division of Family Psychology).

Elizabeth Allen is the proud mother of Benjamin, born 5/1/07. Benjamin was welcomed home by his big brother Nathan, who is having a great time in his new role.

K
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Get Whiz Wit in Philly!

Diana Coulson-Brown
Your Friendly Newsletter Co-Editor & Philly Tour Guide
Philadelphia College of Osteopathic Medicine

Alas, ABCT sets out to visit the birth place of racial harmony and religious tolerance! Although William Penn is no longer with us, his Quaker ideals laid a firm foundation here in Philly allowing us to hold bragging privileges for being housed in the very first multicultural state in the United States. More incredibly, Philly is the birthplace of the Declaration of Independence and the Constitution. Even further, prior to 1776 Philly had already established itself as the “City of Firsts.” We hold claims to the first public school (1689), the first public library (1731), the first volunteer fire company (1736), the first fire insurance company (1752), and America’s first hospital (1755).

While attempting to learn our unique lingo, I recommend you visit some of our unique places of interest as well. **Chinatown** is a short 4 blocks from the convention center. In Chinatown you will be greeted by many authentic restaurants including those serving Malaysian, Japanese, Vietnamese, Thai, and Chinese foods. If you’d like to show that you are acculturated, here is a pointer; pouring tea for someone is considered polite and gratitude is indicated by tapping the fingers of your right hand on the table while someone is pouring your tea.

Koreatown is located on 5th street in Olney. This section of Philadelphia houses the largest Korean American population in the area and is flourishing with businesses catering to the Korean American community. There is an excellent flea market in Koreatown where I have found some amazing authentic things for my home including an amazing Korean blanket (these are wonderful!).

Germantown is also one of my favorites and is located 6 miles northwest from center city Philly. William Penn recruited Quakers and Mennonites to create this little city and these two groups continue to be inhabitants. There is much history in Germantown as it is noted to be a settling place for the British during the American Revolutionary War as well as a hideaway for George Washington during the Yellow Fever Epidemic. Chubby Checker also claims Germantown as his former home. A word to the wise: the Schuylkill Express Way isn’t so express during the hours of 7-9:30 am and 4 to 6:30 p.m. so you may not want to visit Germantown during these hours.

City Hall is located 2 blocks from the convention center

JFK plaza is 3 blocks away.

Independence Hall and the Liberty Bell is 7 blocks from the hotel

Betsy Ross’ House is 11 blocks from the hotel

Penn’s landing is 12 blocks away

Franklin Institute Science Museum is 15 blocks

...and for all Rocky fans (or art fans)... the **Philadelphia Museum of Art** is approximately 21 blocks from the convention center...hum Rocky’s song and you will be at the bottom of the steps before you know it.

Finally, I speak of Philly’s claim to fame: The cheesesteak. While in Center City try Jim’s Steaks at 4th and South Street. Jim’s serves the original cheese whiz on their steaks. “Whiz wit” is the way to order it and means you want Cheese Whiz and fried onions. If you have a car I recommend you drive to D’Alessandro’s. It’s about 15 minutes from downtown and well worth the trip. D’Alessandro’s offers a huge combination of goodies to fill up a cheesesteak and the price is only 5 or 6 bucks while the sandwich is a foot long. The seating is limited but many of the locals come in for takeout. If there is a Phillies game many locals will be at D’Alessandro’s early to get a counter seat to watch the game and if this is the case you are out of luck for seating (good thing the convention is in November).

I can’t wait to see all of you!

2007 ABCT Convention Couple-Related Events Schedule

Event	Day	Time	Location	Program Page #
~ <i>Symposium 8: Intimacy in Couples: Conceptualization and Measurement of Intimacy Development, Maintenance, and Deterioration</i>	Friday	9:00-10:30 a.m.	Grand Ballroom F	68
~ <i>Symposium 18: Relational Process and the Treatment of Depression: When Do Couple and Family Interventions Affect Depression?</i>	Friday	10:45-11:45 a.m.	Grand Ballroom H	88
~ <i>Poster Session 4B: Couples</i>	Friday	12:15-1:15 p.m.	Franklin Hall	106
~ <i>Couples Research and Therapy SIG Meeting</i>	Friday	1:45-3:15 p.m.	Room 403/404	49
~ <i>Symposium 44: Anxiety: A Key Component of Problematic Couple Interactions and Relationship Therapy</i>	Friday	3:30-4:30 p.m.	Grand Ballroom H	143
~ <i>Poster Session 7A: Couples, Marriage</i>	Friday	4:00-5:00 p.m.	Franklin Hall	146
~ <i>Workshop 13: Contemporary CBT with Couples and Families: A Schema Enhanced Approach</i>	Saturday	9:00 a.m.-12:00 p.m.	Grand Ballroom I	37
~ <i>Symposium 52: Biology, Physiology, and Health Behavior: Implications from Basic Science to Relationship Functioning</i>	Saturday	8:30-10:00 a.m.	Liberty A	158
~ <i>Symposium 66: Challenges and Triumphs in Applying Different Methodologies to the Study of African-American Couples Relationships</i>	Saturday	10:15-11:15 a.m.	Liberty B	187
~ <i>Symposium 67: Innovative Assessment Strategies for Investigating Interpersonal Violence</i>	Saturday	10:15-11:45 a.m.	Room 407/408/409	187
~ <i>Clinical Round Table 6: Behavioral Marital Therapy: Can We FAP It Up?</i>	Saturday	10:30 a.m.-12:00 p.m.	Independence Ballroom II & III	189
~ <i>Symposium 76: Using Community Resources to Assist Couples</i>	Saturday	12:15-1:45 p.m.	Liberty A	205
~ <i>Poster Session 12A: Family Functioning</i>	Saturday	1:30-2:30 p.m.	Franklin Hall	221
CONTINUED ON NEXT PAGE!!!				

2007 COUPLES RESEARCH & THERAPY SIG BUSINESS MEETING



Please be sure to attend!!



Friday, November 16th, 1:45-3:15pm
 Room 403/404 ABCT Convention Hotel (Marriott)

2007 ABCT Convention Couple-Related Events Schedule Continued...

Event	Day	Time	Location	Program Page #
~ <i>Symposium 89</i> : Self-Concept and Interpersonal Violence: Beliefs About Self and Others in Understanding Violence	Saturday	2:15-3:45 p.m.	Liberty B	235
~ <i>Symposium 93</i> : The Potency of Commitment in Predicting Couple Outcomes: Accumulating Evidence and Implications for Interventions	Saturday	2:30-4:00 p.m.	Grand Ballroom G	238
~ <i>Symposium 95</i> : Behavioral Couples Therapy for Addictive Disorders: New Applications	Saturday	2:45-4:15 p.m.	Grand Ballroom J	240
~ <i>Symposium 99</i> : Understanding the Developmental Course of Physical Aggression in Marriage	Sunday	8:45-9:45 a.m.	Room 407/408/409	260
~ <i>Symposium 105</i> : The Effect of Social Support on Conflict and Marital Satisfaction	Sunday	9:00-10:00 a.m.	Liberty C	265
~ <i>Symposium 109</i> : Positive Aspects of Relationship Functioning	Sunday	9:15-10:45 a.m.	Liberty A	275
~ <i>Symposium 124</i> : Innovative Behavioral Research Methods in Couples Research	Sunday	11:00 a.m.-12:30 p.m.	Liberty A	294



2007 COUPLES SIG SPONSORED STUDENT SYMPOSIUM

“Positive Aspects of Relationship Functioning”

Sunday, November 18th, 9:15-10:45am

“Liberty A”, ABCT Convention Hotel (Marriott)



Featuring presentations by Amy Meade, Katherine Williams, Laura Evans, and Lydia Mariam

Discussant: Cameron Gordon

Chaired by Eric Gadol and Brian Baucom, Couples SIG Student Co-Presidents

Surf the Internet without guilt!

Visit the ABCT Couples SIG website:
www.coupllessig.net

Thanks to Nikki Frousakis for serving as our webmaster!

HOT OFF THE PRESS

In Press and Recently Published Literature

- Atkins, D. C., & Gallop, R. J. (in press). Re-thinking how family researchers model infrequent outcomes: A tutorial on count regression and zero-inflated models. *Journal of Family Psychology*.
- Atkins, D. C. (in press). Regression. In W. A. Darity (Ed.), *International Encyclopedia of the Social Sciences, 2nd Edition*. New York: Thomson/Gale.
- Atkins, D. C. & Marin Cordero, R. (in press). Infidelity. In W. A. Darity (Ed.), *International Encyclopedia of the Social Sciences, 2nd Edition*. New York: Thomson/Gale.
- Brock, R. L., & Lawrence, E. (in press). A longitudinal investigation of stress spillover in marriage: Does spousal support adequacy buffer the effects? *Journal of Family Psychology*.
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- Hamberger, K., & Langhinrichsen-Rohling, J. (in press). Antisocial disorders and domestic violence: Treatment considerations. In A. Felthous & H.Sass (Eds.) *International Handbook on Psychopathic Disorders and the Law*.
- Heru, A., Stuart, G.L., & Recupero, P.R. (in press). *Family functioning in suicidal inpatients with intimate partner violence. The Primary Care Companion to the Journal of Clinical Psychiatry*.
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Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Spring/Summer 2007

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Couples and Health: An Exciting Opportunity to Marry the Fields.

Tina Gremore¹, Nicole Pukay-Martin¹, Don Baucom¹,
Laura Porter², Jennifer Kirby¹, Frank Keefe²,
and Jasmine Hudepohl¹

¹*University of North Carolina at Chapel Hill*

²*Duke University Medical Center*

If you are reading this article, there's a good chance you are interested in conducting research with or are treating couples. You may be thinking, "What does a health article have to do with me? I'm a couple researcher!" Good, keep reading and we'll tell you! We'd like to introduce you to the couples and health area, if you are not already acquainted with it. We'll tell you about our latest venture into the health arena with our couples and breast cancer intervention, why couple researchers are so important in working with couples with health issues, and how you might break into this area if you find your curiosity sufficiently piqued.

For most of us, our core training in the relationship domain is based on the fundamentals of relationship functioning, enhancing adaptive relationships, and alleviating discord among the maritally dissatisfied. In Cognitive Behavioral Couple Therapy (CBCT), our focus has been primarily on assessment and intervention of important behaviors, cognitions, and affect while couples develop and change over the course of a relationship.

If we look at couples from a developmental perspective, they will undoubtedly confront a variety of stressors and challenges. As couple therapists, we strive to understand adaptive and healthy ways to confront normal developmental stressors such as relating to in-laws, having and raising children, dealing with finances, balancing demands of careers, transitioning to retirement, as well as coping with end of life issues. In addition to these common stressors, some couples must also deal with atypical stressors that are a bit outside normal developmental milestones. Complicating life factors such as psychopathology (either with their spouse or with other family members), interpersonal traumas such as infidelity, childbearing difficulties or infertility, provision of care to an ailing relative, and health issues within the couple constitute more than just typical garden-variety distress and can create many challenging situations for couples and their families. As couple therapists, we must recognize these complicating factors and develop ways of conceptualizing these stressors and aiding couples with effective ways of coping with them.

CONTINUED ON PAGE 3

Couples SIG Newsletter Editors:

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

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

Letter from the Co-Presidents

There have been many SIG-related activities since the last newsletter, including newly elected SIG officers, award presentations, and several SIG-related events at the conference in Chicago. In this column, we will fill you in on each of them, as well as give you a hint of things to come.

First, at the 2006 conference, we elected a **new Treasurer/Membership Chair**, Lorelei Simpson. We are very grateful for Lorelei for stepping up for this important role in the SIG!! If you need to contact Lorelei, her email is lsimpson@smu.edu. We also want to express our appreciation for all the service that Shalonda Kelly provided in this role over the last two years. She did a great job with the various duties of the position. Tasks like tracking contact data and collecting dues from the busy members of our large SIG are probably a bit like herding cats, so kudos to Shalonda for her hard work.

Weiss Graduate Student Poster Awards were also presented at the 2006 SIG meeting. There were two first place winners, each awarded \$125: (1) Janette L. Funk mentored by Ronald D. Rogge at the University of Rochester for the poster "Can we detect change over time? Assessing the sensitivity to change in marital satisfaction measures" and (2) Soonhee Lee, who presented "Moving beyond the limitations of self-report data: Validation of an implicit measure of relationship satisfaction" with Ronald D. Rogge and Harry Reis. Third place (and \$50 award) went to Lindsey A. Einhorn, mentored by Howard J. Markman and Scott M. Stanley of the University of Denver, for the poster "The impact of economic strain on marital satisfaction." Thanks to all the committee members for their review of the candidates and congratulations to the students for their excellent work!

There were also several excellent **SIG-sponsored events at the 2006 conference**. We want to thank Matt Sanders for the excellent preconference event "The Dissemination of Evidence-Based Family Interventions: Lessons Learned," Brian Doss and Erika Lawrence for moderating the panel discussion on incorporating couple and family processes into the DSM-V, and Kristi Coop Gordon and Amy Holtzworth-Munroe for moderating the panel discussion on empirically supported treatments in couple and family therapy. These events were very stimulating and generated much productive dialogue among members of the SIG and others.

The Couples SIG was also represented by four excellent posters at the **SIG Exhibition and Cocktail Hour**. We would like to thank Keith Sanford, Laura Watkins and colleagues, Kathryn Carhart & Felicia Pratto, and Michelle Leonard and co-authors for presenting their work in this forum.

We are already looking forward to next fall's conference in Philadelphia! SIG members weighed in on topics of interest for this year's preconference event both at the November meeting and through subsequent emails. Out of all the suggestions, sex proved to be most popular (surprising?). We are very fortunate to announce **this year's preconference event: "Integrating Psychobiosocial Sex Therapy Techniques into Couple Therapy"** by **Barry McCarthy, Ph.D.** Dr. McCarthy is a clinical psychologist, a professor of psychology at American University, a certified sex and marital therapist, and the author of 71 professional articles, 19 book chapters, and 11 lay public books about relationships and sexuality including Metz and McCarthy's "Coping with Erectile Dysfunction" (which won the Society for Sex Therapy and Research consumer book of the year) and the 2007 book "Men's Sexual Health" by McCarthy and Metz. Please be sure to come to this seminar on the evening of Thursday November 15th in the conference hotel (exact location and times TBD).

Several ABCT-wide changes and future happenings were announced at the SIG Leaders meeting that we want to pass on to you. First, the ABCT board will be meeting in June 2007 to discuss the organization's 3 year strategic plan. If you have input on ABCT that you would like considered at this meeting, please let Sarah and Beth know, and we will pass this along through the SIG liaison. Second, David Reitman, the Behavior Therapist editor, encouraged SIG members to submit articles to be published in tBT. tBT is abstracted on PsycInfo and peer reviewed. Finally, to keep you abreast of what ABCT governance is working on, they have announced 4 ABCT mission points: 1. Providing a professional home to our members (SIGs like ours are playing a key role in meeting this goal). 2. Spread the voice of CBT more broadly. 3. Improve our governance structure. 4. Improving technology (e.g., the listserv, the ABCT and SIG websites). In response to the fourth mission point, the SIG leaders put forth a general plea that SIGs receive some help with our websites from ABCT; right now that doesn't look like it will happen but the request was loud and clear.

Again, feel free to contact us with any feedback or comments that you may have. Have a great summer!

- Sarah Whitton and Beth Allen

Editors' Note

Break out your kites and bikes but watch out for mosquito bites! Spring has sprung and with it comes the birth of a new edition of the Couples SIG Newsletter.

A collection of prominent leaders in our field have contributed to this inspiring edition of the SIG Newsletter. Tina Gremore and her colleagues at UNC and Duke and Sara Bauer and Tammy Sher at IIT have contributed wonderful articles on health-related intervention research in the couple field. In addition, Rise VanFleet, a leader in the Filial Therapy field, has contributed an inspirational article highlighting this unique form of family intervention. We owe thanks to our contributors who have donated their time, effort, and commitment to the SIG. We'd also like to thank all who responded to the call for "Kudos" and "In Press" information!

With open arms, but saddened hearts, we are approaching our fourth and final newsletter with the SIG. With Will and Diana both burning midnight oil to work on their dissertation projects and Diana giving birth to her first child (Fiona Laurenn Brown) on April 30, we welcome a shift to neutral gear as we wind down the mountain but will surely miss our semiannual contribution to the SIG!

For our final newsletter we will focus on the 2007 ABCT Convention and hope to gather articles pertaining to sexual issues in couple research and therapy, which is the topic of our SIG preconference event. Please feel free to pass on your ideas for the fall edition of the newsletter!

- Diana Brown
and Will Aldridge

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

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

"COUPLES AND HEALTH" FROM PAGE 1

Broadly speaking, couple researchers have given less attention to how to work with couples around health and medical issues than they have with other age appropriate developmental stressors. Health problems can be very difficult for couples to address; they often engender emotional reactions such as fear, guilt, and/or worry for themselves as individuals as well as concerns about their relationship. Health problems also may necessitate adjustments in the couple's lifestyle. For example, health declines may cause functional impairment resulting in inability to work and creating financial stress for the couple. Severe functional impairment may require one partner to move into a caregiving role, significantly shifting the couple's relationship.

Additional distress and challenge occurs for couples when the health stressor is not age appropriate. For example, when a woman in her early 30s develops breast cancer, the diagnosis of cancer at this young age is not only psychologically traumatic, but it also often involves aggressive medical treatment. Current medical treatments are very effective in lengthening survival; however, they can have deleterious psychosocial consequences. Couples may be faced with issues such as infertility, early menopause, concerns about body image, difficulty with sexual intimacy, and fears of recurrence, not to mention the ways the partners' quality of life are affected by these issues. How do we help couples deal with these disruptive health stressors that have vast implications for the physical and psychological health of the patient, her partner, and her family?

In this article, we focus on how relationships can be complicated by medical problems, and we ask the question: do you have to be a full-fledged health psychologist and medical expert to help these couples coping with medical issues? We think the answer is NO (whew!). Furthermore, couple therapists bring an expertise to the table that we believe is helpful in the medical psychology/health arena, specifically to couples coping with medical difficulties. What we also find promising is that there appears to be an increased awareness of the need to include couples experts in the care of patients with medical illness, both within the medical field as well as with funding agencies such as the National Institute of Health. In fact, we are currently in Year 4 of a 5-year study funded by the National Cancer Institute to examine the effects of a couple-based intervention for women with breast cancer and their partners. Thus, many of the examples in this article come from our understanding of breast cancer; although we believe that our work with cancer patients illustrates only one area of health that can benefit from the contribution of couple researchers. Moreover, the general principles we will discuss have applications to any health issue.

Why intervene on the couple level for health problems?

It may not be immediately clear how a couple-based intervention can benefit individuals with a medical disorder. A common response we might hear from couples approached for such an intervention is, "If I'm sick with a medical problem, why would I need a psychological intervention with my partner?" Additionally, someone in the medical world might wonder why a couple intervention would be indicated when an individual has a medical problem. Well, there are several reasons. Broadly speaking, a medical disorder occurs within the context of the couple's relationship, and the couple's dynamics influence how the couple copes with physical illness. Singing to the choir, we all know that the environment influences behavior, in both positive and negative ways. Intervening with the couple gives us a chance to affect the environment in helpful ways and to use both individual and couple level strengths to optimize the physical and psychological health of the individuals in addition to enhancing

the couple's relationship. We have an opportunity to teach couples how they can enhance their efforts together as a team and use their relationships as a resource to address medical problems. We can help them conceptualize the challenges they will likely encounter, and address the disease as a couple rather than viewing it as an individual problem.

Intervening at the couple level for medical issues may be important because couples may not understand the centrality of the relationship to effective coping. Specifically, the partner may not appreciate that this is a "couple level issue" and that working as a team can contribute to optimal recovery. Medical diagnoses such as heart disease and diabetes provide good examples of how the relationship context could be detrimental if both spouses do not engage in couple-level coping. For example, imagine that the male partner of a dyad is diagnosed with heart disease, and his physician recommends lifestyle changes. His wife, although concerned about his health, views this diagnosis as her partner's medical problem; she may think, "If he cares about his health, he had better change his lifestyle." She does not have the genetic pre-disposition for heart disease, so she has been able to eat a high fat diet without obvious negative health consequences. Subsequently, she sees no need to alter her eating behavior or exercise. Since she does most of the grocery shopping, she purchases the foods they have always eaten which are high in fat and contraindicated in her husband's "heart healthy" diet. Thus, he will be apt to consume the unhealthy choices that are habitual for him as they are easily accessible in their home and served for dinner most nights. On the other hand, if both partners were to view his medical condition as a couple's issue, they may think of a lifestyle change as important for their well-being as a couple. Perhaps she would be more motivated to work together to increase her health behaviors by decreasing her fat intake and increasing exercise, thus creating support for him around initiating these changes which may in turn be more helpful in building and maintaining his motivation. At a very practical level, aiming at the same health and lifestyle goals might influence the foods they choose to keep in their home, making it less likely that either would have easy access to choices that are not heart healthy. Although making some lifestyle changes are extremely difficult, couples working as a team may enhance their capacity to make meaningful adjustments to promote and sustain their individual health as well as their health as a couple (Sher & Baucom, 2001).

As clearly illustrated in the example above, the directives for behavior change do not occur in a vacuum, but rather in a social context of which the partner is a huge part. Partners can help facilitate change or create barriers; even when partners recognize that the illness is a couple level issue, their impact can be inadvertently negative when they are trying to be helpful. For instance, in satisfied relationships in which one person has osteoarthritis, research has shown that very well-meaning partners can inadvertently interfere with pain

management. Especially when they are happy in their relationship, partners do not like seeing their sweeties in pain and want to help their partner with tasks that might cause pain. There is a tendency, therefore, for healthy partners to take on many of the daily tasks that require physical activity. Although in the short term these caring partners decrease their partner's pain from movement, in the long run, they can upset the delicate balance between activity and rest by doing too much for their partners. These concerned partners can inadvertently decrease the activity of an arthritis patient to the point that it creates more pain for them in the end (Keefe, Caldwell, Baucom, Salley, Robinson, Timmons, Beaupre, Weisberg, & Helms, 1996; 1999).

Furthermore, if we think about the importance of spousal social support in coping with difficulties and distress, we have another reason to intervene on the couple level. Of the relationships one has in his or her lifetime, the marital relationship is one of the most significant. Research shows that spousal support may play a unique role in adjustment; people often describe their partner as the first person they go to when things are tough, and other sources of support do not seem to be able to compensate for deficits in spousal support (Julien & Markman, 1991). When women are diagnosed with and treated for breast cancer, they often comment that emotional support from their spouse is a key component of their well-being during and after the breast cancer. Conversely, women with breast cancer experience distress if they perceive that support is not forthcoming from their partners (Manne, Ostroff & Winkel, 2005). Additionally, not only do women with breast cancer need support, but their partners often need support as well. Interestingly, men often engage in protective buffering and inhibit expressing their thoughts and feelings related to the breast cancer, presumably so they will not "burden" their wives. However, research shows that the opposite behaviors seem to be more helpful. Increased levels of expression from males is associated with positive outcomes; women feel more supported when their husbands are sharing their own emotions with the women, specifically around the breast cancer (Manne, Sherman, & Ross, 2004). Thus, communicating openly about the impact of breast cancer seems to be more beneficial than trying to protect each other from negative feelings. These findings point out what we often experience clinically; partners want to be of help and be supportive, but they do not know what is helpful. As relationship experts, we can help them understand how to be of assistance to their loved one.

What do we know as couple therapists that we can bring into the health arena?

Part of the unique perspective we bring is our understanding of how couples can cope as a team with medical stressors. Couples may not have all of the necessary resources to figure out how to optimize their coping during this time, especially if they are dealing with life-threatening, physically-demanding, and time-

consuming medical interventions. That's where we come in! We can tailor our clinical intervention to the challenges couples are facing, educate them with regard to what to expect, and teach them how to optimize their adjustment and maintain a positive quality of life in the face of this medical difficulty. We guide them through conversations to elucidate the issues and conceptualize the problems they encounter. We normalize and validate their experience and promote understanding of the ways in which they can support and care for each other. We aid in providing a psychological and relational understanding to their medical diagnosis and treatment. We can encourage them to use positive and adaptive ways to cope with very challenging medical stressors, reinforce the positive ways they are currently coping, and teach them skills that promote optimal functioning.

As couple therapists, we understand the system within which the couple operates and can use this understanding to bolster the resources of the couple and to help them to optimize their adaptation to a health stressor. Often, each partner is the other's biggest advocate; we have the opportunity to affect the closest person and, therefore, the context within which the medical disorder operates. We understand the importance of support behaviors and can assist couples in determining what would be most helpful for each partner while dealing with the medical stressor. We can educate the partner with regard to specific ways to help the patient. We also understand when ineffective communication may interfere with optimal functioning; thus, we can identify barriers and intervene to decrease unproductive interaction patterns.

Principles of adaptive and healthy relationship functioning continue to hold when one person in the dyad must face life with a medical illness. As couple therapists and researchers, we have a great deal of knowledge about how people should love, support, and communicate with each other; nothing about having a health problem changes that! Having a medical problem accentuates the need to use good relationship skills to best adapt in a psychologically healthy way that will promote the physical and emotional health of both partners. Our general couple's principles provide a course of action regarding how to help couples use their best resource, their relationship, to adapt to the demands of the health stressor.

One of our goals as couple therapists, and this applies to health issues, is to decrease behaviors that we know are maladaptive and unhelpful. In all contexts, criticism, disdain, contempt, chronic avoidance/withdrawal, and inappropriate emotional over-involvement are negative predictors of relationship satisfaction. These behaviors continue to limit and deter couples from joining together when medical problems are present. General principles of couple's therapy may be needed to teach more adaptive communication skills centered on how the couple regulates negative affect, shares thoughts and feelings, and makes decisions around the medical concern.

On the positive end of the spectrum, we know that when couples use open and constructive communication skills, each partner feels: (a) safe to express his/her thoughts and feelings; (b) heard and understood while communicating; (c) safe to talk about what they need and to problem solve about how to meet those needs in healthy ways; and (d) intimate and connected emotionally. Ideally, when couples are functioning at an optimal level, each individual feels supported, validated, accepted and respected for his/her individuality and unique contribution to the relationship. Healthy couples have a collaborative rather than a competitive style. Happy couples share positive and enjoyable recreational activities that promote closeness and connection as a couple. Also among psychologically healthy couples, balance and equality is valued, and the relationship creates a context that fosters both individuals' growth. Roles are somewhat flexible, such that during times of stress, partners can shift responsibilities to take care of a partner in need. For instance, if a medical problem produces functional impairment and there is a persistent imbalance in role responsibilities, the healthy couple approaches this shift mindfully and intentionally. They may negotiate new ways to contribute to the relationship so that they each feel valued and respected. Decreasing negative and enhancing positive ways of relating may be important in helping the couple utilize all of their individual and relationship resources to address the demands of the medical illness.

Ok, you've convinced me that this is important and needed; how do I develop a couple-based treatment for a medical problem?

Within the couples and health arena, you have the opportunity to develop creative interventions as another way of helping equip couples for the wide variety of challenges they will face in navigating life. To begin this creative process, your first task will be to conceptualize how you want to intervene with the medical disorder.

Baucom, Shoham, Mueser, Daiuto, and Stickle (1998) outline the ways in which couple- and family-based interventions can be applied in different ways, depending on the presenting difficulties and issues confronted by the couple or family. These authors describe three different categories of couples based treatments: general couple therapy, disorder-specific couple intervention and partner-assisted couple intervention. If a couple is not satisfied with their relationship, the explicit focus of treatment is to intervene on the distressed relationship. In this case, general couple therapy is indicated and various forms have been deemed efficacious or possibly efficacious for treating relationship distress (e.g., BMT, EFT, Insight-oriented). However, for couples presenting with medical difficulties, disorder-specific and partner-assisted interventions will be helpful regardless of couple distress.

A disorder-specific intervention for health focuses on the ways in which a couple interacts or addresses situations related to the individual's medical diagnosis. This type of intervention explicitly targets relationship issues that might contribute to positive coping, or the maintenance or exacerbation of the medical problem as well as psychological and relationship issues secondary to the medical problem. Especially among couples who are not distressed, disorder-specific interventions can help couples increase awareness of some of the challenges they will encounter and provide a supportive context within which couples can discuss how to address these issues together. These interventions can also help couples to enhance and build on their current relationship tools to optimize positive communication and support. From our couples and breast cancer research, we know that how the couple deals with the diagnosis and treatment of breast cancer as a couple has implications for each partner's individual psychological and emotional functioning as well as the quality of their relationship (Baucom, Heinrichs, Scott, Gremore, Kirby, & Zimmermann, et al., 2005; Scott, Halford, & Ward, 2004). Initial findings from our breast cancer study indicate that global relationship quality does not predict adjustment to breast cancer; however, the quality of communication and partner responses to breast cancer does predict women's adjustment (Porter, Baucom, Kirby, Gremore, & Keefe, 2007). These findings clearly indicate that a strong relationship is simply not enough to get a couple through this challenging time! The couple must react in specific and appropriate ways to foster their effective coping. Clearly, this responsibility highlights the importance of a targeted intervention that guides couples through the challenges of coping with medical illness.

As an example of what a disorder-specific health intervention might look like, our breast cancer intervention targets how the couple can share thoughts and feelings about breast cancer to increase instrumental and emotional support, as well as how the partners can use good decision-making skills to navigate the life changes associated with having breast cancer. Because sexuality and body image are common concerns among patients with breast cancer and their spouses, we emphasize the ways couples can use support and decision-making skills to understand and adjust to the changes they may experience in these domains. Depending on the needs of the couple, the intervention may involve teaching patients to relate differently around issues of sexuality and/or may involve providing psycho-education regarding the effects of chemotherapy and hormone-inhibiting drugs on sexual desire.

Although the experience of breast cancer involves numerous challenges, many couples also report "post-traumatic growth" or that their values and their priorities in life have changed as a result of having cancer. In our couples-based program for breast cancer, we specifically target trying to maximize growth by having couples reevaluate their priorities and make behavioral

changes to live consistently within those values whether they are to work less, spend more time with family, etc. In essence, from a cognitive-behavioral perspective people are developing different standards in life with the attendant need to translate those into specific behaviors. As cognitive behavioral therapists we know a great deal about how to help couples through this process to create meaningful change out of their experience with illness.

In addition to disorder-specific interventions for non-distressed couples, partner-assisted interventions can be beneficial when working with an individual with health issues. In this type of intervention, the individual with the medical illness is the identified patient, while the partner plays the role of surrogate therapist or coach in assisting the patient. The partner is instructed on how to best support the person with the medical illness as he/she attempts to make the necessary health behavior changes. In this way the marital relationship helps to support the treatment plan by providing an in-home "coach" to help the patient follow the medical plan; the marital relationship is not the target of the intervention per se. For instance, when a person has severe type 2 diabetes, he/she must check insulin levels and administer insulin shots if oral medications have been ineffective. Using a partner-assisted intervention model with a spouse with diabetes, the partner is taught to encourage the patient to monitor his/her blood sugar and take prescribed medication. The partner serves as a coach to encourage the patient to follow-through with his/her treatment plan. With this type of intervention, the partner reinforces the individual's appropriate health behaviors, but the intervention does not target or significantly alter how the couple interacts around the disease beyond the partner being a coach or cheerleader.

Using disorder-specific and partner-assisted interventions assumes that the medical problem occurs in the context of a satisfied, well-functioning relationship. But, you might ask, what do I do if the couple is distressed? Well, if you are following a research protocol that does not directly address relationship distress, you do your best to stay within protocol guidelines and refer the patients to couple therapy. If you are in clinical practice or have the freedom to be more creative, then you will want to do general couples therapy, often first, with the goal of addressing the marital problems and increasing the ability of the couple to work together effectively around the disorder. However, the extent to which you intervene on the relationship distress will depend on the level and impact of the distress within the couple. Is the distress directly contributing to the health problems or interfering with optimal management of the disease? If so, treat the relational distress. Can the couple work together to face the disease despite their difficulties? If yes, target the disease first; in fact, learning to work together as a team to approach a medical problem often may be very beneficial to a maritally distressed couple. As a general rule of thumb, treat the distress to the extent that it interferes with the disorder-specific or partner-assisted intervention.

How do I enter into the medical world - do I need to become an expert in a disease to treat a couple with a medical disorder?

We think it is important to expand and develop some new areas of expertise if you work with couples experiencing health concerns. However, the medical knowledge you will need is not insurmountable. You certainly do not need to obtain a biology or medical degree in your spare time to move into the couples and health arena! Venturing into the medical world can be daunting, but if you find people to collaborate with (who presumably know what they are doing!), a voyage into the health arena will take you into a new world. We are confident that you will discover that you have a huge knowledge base of psychological and couple principles with a great deal to offer in the couple and health area! This is not to say that you will not have to learn anything about the medical disorder. You will need to have a basic understanding of the health stressor and the context within which it is operating; specifically, you need to know enough information to develop and carry out appropriate interventions tailored to the specific disorder. You need to understand the physical and psychological consequences of the disorder on the individual and couple level.

Good couple-based health interventions will undoubtedly incorporate an educational component, so you need to know enough about the disease to educate patients and their partners about the medical aspects of the disease and treatment, what they can reasonably expect in the coming weeks, months, and years, and how they can approach this illness as a couple. You need to be well versed enough in the disease and its effects to be able to choose relevant couple principles and incorporate them into treatment. Thus, you do not have to be an expert, but you must possess enough basic knowledge that you can effectively apply your sophisticated couple therapist skills in an appropriate intervention.

In addition to learning about the medical disorder, another challenge you will face is determining the experts with whom you need to collaborate. Depending on the disease you focus on, you may need experts from the medical field, health psychology, and other disciplines to create a team of professionals who have the collective knowledge base to develop and carry out a clinical intervention. You are going to need experts from the environment in which you will do your recruitment. This is essential, especially if you are making a move from a psychology department to recruit in a hospital setting. You will have to learn how to operate in the medical culture, and a person who "lives" in this world can be your guide for figuring out how to navigate this environment. Recruitment is often the most difficult aspect of clinical research, and optimizing your efforts by forming collaborative relationships with the medical team is essential to getting your couples and health research off the ground. In short, find someone

who knows and understands the disease you want to work with, as well as the medical environment. You understand relationships, he/she understands the disease, and you can form a strong partnership to take on a new area of couples and health together.

Okay, so have we convinced you yet? Are you running to find the nearest medical expert with whom you can collaborate? Well, we are confident that, as couple researchers, we have a great deal to offer the medical field. We believe that our field's knowledge and application of couple principles can greatly improve quality of life for individuals and couples as they deal with a medical illness. In fact, we think that keeping our knowledge to ourselves is doing a disservice to those who eventually must face a medical diagnosis. We hope that someday we will have as many psychological and couple-based interventions as there are types of medical illnesses, thus enhancing many people's quality of life- let's help everyone thrive! With your couple-based training, you have the skills to help us in this endeavor. After reading this article, you know the basic ideas involved in moving to the health arena. So, if you are interested and your curiosity is piqued, come join us in this exciting new extension of couple research and intervention!

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TREASURER'S UPDATE

Dear SIGers,

First, I'd like to thank Shalonda Kelly for her two years of service as the SIG Treasurer. She did a great job keeping up with our finances and membership. Thanks Shalonda!

Second, I'd like to introduce myself as your new SIG Treasurer. Please email me at lsimpson@smu.edu if you have any comments or recommendations or have updates on title/affiliation changes or contact information for our membership list.

It was great to see so many people in Chicago this past year – we now have 118 members, of whom 62 are professionals and 56 are students. In the past year we gained 23 new student members and 2 new professional members. Welcome!

Dues remain at \$20 for professional members and \$5 for students, post-docs, and retired members. If you didn't get a chance to pay your dues at the last conference, please mail a check made out to Lorelei Simpson, with ABCT Couples SIG in the memo line, to the address below and I'll send you a receipt by email.

Prior to the 2006 conference, our SIG balance was \$1339.98. In 2006 we deposited \$2212 into our account. At the conference we paid out \$1211.13 for our cocktail party, \$300 for student awards, and \$550 for the pre-conference speaker, leaving our current SIG balance at \$1490.85. Thanks to everyone for supporting our SIG!

And finally, if you're not already on it, remember to join the SIG listserv at the www.couplessig.net. See you in November!

Lorelei Simpson, Ph.D.
Assistant Professor and ABCT Couples SIG Treasurer
Southern Methodist University
Department of Psychology
P.O. Box 750442
Dallas, TX 75275-0442
Phone: 214-768-2395
Email: lsimpson@smu.edu

Don't Forget to Pay Your Dues!



Our SIG Needs Your Support!

The Use of Filial Therapy to Help Families Experiencing Traumatic Events

Risë VanFleet

*Family Enhancement & Play Therapy Center
Boiling Springs, PA*

Five-year-old Cassie was playing with her mother during a special playtime in their home. She placed several of the dark green soldiers behind a mountain she had created from several blocks. She then lined up some toy military jeeps and trucks, pretending that they were under attack by the invisible “bad guys.” Imaginary bombs fell from the sky and the jeeps and trucks were overturned. As she played, her mother watched carefully and commented, “Those soldiers are hiding... the trucks are under attack! The soldiers are fighting the bad guys! They’re getting hurt!” Cassie looked at her mom and smiled, “Yeah! They can’t see the bad guys—they’re very sneaky.” Her mom replied, “The bad guys are trying to trick those soldiers.” Cassie’s play continued, and eventually the soldiers emerged from behind the mountain, shot their guns all around the area, and then put the jeeps and trucks back on their wheels. Cassie said, “They’re strong soldiers.” Her mother replied, “They’re strong and know how to fight the bad guys. They are keeping everyone safe.”

This excerpt describes a special Filial Therapy play session held in Cassie’s home with her mother. Her father was serving in the military in Iraq at the time. Cassie was using the natural developmental process of play to communicate and comprehend something that was happening to her family. Her play seemed to show her awareness and anxieties about the war in which her father was engaged as well as giving her an opportunity to master her fears. Her mother was providing this opportunity by her acceptance and empathy. She permitted the play and showed that she understood it. These weekly play sessions had reduced Cassie’s night terrors and daytime tantrums, all of which seemed to be related to her father’s deployment. Her mother reported feeling less anxious herself, as she was able to do something that helped Cassie with her feelings and reactions.

The approach that Cassie’s mother used is called Filial Therapy. This family therapy approach uses special parent-child play sessions to help children with a wide range of problems and to help parents understand and respond to their children in more beneficial ways. Cassie’s difficult behaviors began to subside after just four such play sessions, and she began to resemble the happy-go-lucky five-year-old she had been prior to her

father’s deployment after just eight play sessions. When her father returned after a year in Iraq, he held special play sessions with her as a way of getting reacquainted.

With 45 years of clinical use and research behind it, Filial Therapy is rapidly gaining recognition and respect as a powerful tool for helping families with a wide range of child-related and parenting problems. The numbers of clinicians who are using it and researchers who are studying it have been growing at a faster rate than ever before. It is particularly well-suited for use with families who must cope with trauma, including single-event traumas as well as chronic trauma, such as child maltreatment. Filial Therapy has been used for families who have suffered from car accidents, home fires, natural disasters, terrorism and other forms of school and community violence, chronic medical illness, and many other stressful events (VanFleet & Sniscak, 2003a). It has also served as a core intervention for individuals involved in foster care, adoption, and family reunification (VanFleet, 2006a; VanFleet & Sniscak, 2003b). This contribution provides an overview of Filial Therapy for readers who might be unfamiliar with it, and then discusses its unique place among family interventions that are useful in helping children and parents cope with traumatic events, with an emphasis on single-event traumas such as family tragedies and disasters.

Filial Therapy (FT) was developed in the early 1960s by Drs. Bernard and Louise Guerney and their colleagues as a means of resolving a wide range of child and family problems (Guerney, 1964; Guerney, 1983; Guerney, 2003a; Guerney, 2003b; Ginsberg, 2003; VanFleet, 2005, 2006b). Filial Therapy is a relatively short-term, theoretically integrative model of family therapy with a primary focus on strengthening parent-child relationships. Working within a psychoeducational framework, the therapist trains and supervises parents as they conduct special nondirective (or child-centered) play sessions with their children. After parents have mastered basic play session skills, the therapist helps them recognize and understand their children’s play themes. The therapist also encourages parents to discuss their own reactions to the play sessions and to make adjustments that can help the entire family system become more adaptive. Great emphasis is placed on the creation of emotional safety for children and parents alike. The play sessions eventually move to the home setting, and the therapist continues to

meet with the parents to monitor progress and help parents generalize and maintain the skills they have learned in the play sessions to daily life. Filial Therapy typically involves 10 to 20 one-hour sessions, although more time is sometimes needed for exceptionally difficult problems or when working with multiproblem families or groups.

Filial Therapy has been researched since its earliest days and now has over 40 years of solid empirical history (VanFleet, Ryan, & Smith, 2005). Outcome studies have consistently demonstrated its value in improving (a) children's presenting problems, (b) parental empathy, (c) parents' skill levels, (d) parents' stress levels, and (e) the quality of parent-child relationships within the family. Most parents report greater satisfaction with their children and their coparenting experiences. Gains have been maintained in 3- and 5-year follow up studies. Research has also demonstrated its multicultural adaptability and its effectiveness with a wide range of populations (VanFleet, Ryan, & Smith, 2005; Guerney, 2003b; VanFleet & Guerney, 2003).

At its core, FT is a family therapy approach that uses special play interactions as its primary mode of communication, relationship-building, and problem resolution. All family members are involved, including parents or caregivers and siblings. Because play is one of the principal ways that children develop affective, cognitive, behavioral, social, neurobiological and physical capacities, it is perhaps the most developmentally-relevant and effective modality for use with children, including adolescents. (Filial Therapy was developed for children 3 to 12 years old, but traumatized adolescents often engage readily in imaginative play, and other forms of play therapy and family therapy that derive from FT are useful for that age group as well.)

It is not uncommon to hear families interviewed on television following traumatic events say that they wish to put the incident behind them and move forward, almost as if the trauma had not occurred. While the "pull yourself up by the bootstraps" approach might work for some adults, it has not been shown to be effective for most children and families. And while some families have significant post-trauma resilience, they typically do not deny the traumatic experience that they had. Trauma nearly always has an impact on the entire family, and families who acknowledge the trauma, join together in coping with it, communicate openly and patiently with each other about it, and flexibly and wisely use resources at their disposal seem to adapt more readily and completely afterwards (McCubbin & Figley, 1983).

Studies suggest that family cohesiveness can moderate the impact of trauma on children (Figley, 1989; Garbarino, Kostelny, & Dubrow, 1991; Garbarino, Dubrow, Kostelny, & Pardo, 1992). When parents can manage their own reactions and then focus their attention on helping their children cope, children seem to do better.

This focus on the children's needs can be quite difficult, however, as parents must also deal with their own reactions to the traumatic event.

Filial Therapy offers a unique way for professionals to assist families as they build or rebuild their cohesiveness and support all members of their families following a disaster. Filial Therapy simultaneously offers considerable emotional support to parents. This relatively short-term intervention strengthens the family system so that it can overcome the shock and pain of trauma and loss. It can be employed as a preventive tool following trauma or to assist families with significant post-trauma distress (VanFleet & Sniscak, 2003a).

One of the hallmarks of traumatic experience is a sense of helplessness. Many parents seem eager to do something that helps their families cope. The Filial Therapy play sessions provide a developmentally-sensitive means for children to regain a sense of control and mastery while providing parents with tools that help them help their own family members. The therapist assists this process by teaching the parents to conduct the special play sessions as well as by providing empathy and support to the parents as they discuss their own reactions to the trauma and to their children's play themes, which often reflect their own trauma and loss reactions. In essence, the therapist helps the parents by supporting them emotionally and showing them how to help their own children through the use of therapeutically-beneficial play sessions. Children can overcome serious trauma when given the opportunity to play about it and have their feelings and confusions accepted by their parents. Parents can overcome their sense of helplessness by doing something constructive that helps their children while providing them with empathy and acceptance of their own feelings and dilemmas.

Filial Therapy offers a unique, systemic approach to strengthen family cohesiveness and resilience. Filial Therapy has been used successfully following countless family, community, and national tragedies, such as parental murder-suicides, devastating car accidents or house fires, the Oklahoma City Bombing, September 11th, hurricanes, tornadoes, and floods, the July 7th Underground bombings in London, serious medical trauma, school shootings, racial and ethnic violence, and many others. A major project is currently underway offering Filial Therapy to indigent families displaced by Hurricane Katrina in New Orleans (McCann, personal communication).

During his initial Filial Therapy play sessions with his grandmother, eleven-year-old Tyrone played with a plastic alligator that swam through water he had poured into a shallow bowl. The alligator then "ate" the small human figures he had placed on a small floating plastic raft. This play seemed reminiscent of his experiences and fears during Hurricane Katrina when he and his family

were stranded in the top floor of their building while the water rose closer to them. In his later play sessions, he asked his grandmother to pretend she was standing on a roof, about to fall into the water. Wearing a makeshift police helmet and using a rope, he became the “hero” of a rescue team that then saved her from danger. In these play sessions, he became animated and laughed with joy when his grandmother grabbed one end of the rope as he instructed her, and pretended to jump from her “roof” over to where he was standing. They embraced as his grandmother smiled and said, “Tyrone, you just saved your old granny! Just in time. I’m so lucky you were here to save me.” She was effectively engaging in the imaginary play that he had created.

Tyrone’s play helped him master his Katrina-related fears, and his grandmother effectively used the play session skills she had learned in Filial Therapy to help facilitate that process. The therapist provided much emotional support to the grandmother as she did so, because she was experiencing post-trauma reactions as well. The grandmother later told a researcher, “It was so good to see him laughing again. I learned ways to help my boy move from dark back to light. And it helped me, too, but it wasn’t always easy. When we played, I could see how he was thinking about what we went through, and it reminded me of it, too. But then when he ‘saved’ me, I knew we both were going to be okay. We’re still dealing with having no home, no place to go back to, and missing our old friends and neighbors, but we’re together and enjoying each other. And that’s what family is for.”

More information about the practice of Filial Therapy, research on the approach, and training opportunities, please contact the author at the Family Enhancement & Play Therapy Center, Inc., PO Box 613, Boiling Springs, PA 17007, 717-249-4707, www.play-therapy.com, or at Risevanfleet@aol.com.

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

Dear Couple SIGer's,

The Couples Therapy and Research SIG has always excelled in fulfilling the functions that its name implies, i.e., fostering therapists and researchers as they work with couples and investigate clinical issues related to close relationships. From our SIG's active participation on the Program Committee and our annual student research awards to our annual preconference seminars on clinical topics, we have worked hard to support both facets of our field. At last year's conference, however, we had the opportunity to discuss an area that our field has largely neglected despite its importance. As a group, the Couples Therapy and Research SIG has not been active in influencing public policy that impacts our field.

This lack of active participation in the politics and development of policy relevant to couples therapy and research has resulted in some serious consequences over the years. Since 1986, the National Institute of Mental Health no longer funds research that focuses on relationship processes, requiring instead that any couples-related research be focused on treatment of diagnosable disorders. Today, the studies that receive funding are those that examine how to treat depression, OCD, or the traumatic effects of breast cancer in the couples context, to name a few examples. A study focusing on interventions to improve relationship functioning will receive no such funds. Similarly, relationship distress has no formal diagnosis in the DSM-IV, and healthcare plans generally do not cover therapy for relationship distress.

Other changes in public policy have had less serious, though still important, implications for our field. Consider the decision by some states and many religious organizations to reward or require premarital counseling for those married within their province. While there is certainly recognition of the positive effects our field can have on young couples, these decisions have generally not been made with input from experts in the SIG. As a result, couples may be required to seek out counseling without knowledge of which interventions are supported by the efficacy and effectiveness research that members of the SIG have conducted.

Someone in our SIG described this trend as policy guiding research, rather than research guiding policy. Rather than the experts in our field serving as advisors to those making policy, policy-makers have generally made decisions that impact our field without consulting those in our field. When we consider what has drawn us to this area of study, it is not surprising that few of us have stepped forward to serve as advisors to policy-makers. The excitement of exploring relationship processes in research and having a positive impact on a couple's relationship in therapy have little overlap with becoming involved with the bureaucratic process of developing policy. I should mention that a number of people within our SIG have become involved on their own. The University of Denver research group has been involved with the Oklahoma Marriage Initiative (www.OKmarriage.org), and other members of the SIG have developed relationships with local judicial systems to be involved in the treatment of those convicted of domestic abuse and other relationship-related offenses. However, such involvement is not the norm in our SIG. Since this is not an area with which our SIG is familiar, I (Eric) spoke with a professor of public policy at the University of North Carolina at Chapel Hill, Daniel Gitterman.

My conversation with Dr. Gitterman began with some confusion. When I explained that I am a member of a special interest group, he immediately assumed that the purpose of the group was to lobby policy-makers on issues related to couples therapy and research. I had to explain that we focus on the therapy and research itself, not on the policy, but the initial confusion highlighted our lack of activity in this area.

As we spoke, Dr. Gitterman offered a few suggestions that would help our SIG move toward being more involved with and influential in public policy. The first and most basic recommendation that he offered was that the SIG needs to be aware of what public policy is being established at a national level. Any policy that is under consideration or has been passed at a state or federal level should be shared with the other members of the SIG across the nation. Of course, this information is necessary to enable us to become involved in the decisions about these policies.

Second, Dr. Gitterman suggested that the SIG begin collecting money specifically for active lobbying on important policy issues. Any group that has been successful in lobbying for the interests of its members has required money to fund the campaign.

Third, Dr. Gitterman recommended that some members of our field step out of our comfort zone and begin more active involvement in policy-making through contact with legislators. Some members of our SIG have already gained experience with this, as mentioned above. We believe that the SIG would benefit from stronger and more organized involvement in legislation, and we can draw on the expertise of these more experienced members of the SIG.

As an initial response to Dr. Gitterman's recommendations, we are proposing an addition to this newsletter: a "Policy Watch" section. Under this proposal, the newsletter editors will solicit information from the SIG about active public policy issues across the nation. We hope this process will gain support and begin in time for the fall edition of the SIG Newsletter. As the SIG begins to monitor policy-making more closely, we hope that the SIG will find new motivation to become involved in influencing the public policy relevant to our field.

Research to Real World: A Student's Perspective

Sarah Levinson Bauer and Tamara Sher

Illinois Institute of Technology

Dr. Tamara Sher's lab at the Illinois Institute of Technology focuses on couples issues and health psychology. For years our students have worked on various research projects in these fields, while attempting to delineate our own specific research interests. For all the current students, we were fortunate enough to have a chance to work on one of these great studies: Partners for Life (PFL; see Sher et al., 2002, for a more complete description).

Partners for Life investigated the effects of partner involvement in making and maintaining behavior change within a cardiac risk population. The study was funded by the National Institute of Health as part of the Behavioral Change Consortium (BCC). In addition to the main grant, PFL researchers earned a supplemental grant to examine nutrition as it relates to cardiac health.

Eligibility Criteria

Participants for PFL were recruited from clinics at two large teaching hospitals and one community hospital in and around the city of Chicago. Participants were eligible for inclusion in the larger study if they (a) had a history of heart disease (heart attack, bypass surgery, angioplasty/stent, treatment of angina); (b) had a spouse or live-in intimate partner; (c) had abnormal cholesterol levels that required treatment with lipid-lowering medication; (d) were able to participate in regular exercise as defined by the ability to walk for 10 minutes at a time without resting; and (e) needed to lose weight or implement a low fat diet. Exclusionary criteria included (a) contraindications to cholesterol lowering medication therapy; (b) evidence of other uncontrolled or concurrent conditions, such as hypertension, congestive heart failure, diabetes or thyroid disease; (c) inability to read or speak English at a sixth grade level; (d) psychiatric hospitalization in the last 12 months; (e) maintenance on anti-psychotic or bipolar medications; and/or (f) diagnosable DSM-IV substance abuse with concurrent treatment.

Procedure

Participants were randomized into two groups: one in which patients with Coronary Artery Disease (CAD) received a 6 month lifestyle intervention (individuals group) and one in which patients with CAD and their partners received the 6 month intervention with the addition of a relationship skills component (couples group). Both groups received health education regarding diet, exercise, and medication adherence.

Participants remained under the care of their own physician throughout the study, but the study cardiologist managed cholesterol levels and communicated any medication changes with referring physicians. Participants met with our study's Nurse Coordinator at the following time points: Baseline, 3 weeks, 12 weeks, 6 months, 12 months and 18 months. During these visits, participants were asked about amount of physical activity, nutrition intake, and medication adherence. At two points throughout the study, we videotaped a short conversation between participants and their partners.

In accordance with our supplement grant, participants also had their blood drawn at Baseline, 6 months, 12 months and 18 months. In addition to providing a typical blood profile and cholesterol work-up, the blood samples were spun in a centrifuge, serum was collected, and the samples were analyzed at the University of Illinois-Chicago for folate and carotenoid levels. This data was then sent to the BCC for multi-site level analyses (see <http://www1.od.nih.gov/behaviorchange/> for a more complete description).

Measures

Patients and their partners were mailed a packet of questionnaires at several time points: Baseline, post-intervention (6 months post-baseline), follow up (12 months post-baseline) and maintenance (18 months post-baseline).

The packet of questionnaires addressed several variables of interest: fat intake, fruit and vegetable intake, physical activity, physical activity staging, smoking history, smoking status, marital satisfaction, perceived health status, depression, decisional balance for exercise, decisional balance for weight loss and health care climate, and select personality traits (i.e., optimism and perceived criticism).

We measured fat intake using the Kristal Food Habits Questionnaire (Kristal, Shattuck, Henry & Fowler, 1990). Fruit and vegetable intake was measured by the NCI Fruit and Vegetable Screener (Thompson et al., in press). Physical activity was measured by the Yale Physical Activity Survey (YPAS; Dipietro et al., 1993), which is a self-report questionnaire measuring frequency and duration of exercise. Stage of change for exercise was measured by the Physical Activity Stage questionnaire (Nigg & Riebe, 2002). Smoking history was assessed at baseline only; however, smoking status was assessed at each of the time points. Marital Satisfaction was measured by the Dyadic Adjustment

Scale (DAS; Spanier, 1976). Health status was measured by the Medical Outcomes Study 36-item short form health survey (SF-36; Ware & Sherbourne, 1992). Depressive symptoms were measured by the Center for Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977). Optimism, which was only assessed at baseline, was measured by the Life Orientation Test (LOT; Scheier & Carver, 1985), which is a 12-item self-report measure of global optimism, with higher scores indicating greater optimism.

In addition to the above mentioned measures, participants reported their food intake for 3 days in a row at each of the time points to the study's nutritionist. She noted their levels of certain nutrients and these values were calculated into averages, which were then used in data analysis.

We measured medication adherence through the use of track caps (MEMS), which are medicine bottles that monitor medication intake through bottle openings. We were able to use this data to determine the rates of adherence for the cholesterol medications.

In addition to the self-report scales, exercise was monitored through the use of polar monitors. These are heart monitors that are to be worn while exercising. This data was used to help us verify the exercise levels reported on the home exercise logs and the self-report physical activity scales.

Results

It was originally predicted that there would be no group differences (individuals versus couples) at the end of treatment. Instead, it was hypothesized that group differences would emerge at the 12 month and 18 month follow-ups in favor of those in the couple group due to the emphasis on environmental support for change. Results were not as anticipated and could not have been predicted by the literature. Data were analyzed using hierarchical linear models (HLM) primarily because this allows for more sensitive evaluation of change than general linear models (e.g. repeated measures analysis of variance). Additionally, HLM allows for the assessment of two elements of change, long-term change (linear change) and treatment reactivity (quadratic change).

Most importantly, results suggested that relationship satisfaction was a treatment moderator. That is, when relationship satisfaction (DAS) at baseline was taken into account, there was a clear benefit to being in the couples group. Specifically, for those who began the intervention satisfied in their relationships, improvement was evident in both the individuals and couples groups. However, if patients began the intervention distressed in their relationships, improvement was only evident if there were in the couples group; if they were in the individuals group, they actually got worse over time. The full results are available upon request and are being submitted for publication.

PFL from a Graduate Student's Perspective

As could be imagined, this thorough study required a lot of "behind the scenes" work. Tammy's graduate students were very fortunate to be able to work on this extensive study. As research assistants and project coordinators, we wore many hats. We entered data, organized databases, had "data checking parties" (and we use the word party very loosely), spun the blood samples and retrieved the serum, sent packets of measures (and queries for missing data) to our participants, and monitored the videotaped communication sessions. Additionally, we were able to collaborate with other members of the BCC for several papers and projects, which are still in the works. Some of the best experiences we had, however, came from analyzing data. Besides getting an inside understanding of study operations, Tammy gave us the opportunity to analyze her data in ways that we found interesting, and present this data in journals or at professional meetings. I think I can speak for my entire lab when I say that we have found this experience invaluable.

Taking PFL on the Road

The original goal of PFL was to compare a couples approach to cardiac rehabilitation with a more traditional patient focused approach to cardiac rehabilitation. Of particular interest was which approach is better at maintaining change across time. With all PFL's strengths, there were certainly weaknesses. The intervention required a lot of patients in terms of scope, time, and convenience. Additionally, we still are not sure how participants maintain the changes that they have made across time. This got us thinking: What happens when researchers take their toys and go home?

Keeping this in mind, it was the goal of our next study to reach more participants by making the intervention more convenient without compromising the quality of the services. In accordance with this goal, PFL is now partnering with *InterventUSA*, an internet based, commercial venture built around scientific and comprehensive programs for lifestyle management and cardiac disease risk reduction. While the "Partners for Life" program only reached a limited number of participants, the *Intervent* Lifestyle Management programs have been utilized by over 50,000 individuals and have been shown to be effective in randomized clinical trials published in over 70 scientific manuscripts/abstracts.

We are currently adapting our PFL couples manual to be a couples online training course and health program for a cardiac risk population. Our hope is to merge these two endeavors and reach a maximum number of participants, while taking something that works in a controlled setting and applying it to the real world. We trust that this merge will benefit more patients, in broader

settings, and will be more consistent with the goals of busy cardiac clinics.

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K

Kudos to the following people...

K

U

Brian Doss and his wife Amanda Jensen Doss are expecting their first child at the end of June. In addition, and perhaps ironically, Brian got an R03 from NICHD earlier this year to do interventions over the transition to parenthood.

U

D

Tara M. Neavins received the "2006 Employee of the Year" Award for River Valley Services. She is currently the Day Supervisor of the Mobile Crisis Team.

D

O

Deborah Rhatigan has been hired as a psychology tenure-track assistant professor at the University of Tennessee-Knoxville starting fall 2007.

O

S

Our SIG Newsletter Co-Editor, Diana Brown, gave birth to a new daughter, Fiona Laurenn Brown, on April 30th! She was 7lbs, 12oz and 19 ½ inches long. Both mother and daughter are doing very well.

S

HOT OFF THE PRESS

In Press and Recently Published Literature

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Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy SIG – ABCT, Fall/Winter 2008

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Couples SIG Newsletter

Editors:

Amy Meade, M.A.
Clark University
Worcester, MA

amyemeade@gmail.com

Robin A Barry, M.A.
University of Iowa
Iowa City, IA

robin-barry@uiowa.edu

Couples and Wartime Deployment: A History and Recent Developments

Steven L. Sayers

University of Pennsylvania

and the Philadelphia Veterans Affairs Medical Center

It is unfortunate that major advances in our understanding of the impact of war trauma on couples and families must occur in the aftermath of war. The first in-depth examination of the consequences of wartime trauma on the relationships of US soldiers came with the National Vietnam Veterans Readjustment Study (NVVRS), which was initiated nearly 10 years after the end of the war (Kulka et al., 1988). The impact on couples and families of later conflicts received research attention much more quickly. Data were collected on families of the Gulf War (Taft, Schumm, Panuzio, & Proctor, 2008), Bosnian peacekeeping missions (McCarroll et al., 2003; Schumm et al., 1998), and the Iraq and Afghanistan conflicts (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008; Karney & Crown, 2007; Renshaw, Rodrigues, & Jones, 2008) in more and more expeditious fashion after the hostilities commencement. Our understanding of the impact of wartime deployment on couples and families is still relatively limited but it has expanded recently. In this article, I will provide a selective review of this literature, and discuss some of the unique characteristics of working in this area. Finally, I will describe some recent program developments in the Departments of Defense and Veterans Affairs in designed to address couple and family needs of veterans returning from wartime deployments.

What is known about military deployment, war trauma, and couples?

It is a popular misconception that military deployments are universally disastrous for couples and families. As we shall see, the primary challenges for these couples are related to pre-existing vulnerabilities as well as the occurrence of war-related psychological trauma experienced by the military service member.

Although deployments are stressful, few studies support that military deployment is generally responsible for poorer outcomes in the marriages of service members at a population level. A recent RAND study commissioned by the Department of Defense examined whether the cumulative deployment time of the early Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) cohorts had a negative impact

Continued on page 3

ABCT SIG Preconference**Abstract**

Getting Past the Affair:
How to Help Couples
Heal After a Major
Betrayal

Presenter:

Kristina Coop Gordon
University of Tennessee

Research indicates that dealing with major betrayals in couples' relationships is one of the most difficult problems to address in conjoint therapy. This purpose of this pre-conference will be to, first, describe a model that helps therapists understand common reactions to major betrayals and provides a cognitive "road map" for navigating these difficult experiences with clients. Next, there will be an overview of research on this model and relevant research on forgiveness in couples. Finally, the latter half of the presentation will focus on outlining a treatment program based on this model that has been demonstrated to help couples recover and move on from major betrayals. I also plan to leave substantial time at the end of the presentation for discussion between SIG members about their experiences with couples dealing with these issues and thoughts on future directions for research and treatment.

ABCT SIG Preconference
6:00 – 8:00 PM on
Thursday, November 13th
in Europe 10 of the
conference hotel

Letter from the SIG Co-Presidents

Rebecca Cobb¹ & Ron Rogge²

¹*Simon Fraser University*

²*University of Rochester*

"You can't stay in your corner of the Forest waiting for others to come to you. You have to go to them sometimes." – Winnie the Pooh

Where are we going? We're going to Disney World!! We are looking forward to seeing you all soon at the ABCT conference in Orlando. Our SIG continues to offer a wide and interesting range of presentations, showcasing the most recent relationship research work from across the globe, so we're anticipating a stimulating and rewarding conference this year (and not just because it is being held in the middle of Disney World)!

We will kick off the conference with the **Couples SIG preconference event** at 6:00 – 8:00 PM on Thursday, November 13th in Europe 10 of the conference hotel. By popular request, this year's seminar will focus on treating infidelity. Dr. Kristina Coop-Gordon is a clinical psychologist, an Associate Professor of psychology and the Associate Director of Clinical Training at the University of Tennessee. Dr. Coop-Gordon will present clinical insights and quantitative findings from her collaborative project with Drs. Doug Snyder and Don Baucom examining the effectiveness of a new treatment approach to dealing with infidelity in marital therapy. This work represents an excellent blend of clinical application and methodological rigor, producing a set of findings that help to inform work with couples in a treatment setting and also help to clarify our understanding of infidelity at a more conceptual level.

Our **SIG Business Meeting** will be held from 10:30 am to 12:00 noon on Friday (Oceanic 4). We will hold elections for the office of treasurer at the meeting as our current treasurer, Lorelei Simpson, will be retiring from that office. (Thanks Lorelei! You totally ROCK!!) This position could be filled by a recent graduate or by a graduate student and is an excellent opportunity to become more involved in the operation of the SIG, and to get to know all the SIG members. Please start thinking about potential nominations. If you would like to be nominated for the position, please feel free to let Ron or Becky know. There will only be one office to fill, so we hope to make use of the remaining meeting time to get updates from various committees and to discuss additional SIG business. We will also be presenting the Robert L. Weiss Student Poster Award during the meeting – maybe this year we will even be able to give out the prizes before the posters have been presented at the conference! If you have announcements or agenda items for the meeting, please let Ron (rogge@psych.rochester.edu) or Becky (rcobb@sfu.ca) know.

Editor's Note

This edition of the newsletter provides a great deal of information about what will occur at the Orlando ABCT conference. We have also featured an article by Dr. Sayers, inspired by the symposium he presented at ABCT last year, regarding the effects of military deployment on couples and families. Dr. Beach has also contributed a review of Dr. Johnson's book *Hold Me Tight: Seven Conversations for a Lifetime of Love*.

We invite SIG members to send us ideas for article topics for future newsletters and to contact us if you would like to contribute an article or review to the next SIG newsletter.

~ Robin & Amy

Amy Meade

amyemeade@gmail.com

Robin Barry

robin-barry@uiowa.edu

Website Update

We are pleased to post information about training and employment opportunities on the SIG website. Please forward pertinent information to one of the Website Managers.

Please visit the SIG website at <http://www.courses.rochester.edu/surveys/funk/ABCTcouples/index.html>

~ Janet, Soon-Hee & Amy

Janet Funk

janette.funk@rochester.edu

Soon-Hee Lee

soonhee.lee@rochester.edu

Amy Rodrigues

amy.rodrigues@rochester.edu

SIG EXPOSITION & WELCOMING COCKTAIL PARTY

Friday, November 14th, 6:30-8:00pm

Southern Hemisphere 1 of the Convention Hotel

This year we will have 11 posters representing the Couples SIG at this event. Please come to socialize and to check out some of the newest research from many members of our SIG!

Couples and Wartime Deployment

From page 1

on marriages and increased the risk of marital dissolution compared to deployments prior to the beginning of these conflicts (Karney & Crown, 2007). The data do not support that the stress of these wartime deployments had a measurable impact on marital dissolution. Indeed, the study authors suggest that other risks—younger age of marriage and education level, combined with decisions to marry based on improved military-related benefits—might better explain the marital dissolution rates of these service members.

Military deployment and readjustment of the veteran in the post-deployment period necessitates change and adaptation (Segal, 2006) and thus involves stress to all family members. The existing research is mixed: It suggests that there are positive and negative effects to deployment, and most returning veterans and their family members function well over time. Survey studies indicate that 9% of married service members cite that the deployment leads to an improved relationship with their spouse, but about 15% cite missing important family events while deployed, and 11% report worsened marital relationships. (Newby, McCarroll et al., 2005) A study of family functioning following military deployments indicates that declines in family organization (e.g., regular family dinners), family cohesion (e.g., sense of togetherness) and nurturance (Kelley, 1994) can occur in the post-deployment period. Other studies suggest that the post-deployment period is associated with greater family cohesion (Kelley et al., 2001).

Wartime deployments, and the war trauma experienced by the service members, are more highly associated with difficulty for couples. Clinical writings suggest possible reasons why this may be the case: The deployment schedules during wartime are more unpredictable, there is greater fear of death of the service member, and service members deployed during wartime experience a higher level of aggression that must be rechanneled upon return home (Peebles-Kleiger & Kleiger, 1994). The research findings support that greater levels of war trauma, and resulting psychological symptoms, result in proportionally greater disruption in the functioning of the service member and his or her family. The results of the NVVRS (Kulka et al., 1988) and other studies (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Riggs, Byrne, Weathers, & Litz, 1998; Solomon et al., 1992) indicated that higher levels of war-related trauma and posttraumatic stress disorder (PTSD) symptomatology

were associated with more marital problems, greater family violence, and greater child behavior problems than those without trauma. Indeed, the impact of war trauma on family adjustment in a predominantly married sample of Gulf War I service members was mediated through withdrawal/numbing and arousal/lack of control components of PTSD (Taft et al., 2008). Nevertheless, pre-deployment family violence has been shown to be a key predictor of post-deployment violence (Newby, Ursano et al., 2005). Therefore, it is highly important to consider that these pre-deployment factors may account for the effects that appear to be attributable to military deployments.

Compared to studies of Vietnam veterans, relatively few studies have examined this phenomenon among OEF-OIF veterans; nevertheless, the extant studies support the association between symptoms of war trauma and family problems. Our preliminary study (Sayers, Farrow, Ross, & Oslin, 2008, in press) found that among 86 OEF-OIF veterans with current partners, those with PTSD or depressive symptoms were more likely to have problems associated with the return to the family, and to report having a troubled marriage. In addition, among those with a current or former partner ($n=134$), OEF-OIF veterans with minor or major depression, or generalized anxiety disorder, were more than twice as likely to exhibit at least mild levels of relationship abuse.

Renshaw (Renshaw et al., 2008) reported that in a sample of national guard service members returned from Iraq ($N=45$), spouses' perceptions of their soldiers' symptoms were more highly related to their own psychological functioning and relationship satisfaction than to soldiers' self report of his or her own symptoms. Furthermore, the discrepancy between non-service member spouses' perceptions and soldiers' self report was associated with spouses' greater distress, suggesting that spouses' cognitions of their soldier-partner may play a significant role in explaining associations among wartime deployment and marital difficulties.

Another study (Nelson Goff, Crow, Reisbig, & Hamilton, 2007) examined the

impact of trauma symptoms in returned OEF-OIF service members on their relationship satisfaction. The soldiers in this small sample ($N=45$) had few symptoms of PTSD relative to the general population, however. Other symptoms, such as sexual problems and sleep disturbances, were found to predict relatively lower relationship satisfaction in the veterans.

Qualitative studies have also been used to identify the types of difficulties and the dynamics that couples are challenged with during the post-deployment period. Nelson Goff and colleagues (Nelson Goff et al., 2006) used qualitative methods to identify couple and family problems among a mixed sample of military and non-military individuals who experienced a trauma and their family members. They found the most common issues concerned lower levels of communication due to avoidance, decreased cohesion as a couple, and a decreased sense of understanding. Interestingly, some participants also cited increases in communication, cohesion and understanding as resulting from working through adaptation to the stress of the trauma. In a recent qualitative study of Iraq veterans, Faber and colleagues (Faber et al., 2008) noted that "ambiguous presence" (i.e., physical presence of the soldier combined with psychological absence) is an important dynamic that military service members and their family members deal with upon return. In addition, they struggle with re-establishing roles and routines in their family as a major task in reintegration.

New developments. The literature on couples and wartime deployment is relatively young, with limited established theoretical frameworks guiding the efforts. One of the earliest frameworks was articulated by Peebles-Kleiger and Kleiger (1994) with respect to military families and Operation Desert Storm (Gulf War I). The authors distinguished wartime deployment as a "catastrophic" (vs. "normative") family stressor (McCubbin & Figley, 1983), with corresponding lack of predictability, anticipation of trauma, and difficult (and sometimes rapid) reentry to civilian life in the post-deployment period. Their framework lays out important notions

developed from clinical writings about stages of deployment, reunion and the processes of the service member reintegrating into the life of the couple and his or her social environment. Their paper provides a good primer for a broad understanding of the experience of military couples.

Nelson Goff (Nelson Goff & Smith, 2005) proposed the Couples Adaptation to Traumatic Stress (CATS) Model, which tests the idea that trauma symptoms from experienced by a spouse are “communicable” and may “infect” their partner. Thus, the partner experiences symptoms that mimic those of the primary trauma victim (see also Dirkzwager, Bramsen, Adèr, & van der Ploeg, 2005; C. R. Figley, 1983; C. R. Figley, 1995). The CATS model is multifactorial and relational, and includes a number of important contextual (e.g., support) and pre-disposing factors (e.g., age, prior trauma) of each spouse. In line with the CATS model, a great deal of evidence suggests that a spouse’s trauma symptoms have an impact on their partner and the relationship. At this point, however, the actual mechanisms of transmission and mimicking of symptoms have not been identified. In addition, there is no provision in the CATS model for the impact of the service member’s absence due to deployment and the reintegration tasks required of the couple in the post-deployment period.

My colleagues and I have recently introduced the concept of “complicated family reintegration” (Sayers et al., 2008, in press). This construct accounts for the reintegration tasks challenging spouses in the post-deployment period as well as how symptoms may interfere with these processes. For example, spouses who remain behind during a deployment take over many family and parental roles that the service member may have filled, and the return of the service member after the deployment often requires a renegotiation of these roles. In addition, the resumption of emotional and physical intimacy among spouses, and closeness with one’s children requires all family members to exhibit patience and understanding in the weeks and months after reunion. Also, the wartime deployment

itself often raises many new problems, including financial and employment issues, and marital infidelity. These challenges place high demands on spouses’ communication skills and often require a good deal of assistance from others. Symptoms secondary to wartime trauma have been shown to have an impact on the relationship, and we proposed that the interruption of successful resolution of reintegration tasks is the mechanism of this impact. In essence, symptoms related to war trauma interrupt the service member’s successful return to their roles as spouses and parents.

In our preliminary study discussed briefly above (Sayers et al., 2008, in press), we demonstrated a link between symptoms related to war trauma and specific family role-related problems of Iraq and Afghanistan veterans with partners. Diagnoses of both major depression and PTSD were associated with feeling “like a guest in one’s own home.” A diagnosis of PTSD also was associated with reporting that one’s children did not act warmly or were afraid of the veteran. Specific types of symptoms responsible for these associations appear to be psychomotor symptoms, avoidance and emotional numbing. New research is currently underway to examine how symptoms related to war-trauma may have an impact on problems in veterans regaining their roles in the family.

New interventions for couples affected by war related trauma are under development. Most notably, Monson and colleagues at the VA’s National Center for PTSD in Boston (Monson, Schnurr, Stevens, & Guthrie, 2004) have developed a behavioral couples therapy for spouses with PTSD and their partners. The intervention provides education to the couple regarding PTSD and relationships, communication training for emotion expression and problem solving, cognitive intervention to help the couple make sense of the trauma, and guidance in navigating the difficulties associated with the trauma within the relationship. Large-scale evaluation of the intervention is underway with NIH and Department of Defense funding.

Deployment-related couples and family research is a complex, multi-outcome endeavor. The military deployment cycle, naturally, is an important factor in deployment research. We currently know little about the important time frames for reunion and reintegration phenomena in the post-deployment period, although clinical descriptions (Peebles-Kleiger & Kleiger, 1994), and new qualitative studies (MacDermid, 2006), provide some guidance. Study design and data collection are complicated by the fact service members go through a number of different transitions during the post-deployment period. These include experiencing changes in geography (i.e., return to the continental US from the war theatre), occupation (i.e., return to civilian jobs if separating from the service), bureaucratic/medical systems (i.e., from Department of Defense medical care to VA care or employer-based insurance), and social contexts (i.e., from a military unit to a neighborhood or city). Recruitment, tracking, and professional collaboration challenges abound due to these transitions. Knowledge and assessment of spouses' pre-deployment characteristics that might influence them in the post-deployment period are a particularly thorny problem. This is because access to service members and their families requires a significant commitment to developing collaborations with military command structures in order to access service members at this important point.

Another research challenge stems from the array of outcomes that are relevant in this population. Individual outcomes might include depressive disorders, PTSD and other anxiety disorders, and substance abuse problems. Relationship and family outcomes might include satisfaction, relationship aggression and violence, as well as child outcomes. Therefore, narrowing the focus of a project is not a simple task.

Clinical and programmatic initiatives within the DOD, VA and elsewhere. Despite the challenges discussed above, it is important to mention the new resources being devoted to improve the research and clinical systems for the benefit of military and veteran families. At

least two public hearings this year of the US Senate Committee on Veterans Affairs have addressed the needs of family members of veterans (hearings on March 11, 2008 and July 23, 2008, <http://veterans.senate.gov/public/>). In part because of these hearings and public interest, legislation was recently made into law that clarifies and widens the role that families can have in services within the VA. S. 2162, Veterans' Mental Health and Other Care Improvements Act of 2008, was signed by the President on October 10, 2008. Prior to this bill, the letter of the law allowed the involvement of family members only under specific conditions, such as the veteran having verified "service connected" injuries or disabilities that were the focus of treatment. Although in practice many VA Medical Centers conducted quite a bit of family and couple-focused treatment, the previous law hindered widespread development and dissemination of empirically supported couples-based interventions.

In addition, the creation of the federally supported Center for Deployment Psychology, David Riggs, Ph.D., Executive Director, signaled new support for helping veterans with post-deployment adjustment (<http://www.deploymentpsych.org/>). The center has a prominent role in training military and civilian behavioral health providers in post-deployment mental health issues throughout the US, focusing in part on the needs of families of veterans. Other clinical initiatives within the VA are focused on reaching veterans and their family members through direct outreach to Reserve or National Guard units returning from Iraq or Afghanistan. Indeed, nearly every VA Medical Center has staff dedicated to performing this outreach and smoothing the transition of their family members to VA care.

There have been a number of special announcements for research programs applicable to family issues for recently returning military service members or veterans, although it remains to be seen how couple or family focused research fare in these new programs. The Defense Centers of Excellence web site provides a useful starting place for searching for deployment related funding opportunities in

NIH, the Department of Defense, and the Department of Veterans Affairs.
(<http://www.dcoe.health.mil/research.aspx>).

I look forward to hearing about the work of Couples SIG members with veterans, their spouses, and other family members.

The assertions presented here do not necessarily represent the views of the Philadelphia VA Medical Center or the Department of Veterans Affairs.

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SIG Treasurer Position Opening

The treasurer serves a two-year term. The duties consist of tracking the expenditures and disbursements of the SIG, tracking the changes in membership, opening and maintaining the checking account for the SIG (which is typically held as a joint account with the name of the treasurer and the SIG on it), preparing a treasurer's report for each newsletter, communicating and perhaps planning with other SIG officers regarding conference and other expenditures, and recruiting new members to the SIG. The time commitment is not large, however, more availability to communicate and plan with the other officers is needed in the weeks prior to the newsletter and during the period of planning for the SIG's conference events. Ability to work with Excel is a plus. Also, the chance to get to know the other SIG officers is a benefit of the position. I enjoy our SIG, so it is worth it.

If interested please let Ron (rogge@psych.rochester.edu) or Becky (rcobb@sfu.ca) know, or express interest at SIG business meeting at ABCT, 10:30 am to 12:00 noon on Friday, November 14th in Oceanic 4.

Treasurer's Update

Dear SIGers,

It's getting to be that time of year again – the ABCT conference approaches and it's time to support our SIG. Dues are \$20 for professional members and \$5 for students, post-docs, and retired members. To become or remain an active member in the SIG, you should plan to pay your dues sometime this fall, either by mail to the address below or at the conference. Checks should be made out to Lorelei Simpson, with "ABCT Couples SIG" in the memo line. The current SIG balance is \$1063.85. We are using our current funds for exciting SIG events at the conference including our guest speaker and the SIG cocktail hour. Please remember to contribute so that we can keep it up!

Our membership continues to be strong – we have 154 members: 74 professionals and 79 students. Since the last newsletter we've gained 6 new members, and will hopefully have even more join at the conference. Please encourage your students, post-docs, and colleagues to become part of, or renew their membership in, our active and exciting SIG!

Finally, if you're not already on it, remember to join the SIG listserv at www.coupllessig.net

See you in Orlando!

Lorelei Simpson, Ph.D.
Assistant Professor and ABCT
Couples SIG Treasurer
Southern Methodist University
Department of Psychology
Dallas, TX 75275-0442
Email: lsimpson@smu.edu

BOOK REVIEW

Steven R. H. Beach
University of Georgia

Hold Me Tight: Seven Conversations for a Lifetime of Love

Sue Johnson

Published 2006 by Guilford. (436 pp.)

This book will be a delightful read for most readers of the Couples SIG newsletter. In fact, the smartest move might be to quit reading my review and go now to get your own copy of the book to read.

I am neither an EFT marital therapist nor an attachment theorist, but I do not see how I could have enjoyed Sue Johnson's book any more than I did. "Hold Me Tight" provides a wonderful walk through EFT at just the level of detail that is likely to be helpful to couples, and also to marital therapists trained in approaches other than EFT. Because the couple descriptions are nuanced and their interactions are provided in extended detail, interspersed with descriptions of the goals of therapy, it is possible to read the book as a story about couples you are getting to know and care about. At the same time, Sue Johnson provides a wonderful running commentary on scientific underpinnings as well as a broader social commentary. The mix allows many opportunities to gain new insights, draw connections between techniques used in EFT and those used in other approaches to marital therapy, appreciate new questions to ask, and identify new tactics for working with distressed couples. It may be that you will find some new approaches that will work for you. As a bonus, the book is also very entertaining. I think it will be a favorite both with those looking for stimulation in their clinical work, or ways to refine their clinical approach, as well as those looking for new research directions. It will also be useful for students and those learning about marital therapy.

The first three chapters of "Hold Me Tight" provide a brief introduction to adult attachment, and provide advance organizers for the rest of the book. Because the presentation is for a general audience, it can be helpful in thinking about ways to present these ideas in a direct, concrete manner to clients. I would not advise skipping this section, even if you think you already know all about adult attachment. You will probably find the material engaging and helpful in anchoring the rest of the book. At the same time, if you find that the first three chapters are not that exciting for you, do not stop reading there. Remember that the real fun begins with the second section of the book.

The second section of the book provides a detailed look at seven key conversations, with each chapter focused on one of the basic, necessary, conversations in couple therapy. In addition, the second section of the book provides a very nice illustration of the "sequence" of conversations and why they might need to be approached in a particular order.

Conversation 1 is focused on recognizing patterns in couple conversations and, perhaps more importantly, helping couples recognize their own patterns. This will be familiar ground for behavioral, cognitive-behavioral, and integrative marital therapists. At the same time, in Conversation 1, the patterns are described in language that can be readily used in marital therapy and the dialogues illustrate therapeutic techniques that can also be readily utilized. The “Demon Dialogues” are nicely characterized and easy to visualize. In addition, they are presented in a manner that may make it easier for couples to see them as an “external” threat, thereby setting the stage for the second conversation.

Conversation 2 is focused on recognizing and admitting vulnerabilities. I particularly appreciated the way that recognition of vulnerabilities and exploration of vulnerabilities was described. The importance of staying with the emotional experience during the exploration process, despite potential impulses and thoughts to the contrary, was very nicely presented. Likewise, the importance of sharing the experience with a loved one, despite potential impulses to avoid, was very nicely articulated. For therapists trained in dealing with anxiety disorders there will, once again, be many interesting opportunities to compare tactics.

Conversation 3 is about putting patterns and vulnerabilities together to make sense of a particular, concrete interaction that pulled the couple into their usual pattern. This allows the couple to work together to imagine a different, safer and more connected way, of responding to the problematic pattern that has dominated their interactions.

Conversation 4, which bears the title of the book “Hold me Tight,” describes the conversation in which couples look closely at the fears that have kept them from feeling safe together. The couple is prompted to identify the things they need to ask for so that they can begin to feel close, connected, and ready to engage each other in interactions that are high on Accessibility, Responsiveness, and Engagement (A.R.E).

Conversation 5 is about forgiveness. Alternatively, one might say that the conversation is about using an increasingly safe, connected relationship as a foundation for exploring the problematic past, creating an expanded, mutual understanding of that past, and then letting go of historical hurts that are creating roadblocks in the relationship. Most marital therapists will agree that forgiveness is necessary for every relationship – but, as suggested in conversation 5, forgiveness and reconciliation may be a good bit more likely when a foundation of trust and connectedness already have been established.

Conversation 6 focuses on sex and touch, with a heavy emphasis on non-demand, pleasurable activities that would fit well with standard introductions to sex therapy. Again, there are interesting opportunities to think about how to combine this approach with sex therapy approaches and imagine the fruitful combination that might emerge.

Conversation 7 introduces the serious and important topic of “keeping your love alive.” That is, conversation 7 prompts couples and therapists to think about the way that relationships continue to change and grow over time. Again, this is a conversation that will be of interest to any marital therapist who recognizes that the biggest challenge for marital therapy is not the initial change – it is the maintenance of successful change.

The final section of the book discusses the way in which safe, connected relationships may heal individuals. This section also provides more detail regarding the concept of “healthy dependence.” It is in the section that the importance of marital relationships for family and community is introduced and elaborated.

Throughout the book, Sue Johnson uses lively and engaging examples to illustrate and illuminate the steps couples take in rebuilding relationships. The couples in the book are believable at the same time that they represent identifiable “types.” This makes their stories all the more compelling and helps engage the reader in their emotional ups and downs. The result is a book that I am confident will be useful and interesting for all marital therapists. I highly recommend it to the SIG membership.

For more information about EFT and "Hold Me Tight" go to www.holdmetight.net

Letter from the Student Co-Presidents

William Aldridge II¹ & Rebecca Brock²

¹University of North Carolina-Chapel Hill

²University of Iowa

We hope that you are as excited as we are about the upcoming ABCT convention in Orlando! As you finish polishing your presentations and start packing your bags (and your Mickey Mouse ears), we want to highlight a number of key Couples SIG-related events that will be happening at this year's convention.

First, can you imagine a better way to kick off a Saturday night in Orlando than unwinding with friends and colleagues for a casual cocktail and social conversation? We didn't think so! So we'll be having the **2008 Couples SIG Cocktail Party** on Saturday evening from 6:30-8pm (following the ABCT Presidential Address) in room "Asia 2." Come join your fellow Couples SIG members for pre-dinner drinks and conversation. This year, we decided to focus the event on pre-dinner activities, which will allow SIG friends and colleagues to form their own dinner parties and plans. Come ready to re-connect and have a good time!

For SIG students, the night doesn't end there... We are excited to announce, for the first time ever, the **Couples SIG After-Dinner Student Cocktail Hour** (we're still working on the name of this

event...so let us know if you have any good suggestions). We've been hearing fellow students clamor for an event like this for years, so we thought we'd finally make it happen. Following your dinner activities Saturday night, make your way over to Big River Grille & Brewing Works on Disney's Boardwalk, just a short walk from the convention hotel. We're planning to start gathering around 9pm and go "until..." This venue has both inside and outside seating, and we're likely to start near the bar at least until the dinner crowds clear out.

Finally, to bring the 2008 convention to a rousing close, the second ever **Couples SIG student symposium** will be held Sunday morning from 10:45am-12:15pm in room "Australia 3." The title of this year's

COUPLES SIG AFTER-DINNER STUDENT COCKTAILS

Saturday, November 15th, **9:00pm-until...**

Big River Grille & Brewing Works located on the Waterfront at Disney's Boardwalk



student symposium is *Moving Beyond the Couple: The Impact of Relationship Quality on Individual, Parenting, and Work Outcomes*. We'll feature several Couple SIG student member presentations at this event, which will focus on how we are expanding the outcome focus of our field beyond the success of the relationship dyad itself. Please make plans to attend this unique student symposium and help this tradition continue!

As a reminder to student Couples SIG members, make sure that you have subscribed to the **Couple SIG student listserv**, which is one of the main channels for Couples SIG student news and event updates. If you are not subscribed and would like to join, just send an email to Becca at rebecca-brock@uiowa.edu or Will at will_aldrige@unc.edu.

See you in Orlando!

HOT OFF THE PRESS

In Press and Recently Published Literature

Barry, R. A., Bunde, M., Brock, R. L., & Lawrence, E. (in press). Validity and utility of a multidimensional model of received support in intimate relationships. *Journal of Family Psychology*.

Barry, R. A., Kochanska, G., & Philibert, R. A. (in press). G x E interaction in the organization of attachment: Mothers' responsiveness as a moderator of children's genotypes. *Journal of Child Psychology and Psychiatry*.

Baucom, B., Eldridge, K., Jones, J., Sevier, M., Clements, M., Markman, H., Stanley, S., Sayers, S., Sher, T., & Christensen, A. (in press). Relative contributions of relationship distress and depression to communication patterns in couples. *Journal of Social and Clinical Psychology*.

Beach, S. R. H., Fincham, F. D., Hurt, T., McNair, L. M., & Stanley, S. M. (2008). Prayer and marital intervention: A conceptual framework. *Journal of Social and Clinical Psychology*, 27, 641-669.

Beach, S. R. H., Fincham, F. D., Hurt, T., McNair, L. M., & Stanley, S. M. (2008). Prayer and marital intervention: Toward an open empirically grounded dialogue. *Journal of Social and Clinical Psychology*, 27, 693-710.

Cano, A., Barterian, J., & Heller, J. (2008). Empathic and nonempathic interaction in chronic pain couples. *Clinical Journal of Pain*, 24, 678-684.

Chatav, Y., & Whisman, M. A. (in press). Partner schemas and relationship functioning: A States of Mind analysis. *Behavior Therapy*.

Cohan C.L., Cole, S., & Schoen, R. (in press). Divorce following the September 11 terrorist attacks. *Journal of Social and Personal Relationships*.

Cui, M., Fincham, F. D., & Pasley, B. K. (2008). Young adult romantic relationships: The role of parents' marital problems and relationship efficacy. *Personality and Social Psychology Bulletin*.

Davila, J., Stroud, C. B., & Starr, L. R. (2008). Depression in couples and families. To appear in I. Gotlib & C. Hammen (Eds.), *Handbook of Depression*, 2nd Ed. NY: Guilford Press.

Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (In Press). The effect of the transition to parenthood on relationship quality: An eight-year prospective study. *Journal of Personality and Social Psychology*.

Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2008). Marital therapy, retreats, and books: The who, what, when, and why of relationship help-seeking. *Journal of Marital and Family Therapy*, 34, 527-538.

Doss, B. D., Rhoades, G. K., Stanley, S. M., Markman, H. J., & Johnson, C. A. (In Press) Differential use of premarital education in first and second marriages. *Journal of Family Psychology*.

Fincham, F.D., Beach, S.R.H., Lambert, N., Stillman, T., Braithwaite, S.R. (2008). Spiritual behaviors and relationship satisfaction: A critical analysis of the role of prayer. *Journal of Social and Clinical Psychology*, 27, 362-388.

Fincham, F.D., Cui, M., Braithwaite, S.R., & Pasley, K. (2008). Attitudes towards intimate partner violence in dating relationships. *Psychological Assessment*, 20, 260-269

Gordon, K. C., Dixon, L., Hughes, F. M., & Willett, J. (in press). Cognitive-Behavioral Therapy. In J. Bray & M. Stanton (Eds.), *The Blackwell handbook of Family Psychology*. Oxford, England: Blackwell Publishing.

Gordon, K. C., Hughes, F. M., Tomcik, N. D., Dixon, L. J., & Litzinger, S. (in press). Widening spheres of impact: The role of forgiveness in individual, marital, and family functioning. *Journal of Family Psychology*.

Goubert, L., Vervoort, T., Cano, A., & Crombez, G. (in press). Catastrophizing about their children's pain is related to higher parent-child congruency in pain ratings: an experimental investigation. *European Journal of Pain*.

Gunther, M. L., Beach, S. R. H., Yanasak, N. E., & Miller, L. S. (In Press). Deciphering spousal intentions: A pilot fMRI study of couple communication. *Journal of Personal and Social Relationships*.

Herrington, R. L., Mitchell, A. E., Castellani, A. M., Joseph, J. I., Snyder, D. K., & Gleaves, D. H. (in press). Assessing disharmony and disaffection in intimate relationships: Revision of the Marital Satisfaction Inventory factor scales. *Psychological Assessment*.

Kochanska, G., Barry, R. A., Stellern, S. A., O'Bleness, J. J. (in press). Early attachment organization moderates the parent-child mutually coercive pathway to children's antisocial conduct. *Child Development*.

Kochanska, G., Philibert, R. A., & Barry, R. A. (in press). Interplay of genes and relationships in the development of self-regulation: Attachment organization moderates the effect of 5-HTTLPR status. *Journal of Child Psychology and Psychiatry*.

Kochanska, G., Barry, R. A., Aksan, N., & Boldt, L. J. (2008). A developmental model of maternal and child contributions to disruptive conduct: The first six years. *Journal of Child Psychology and Psychiatry*, 11, 1220-1227.

Knutson, J. F., Lawrence, E., Taber, S. M., Bank, L., & DeGarmo, D. S. (in press). Assessing children's exposure to intimate partner violence. *Child Clinical and Family Psychology Review*.

Lawrence, E., Barry, R.A., Brock, R.L., & Langer, A. (in press). Assessment of marital satisfaction. To be published in H. Reis & S. Sprecher (Eds.), *Encyclopedia of human relationships*. CA: Sage.

Lawrence, E., Brock, R.L., Barry, R.A., Langer, A., & Bunde, M. (in press). Assessing relationship quality: Development of an interview and implications for couple assessment and intervention. To be published in F. Columbus (Ed.), *Psychology of relationships*. NY: Nova Science Publishers, Inc.

Lawrence, E., Langer, A., & Yoon, J. (forthcoming, 2009). Intimate partner violence. To be published in K. Bjorkqvist & K. Osterman (Eds.), *Research on aggression and conflict resolution*. Peter Lang Printing House.

Mitchell, A. E., Castellani, A. M., Sheffield, R. L., Joseph, J. I., Doss, B. D., & Snyder, D. K. (2008). Predictors of intimacy in couples' discussions of relationship injuries: An observational study. *Journal of Family Psychology*, 22, 21-29.

Owen, J., Rhoades, G. K., Fincham, F. & Stanley, S. M., (in press). The Schwartz Outcome Scale: Factor invariance across ethnicities. *Journal of Brief Therapy*.

Owen, J., Rhoades, G. K., Stanley, S. M., & Fincham, F. (in press). "Hooking up" among college students: Demographic and psychosocial correlates. *Archives of Sexual Behavior*.

Rahbar, K. P., Doss, B. D., & Perez, M. (In Press). Body image and disordered eating in romantic relationships. *Journal of Social and Clinical Psychology*.

Rhoades, G. K., Stanley, S. M., & Markman, H. J. (in press). Couples' reasons for cohabitation: Associations with individual well-being and relationship quality. *Journal of Family Issues*.

Rhoades, G. K., Stanley, S. M., & Markman, H. J. (in press). The pre-engagement cohabitation effect: A replication and extension of previous findings. *Journal of Family Psychology*.

Snyder, D. K., Heyman, R. E., & Haynes, S. N. (2008). Assessing couple distress. In J. Hunsley & E. Mash (Eds.), *A guide to assessments that work* (pp. 439-463). New York, NY: Oxford University Press.

Snyder, D. K., & Mitchell, A. E. (2008). Affective reconstructive couple therapy: A pluralistic, developmental approach. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed.) (pp. 353-382). New York, NY: Guilford Press.

Stroud, C. B., & Davila, J. (2008). Pubertal timing and depressive symptoms in early adolescents: The roles of romantic competence and romantic experiences. *Journal of Youth and Adolescence*, 37, 953-966.

Stuart, G. L., O'Farrell, T. J., & Temple, J. R. (in press). Review of the association between treatment for substance misuse and reductions in intimate partner violence. *Substance Use and Misuse*.

Sullivan, K. T., & Karney, B. R. (2008). Incorporating religious practice in marital interventions: To pray or not to pray? *Journal of Social and Clinical Psychology*, 27, 670-676.

Temple, J. R., Stuart, G. L., & O'Farrell, T. J. (in press). Prevention of intimate partner violence in substance using populations. *Substance Use and Misuse*.

Whisman, M. A., Beach, S. R. H., & Snyder, D. K. (in press). Is marital discord taxonic and can taxonic status be assessed reliably? Results from a national, representative sample of married couples. *Journal of Consulting and Clinical Psychology*.

Whisman, M. A., & Chatav, Y. (in press). Social consequences of borderline personality disorder features in a population-based survey: Marital distress, marital violence, and marital disruption. *Journal of Personality Disorders*.

Whisman, M. A., Snyder, D. K., & Beach, S. R. H. (in press). Screening for marital and relationship discord. *Journal of Family Psychology*.

Whitton, S. W., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (in press). Effects of parental divorce on marital commitment and confidence. *Journal of Family Psychology*.

Whitton, S. W., Stanley, S. M., Markman, H. J., & Baucom, B. R. (in press). Women's weekly relationship functioning and depressive symptoms. *Personal Relationships*.

BROWSE A LIST OF COUPLES-RELATED EVENTS

at 2008 ABCT conference on the SIG Website
Type or Paste this link into your web browser:

<http://www.courses.rochester.edu/surveys/funk/ABCTcouples/presentations.htm>

KUDOS!

to the following SIGers...

Annamarie Cano edited a special issue on couples with pain in the *Clinical Journal of Pain* (Volume 24, Issue 8, October 2008).

Kim Halford is the recipient of the Australian Psychological Society (APS) President's Award for Service to the profession and discipline of psychology in Australia. Dr. Halford also had the honor of presenting an invited address at the 2008 APS conference entitled "Enhancing couple relationships to advance human well being: what psychology has to offer" describing his work that led to the President's award.

Ayna Johansen, an upcoming Ph.D. (December, 2008) in Cano lab and has secured a Psychologist position with Blue Cross in Oslo (Norway).

The Department of Psychology at the University of Iowa voted to grant tenure to **Erika Lawrence**.

Michelle Leonard earned her Ph.D. (Cano lab at Wayne State University) in August 2008 and began a tenure-track assistant professor job at the University of Michigan-Dearborn.

Greg Stuart, who has been at the Alpert Medical School of Brown University for over 10 years, has recently relocated to Knoxville. He has joined the clinical psychology faculty at the University of Tennessee-Knoxville. His new contact information is:

University of Tennessee-Knoxville
Department of Psychology
310C Austin Peay Bldg.
Knoxville, TN 37996-0900; Office: (865) 974-3358, Fax: (865) 974-3330,
gstuart@utk.edu

Sarah Whitton and her husband had twin boys, Cole and Aidan, on July 8th.

COUPLES RESEARCH & THERAPY SIG COCKTAIL PARTY

At ABCT, Saturday, November 15th
6:30-8:00pm

Room Asia 2 of the Convention Hotel
Drinks and light fare available!

Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Spring/Summer 2008

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Couples SIG Newsletter Editors:

Amy Meade, M.A.
Clark University
Worcester, MA
amyemeade@gmail.com

Robin A Barry, M.A.
University of Iowa
Iowa City, IA
robin-barry@uiowa.edu

Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder

Candice M. Monson¹, Steffany J. Fredman¹,
& Susan P. Stevens²

¹*National Center for PTSD, Women's Health Sciences Division
Boston University School of Medicine*

²*National Center for PTSD, Executive Division
Dartmouth Medical School*

Posttraumatic stress disorder (PTSD) is a significant public health problem, characterized by high prevalence rates, comorbidity with other psychiatric conditions, and significant functional impairment (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kessler, 2000). Although all traumatic events occur within an interpersonal context, either being perpetrated by another human (e.g., interpersonal aggression), simultaneously experienced with other humans (e.g., disasters), or responded to by others, most research on PTSD has focused on intrapersonal characteristics. Examples of this focus include a search for biological vulnerabilities, problematic cognitive interpretations of events, and avoidance behaviors. This individual-centric approach follows in the treatment of PTSD, where the existing evidence-based treatments are almost exclusively validated to be delivered in an individual format (Bradley, Greene, Russ, Dutra, & Westen, 2005). In this article, we briefly review the evidence documenting a robust association between PTSD and intimate relationship functioning to support our cognitive-behavioral conjoint therapy (CBCT) for PTSD.

Epidemiological studies have shown that, although those with PTSD are as likely as those without PTSD to be married at one point in time, they are significantly more likely to divorce (Kessler et al., 1995; Davidson, Hughes, Blazer, & George, 1991) and to be maritally distressed (Whisman, Sheldon, & Goering, 2000). Most of what is known about the intersection of PTSD, partner adjustment, and intimate relationship functioning is derived from research on American Vietnam veterans and their partners and, to a lesser extent, other countries' veterans (e.g., Australia, Netherlands, Israel). These studies have consistently documented an association between PTSD and intimate relationship problems (see Monson & Taft, 2005, for review). In particular, research has shown that male veterans with PTSD are more likely to perpetrate intimate aggression against partners than are veterans without PTSD and that the severity

Letter from the SIG Co-Presidents

Rebecca Cobb¹ & Ron Rogge²

¹*Simon Fraser University*

²*University of Rochester*

Spring has come! Hopefully we are all wrapping up productive academic years (and long winters) with several glorious summer months in front of us. We wanted to take advantage of our column in this newsletter to give you a brief update on what is going on in the SIG.

Recap of the 2007 ABCT conference in Philadelphia

SIG Officers: At the 2007 conference, we elected a team of new SIG officers including: Rebecca Cobb and Ron Rogge as Co-Presidents, Rebecca Brock and Will Aldridge as Student Co-Presidents, Robin Barry and Amy Meade as Co-Newsletter Editors and Janette Funk, Soonhee Lee, and Amy Rodriguez as website managers. We would like to thank the former officers for their hard and diligent work in helping to keep the SIG running and for helping to develop and plan such successful events at ABCT each year. We would also like to thank Lorelei Simpson for her ongoing work as SIG Treasurer and Brian Baucom for his ongoing help with getting our SIG website reinstated at its new web address.

Poster Awards: At the 2007 conference we presented the Robert L. Weiss Graduate Student Poster Awards for excellence in relationship research. First place was awarded to Tracy Lo mentored by David Atkins at Fuller University for the poster "Infidelity in Couple Therapy: Does Infidelity Affect Treatment Outcome" Second place was awarded to Rebecca Brock, mentored by Erika Lawrence at The University of Iowa for her poster "A Longitudinal Investigation of the Association between Marital Dissatisfaction and Individual Psychopathology," and honorable mention was awarded to Lindsey Einhorn mentored by Scott Stanley at the University of Colorado, Boulder for her poster "Prep: Inside and Out." Thanks to all the committee members for their review of the candidates and congratulations to the students for their excellent work!

SIG Events: There were several excellent SIG-sponsored events at the 2007 conference. We want to thank Barry McCarthy for the excellent preconference event "Integrating Psychobiosocial Sex Therapy Techniques into Couple Therapy." The event was very stimulating and generated much productive dialogue among members of the SIG and others. The Couples SIG was also represented by a set of excellent posters at the SIG Exhibition and Cocktail Hour. We would like to thank all of the graduate students and faculty mentors who presented their work in this forum.

Plans for the coming year

SIG Website: We are currently in the process of creating a new (and more permanent) home for the SIG website. We are pleased to announce that the website should be transferred to its new locale by the end of the month. This will be a largely invisible change to the casual visitor because the current web address (<http://www.abctcouples.net>) will continue to work. However, in the process of making this change, we will also be updating the content of the site. As a result, you will all be receiving emails over the next few months asking for information on opportunities and research in your labs (e.g., current job listings, recently developed measures, recent publications) to help make our website a resource for the couples research community.

2008 Pre-Conference Event: We are also looking forward to next fall's conference in Orlando (particularly those of us from cold and cloudy Northern climes!!!) We received a number of exciting suggestions for this year's preconference event. To take full advantage of the SIG's website, we are going to send a VERY short (2-3 question) online survey to everyone in the SIG to identify the final topic of the preconference event. Please be on the look out for an email regarding the preconference event over the next week! The event will be held on the evening of Thursday, November 13th in the conference hotel (exact location and times TBD).

2008 SIG Exhibition and Cocktail Hour: We are also hoping to have 10 posters representing the Couples SIG at the ABCT SIG Exhibition and Cocktail Hour this year. This is an excellent opportunity for students to present research to a wider academic audience in a slightly less formal setting. We will be soliciting applications for those 10 spots over the summer months, so please keep this opportunity in mind.

2008 Robert L. Weiss Graduate Student Poster Awards: Finally, in the early fall we will be asking graduate students to submit their poster presentations for the Weiss Poster Awards. We are very fortunate to have a committee consisting of Erika Lawrence, Ronald Rogge, Beth Allen and Cynthia Battle to evaluate this year's submissions. Please watch for the call for submissions.

We look forward to seeing you in Orlando. Have a great summer!

- Rebecca Cobb and Ron Rogge

Editor's Note

Amy and I are delighted to serve as the SIG newsletter editors. Amy and I are both 5th year graduate students. Amy is at Clark University and works with James Cordova. I work with Erika Lawrence at the University of Iowa.

This edition of the newsletter focuses on new therapies or treatment programs created or improved by SIG members. Drs. Monson, Fredman, and Stevens contributed an article about their exciting new conjoint treatment for PTSD. Drs. Moore, Kivisto, and Elkins allowed us to reprint a book review they had written of Drs. O'Farrell & Fals-Stewart's couples intervention for alcoholism and drug abuse. Finally, Dr. Iverson contributed a book review of Drs. Snyder, Baucom, and Coop Gordon's new book *Getting Past the Affair*.

We invite SIG members to send us ideas for article topics for future newsletters and to contact us if you would like to contribute an article or review to your SIG newsletter.

Robin Barry & Amy Meade

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

**Amy Meade
amyemeade@gmail.com
Or Robin Barry
robin-barry@uiowa.edu**

Cognitive-Behavioral Conjoint Therapy for PTSD

From page 1

of violent behavior is positively correlated with PTSD symptom severity, particularly the hyperarousal symptoms of PTSD (Savarese, Suvak, King, & King, 2001). Difficulties with intimacy are also characteristic, with strongest associations with avoidance/numbing symptoms (Riggs, Byrne, Weathers, & Litz, 1998). Perhaps not surprisingly, caregiver burden and psychological distress are common among partners of individuals with PTSD (e.g., Beckham, Lytle, & Feldman, 1996).

Partner reactions can also affect the course of symptoms among individuals with PTSD. For example, high levels of expressed emotion (EE; Leff & Vaughn, 1985) among family members predicts poorer individual cognitive-behavioral treatment response in those with PTSD (Tarrier, Summerfield, & Pilgrim, 1999), suggesting that a negative interpersonal environment serves as a general, diffuse stressor and risk factor for those struggling with PTSD. Even in the absence of ambient negativity, spouses may unwittingly interfere with treatment effectiveness by reinforcing avoidance, considered the chief reason PTSD is maintained. Intimate others may collude in avoidance behaviors by encouraging dropout from trauma-focused interventions due to fears about symptom exacerbation or by accommodating the PTSD-positive partner's desire to avoid anxiety-provoking situations (e.g., partner does all the grocery shopping so that the PTSD-positive partner does not have to be around crowds, which serve as a PTSD-related trigger). As a result of these well-intended but perhaps unhelpful behaviors by partners, patients may not fully avail themselves of opportunities to address anxiety-provoking stimuli and consolidate new learning. This directly points to the value of partner psychoeducation and improving relationship functioning in order to enhance treatment compliance, decrease the likelihood of relapse, and potentiate symptom improvement.

Treatment Overview

Elsewhere we have written about the theoretical mechanisms and processes thought to underlie PTSD and relationship distress (Monson, Stevens, & Schnurr, 2005). In short, we postulate that the behavioral processes underlying the association include behavioral and experiential avoidance and communication deficits. In the cognitive realm, interacting maladaptive thought processes and content relevant to traumatic event(s) are hypothesized to contribute to the association. CBCT for PTSD presumes that the association between PTSD and intimate relationship distress is reciprocally determined; PTSD symptoms are considered to contribute to couple distress which, in turn, exacerbates and reinforces PTSD symptomatology.

Drawing on the success of couple-based interventions for individual psychopathology that simultaneously address relationship distress (e.g., Behavioral Couple Therapy for Substance Use; O'Farrell & Fals-Stewart, 2000), CBCT for PTSD has the dual goals of improving PTSD in one or both individuals of the couple and improving their intimate relationship functioning. It is not a partner-coaching model, in which one person is the identified patient and the other acts as a surrogate therapist. Rather, the couple's relationship vis-à-vis PTSD and associated distress is the unit of intervention, making it a hybrid of a disorder-specific intervention and general couple therapy for relationship distress (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998).

CBCT for PTSD is a three-stage, 15-session intervention consisting of: (1) treatment orientation, psychoeducation about PTSD and associated intimate

relationship problems, and safety building; (2) behavioral interventions that increase approach behaviors, enhance relationship satisfaction, and promote communication skills; and (3) cognitive interventions designed to address maladaptive thinking patterns that maintain both PTSD symptoms and relationship distress. Sessions are 75 minutes each and end with out-of-session assignments designed to facilitate the couple's skill use in their everyday lives.

In a small uncontrolled study of an earlier version of the therapy with Vietnam veterans and their wives, there were statistically significant improvements in the veterans' PTSD symptoms according to clinician interview and wives' self-report. Consistent with previous research, the veterans reported more modest improvements in their PTSD symptoms, but larger improvements in depression, anxiety, and social functioning. Wives reported large improvements in relationship satisfaction, as well as their general anxiety and social functioning (Monson, Schnurr, Stevens, & Guthrie, 2004; Monson, Stevens, & Schnurr, 2004)

With these promising results, a study was recently funded by the National Institute of Mental Health (PI: C. Monson; 1 R34 MH076813-01A2) to improve the treatment and ensure that it is sufficiently flexible for a range of traumatized individuals and their intimate partners. Details about the treatment and its revisions are provided in Monson, Fredman, and Adair (in press). The revised treatment, which we are currently piloting, retains the treatment goals, modular structure, session length, and dyadic focus. The most notable change in the psychotherapy is a greater focus on the meaning of the trauma(s) itself. As in the previous version of the treatment, gory renditions of specific details of the event(s) are discouraged. Nonetheless, couples are encouraged to explore together how the PTSD-diagnosed partner(s) has come to understand the effect of the trauma on him/herself and his/her relationship and the ways that they, as a couple, have come to relate as a result of these trauma sequelae. Based on evidence that disclosure is a protective factor against PTSD (Koenen, Stellman, Stellman, & Sommer, 2003), couples are encouraged to focus on the historical context of the trauma to the extent that it facilitates restructuring of cognitions that have impeded recovery and maintained relationship problems.

Another change is the early and increased attention paid to altering couple-level interactional

patterns that maintain avoidance. We now place a premium on activities that simultaneously serve as approach behaviors and increase positivity in the relationship. For example, couples who have avoided going to movies or restaurants as a result of the PTSD-identified partner's feeling triggered in these situations are encouraged to program these types of activities back into their relationship. The net effect of leveraging *in vivo* approach activities in this manner early in treatment contributes to couples having a sense of working together as a team to combat avoidance and increase positive behavioral activation.

To keep the dyadic focus of the therapy, avoid partner blaming, and unify the partners against PTSD's effects on the relationship, we use techniques to externalize PTSD and its maintaining factors outside of the relationship. For example, we describe avoidance as a "slippery culprit" influencing how they interact with each other. To further unite couples in addressing the impact of PTSD in their relationship, we ask questions about how the couple can "shrink the role of PTSD" in their relationship through communication and shared activities and encourage the couple to "talk back to PTSD" (i.e., cognitions that maintain PTSD).

Lastly, the treatment has been adapted so that it is as flexible as possible with respect to the kinds of couples presenting for treatment. These may include couples in which one member is a victim of combat, sexual assault, natural disaster, or motor vehicle accident; couples in which the traumatized individual is female versus male; sexually diverse couples; and couples of different racial/ethnic groups. Although our current study excludes couples in which both partners are diagnosed with PTSD, we are clinically testing the therapy with couples with this constellation.

The revised treatment consists of three stages captured in the acronym R.E.S.U.M.E. Living (see below). The acronym is designed to convey a recovery orientation -- PTSD is a disorder of impeded or interrupted recovery that can be successfully treated. It also seeks to imbue a hopeful philosophy in that every couple possesses the potential for recovery and healing as these impediments are removed.

Stage 1 consists of two sessions that serve to introduce treatment and to increase positivity between the partners. In the first session, the therapist provides the couples with a rationale for treatment and psychoeducation about PTSD and its

The revised treatment consists of three stages captured in the acronym
R.E.S.U.M.E. Living

Stage 1: Rationale for Treatment and Education about PTSD and Relationships

Session 1	Introduction to Treatment
Session 2	Safety Building

Stage 2: Satisfaction Enhancement and Undermining Avoidance

Session 3	Listening and Approaching
Session 4	Sharing Thoughts and Feelings – Emphasis on Feelings
Session 5	Sharing Thoughts and Feelings – Emphasis on Thoughts
Session 6	Getting U.N.S.T.U.C.K. (a dyadic procedure for cognitive restructuring)
Session 7	Problem-Solving

Stage 3: Making Meaning of the Trauma(s) and End of Therapy

Session 8	Acceptance
Session 9	Self-blame
Session 10	Trust Issues
Session 11	Power and Control Issues
Session 12	Emotional Closeness
Session 13	Physical Intimacy
Session 14	Post-traumatic Growth
Session 15	Review and Reinforcement of Treatment Gains

symptoms, an explanation of how avoidance and problematic thoughts maintain PTSD, and ways that PTSD can contribute to relationship problems. During this stage, the therapist collaborates with the couple to develop out-of-session assignments to increase positive behaviors and to draw attention to them with as quickly as possible. In addition, partners are asked to answer questions about their understanding of the effects of trauma and PTSD on themselves and their relationship and beliefs in trauma-related domains (e.g., trust, power/control, and intimacy). The second session focuses on enhancing a sense of safety in the relationship. It is stressed to couples that negative relationship behavior with known corrosive effects on satisfaction (e.g., hostility, contempt, belittling) should be decreased as quickly as possible in order to promote a safe environment for healing. Couples are provided with psychoeducation about the role of PTSD in relationship functioning as it relates to dysregulation in the fight or flight system (i.e., they are likely to fight or flee in their interactions), as well as primary (e.g., noticing early warning signs in oneself and one's partner) and secondary (e.g., negotiated time outs) prevention strategies for managing conflict. In couples presenting with a pattern of chronic avoidance or flight response, they are encouraged to "time in."

In Stage 2 (Session 3 through 7), the therapist focuses on enhancing relationship satisfaction and undermining avoidance. Improved communication is

considered a primary vehicle to undermine avoidance and enhance the relationship milieu. In tandem with idiographically-programmed trauma-related *in vivo* approach assignments, we use enhanced dyadic communication as an antidote to PTSD-related avoidance and a means of increasing intimacy. Communication skills presented and practiced in each session build sequentially on each other over several sessions to help the couple identify and share their feelings and notice the way that their thoughts influence their feelings and behaviors. The couples use these communication skills to discuss PTSD-related content and to problem-solve how they will collaboratively address PTSD-related behavioral avoidance.

With a foundation of improved satisfaction, communication skills, and decreased behavioral avoidance, the third stage of CBCT for PTSD targets trauma-related cognitions. The therapist teaches the couple a process that they can use together to challenge cognitions that are maintaining PTSD and relationship problems. We sequence the cognitions targeted in this stage, with an initial focus on historical cognitions specific to the traumatic event (e.g., acceptance, self-blame) and then a focus on interpersonal beliefs disrupted by the trauma (e.g., trust, control, intimacy). This sequence is chosen because changes in the ways in which a traumatized person makes sense of the specifics of his/her trauma(s) can have cascading effects on beliefs operating in the here-and-now. Treatment

culminates with a session on the potential for benefit-finding and post-traumatic growth and how they, as a couple, can move forward by creating a better life together. We underscore the likelihood of variations over time in relationship satisfaction and perhaps trauma-related symptomatology into the future. The therapist collaboratively develops a plan for how the couple will address these variations as they occur.

We are delighted to talk with others about our work on CBCT for PTSD and its application in research and clinical settings. In addition, we will be providing a workshop on the therapy at the upcoming Association for Behavioral and Cognitive Therapy annual conference in Orlando. We hope to see you there!

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Treasurer's Update

Dear SIGers,

Our membership is growing every year – as of this spring, we have 148 dues paying members, up from 118 this time last year! Seventy-four of our current members are professionals and 73 are students.

Dues remain at \$20 for professional members and \$5 for students, post-docs, and retired members. If you didn't get a chance to pay your dues at the last conference, please mail a check made out to Lorelei Simpson, with ABCT Couples SIG in the memo line, to the address below and I'll send you a receipt by email.

Prior to the 2007 conference, our SIG balance was \$1490.85. In 2007 we collected \$1549 in dues and contributions to the cocktail party. At the conference we paid \$1016 for the cocktail party, \$300 for student awards, and \$385 for the pre-conference speaker. We also spent \$335 on updating our website, leaving our current SIG balance at \$1003.85. Thanks to everyone for supporting our SIG!

And finally, if you're not already on it, remember to join the SIG listserv at <http://www.abctcouples.net>.

See you in November!

Lorelei Simpson, Ph.D.
Assistant Professor and ABCT
Couples SIG Treasurer
Southern Methodist University
Department of Psychology
P.O. Box 750442
Dallas, TX 75275-0442
Phone: 214-768-2395
Email: lsimpson@smu.edu

BOOK REVIEW

Todd M. Moore, Aaron Kivisto, & Sara Elkins
University of Tennessee

Behavioral Couples Therapy for Alcoholism and Drug Abuse

Timothy J. O'Farrell & William Fals-Stewart
Published 2006 by Guilford. (436 pp).

If questioned regarding the available options for treating substance abuse, common responses from practitioners and previously treated substance abusers would likely include some combination of inpatient and/or outpatient individual or group therapy based on twelve-step, cognitive-behavioral, and/or motivational enhancement approaches. Missing from these responses would be much mention of treatments that focus directly on involving relationship partners in the abuser's effort to change. Rather, partners may be considered one of many relationships that are affected by the abuser's use of substances. The abuser may be assisted in repairing these relationships in individual therapy without the partner present, and partner may be encouraged to seek separate individual or group therapy to cope with having a substance abusing partner. Couples may rarely work together in therapy to deal with substance abuse issues that affect or are affected by relationship problems, the lack of which may trigger relapse. Fortunately, treatment providers and substance abusers now have an excellent resource for engaging couples in therapy to improve their relationships and preventing relapse in *Behavioral Couples Therapy for Alcoholism and Drug Abuse* by O'Farrell and Fals-Stewart. The book masterfully marries couples therapy with substance abuse treatment based on thirty years of clinical research on behavioral couples therapy (BCT). The authors are firmly grounded in the scientist-practitioner model and arguably lead the world in research and treatment of substance abuse from a couples' perspective.

The book is a combination guidebook on BCT for substance abuse as well as a session-by-session treatment manual. The book is well-organized to provide readers with a solid theoretical and empirical understanding of BCT for substance abuse, techniques for engaging couples in therapy, supporting abstinence, increasing couple communication, preventing relapse, and help in dealing with challenges in implementing the treatment. The book begins with a preview of BCT, including a theoretical basis and goals of the approach, essential ingredients of treatment, and a guide to help therapists to determine who is appropriate for treatment and how to be effective as a BCT therapist. This preview provides a useful foundation for preparing therapists to understand and effectively learn the skills necessary to implement the treatment.

The book then focuses on engaging the couple, especially the partners of substance abusers, in treatment. This can be a difficult task as partners may initially reject the notion of participating in therapy, believing that the substance abuser is solely responsible for change. The chapter provides helpful techniques for engaging the partner in the initial session as well as a guide for gently helping partners understand the rationale and benefits of BCT as well as their role in treatment. Following this, the book then provides detailed techniques for

supporting abstinence, with a particular emphasis on creating the Daily Recovery Contract. The contract is a simple yet valuable tool that serves as the foundation for helping couples begin to address relationship problems while supporting abstinence. It specifies the behaviors that each spouse is expected to uphold, with the initial goal of re-establishing trust in the relationship. The contract is reviewed at each session and modified as necessary, and therapists are provided with guidelines and specific skills for supporting abstinence through decreasing exposure to substances, addressing stressors, and decreasing partner behaviors that may trigger relapse, especially enabling behaviors.

The book then educates therapists on implementing behavioral and client-centered techniques for helping the couples to increase positive relationship activities and improve communication through reflective listening and speaking skills. Two chapters are appropriately devoted to improving couple communication, with the second focusing on helping couples address the changes and conflicts that occur. Some, including the reviewers, might question delaying efforts to address specific couple problems and conflicts rather than addressing these problems at the outset of treatment. One might ask, wouldn't couples become frustrated and terminate therapy if their core relationship problems aren't immediately addressed? However, consistent with behavioral principles, couples are instructed to begin treatment by engaging in behavior change that is highly likely to succeed and will be reinforced by the partner. Subsequent changes involving increasing positive couple activities that are also likely to succeed and be reinforced helps further strengthen the relationship and prepare couples to effectively deal with conflict in a therapeutic setting. Next, the book focuses on assisting couples in maintaining relapse and relationship improvements, and providing therapists with tools for dealing with common challenges to effectively implementing BCT (e.g., dual-problem couples, violence). The final chapters discuss potential applications of BCT with parent training, HIV reduction, and family counseling, as well as strategies for implementing BCT in various settings.

This well-written and insightful guidebook and manual had no shortage of strengths. Notable qualities include: explicit focus on both substance use and relationship issues, which moves relationship issues from the background of many current approaches and places it squarely in the foreground

as a focus of treatment; flexibility of the approach, which allows therapists to use BCT within twelve-step treatment programs, adjust the number of sessions as needed, and conduct individual sessions as necessary; strong rationales for the implementation of both abstinence and relationship building facets of treatment; use of "frequently asked questions" at the conclusion of each chapter to assist professionals in preparing for dilemmas and situations that may occur with couples; and use of case examples, handouts, diagrams, scripts, and worksheets to further concretize the focus of each session and guide both the therapist and couple in understanding session topics and homework assignments. The authors have also made their materials even more user-friendly, by establishing online resources for therapists to download, modify, and print versions of the handouts, posters, worksheets, etc. for use in various therapy settings (see www.addictionandfamily.org). There is even a web-based distance learning course on BCT (www.neattc.org/training.htm). Given that the authors are prolific researchers, who publish extensively in top-tier academic journals, they are to be commended for producing a book/manual that is relatively easy to comprehend and implement.

Identifying relative weaknesses or missing aspects of the book was a challenge. In thinking about implementing BCT for the first time, a therapist with limited experience working with couples might read this book and wonder how well the protocol applies to extremely conflictual couples who have difficulty regulating the expression of thoughts and emotions in and out of session. These couples may resist therapists' initial efforts to engage in positive couple activities or use the appropriate listening and speaking skills. The book attempts to address some of these issues, but it may benefit from the use of additional scripts, expansion of the case examples and frequently asked questions, and additional discussion to aid therapists in appropriately handling difficult couples. In addition, given the importance of engaging the partner of the substance abuser in treatment, the addition of a script specific to the initial phone conversation with the partner would make a nice addition to the book.

In summary, we highly recommend *Behavioral Couples Therapy for Alcoholism and Drug Abuse* to therapists seeking to utilize an empirically tested behavior therapy for substance abuse. It is clear throughout the book that O'Farrell and Fals-Stewart have a deep appreciation of practitioner's concerns in

providing therapy, which comes from decades of research and clinical experience. We also recommend this book to graduate programs in clinical and counseling psychology as a highly thoughtful and informative guide for learning about couples therapy from a behavioral perspective.

*Please note that a similar version of this book review was initially published in 2008 in *The Family Psychologist*, 24(1), 26-28.*

Letter from the Student Co-Presidents

Greetings from your new student co-presidents, Rebecca Brock and Will Aldridge! We would like to take this opportunity to introduce ourselves and to also share some of our plans for the upcoming year.

Rebecca is a graduate student at the University of Iowa and works with Erika Lawrence investigating partner support processes and the role of intimate relationships in mental health. Will is currently a graduate student at the University of North Carolina at Chapel Hill in Don Baucom's Couple Studies Lab, but later this summer he begins his internship year at UAB Consortium in Birmingham, AL. Will's primary research interests and clinical pursuits revolve around the dissemination of evidence-based programs for couples. We are very excited about our positions as your student co-presidents and look forward to serving you over the next two years!

We would like to thank Brian Baucom and Eric Gadol, our previous student co-presidents, for their dedication to enhancing the sense of community among student members of the SIG. Brian and Eric developed a student listserv for discussing issues unique to students (e.g., internships, post-doc positions) and there are currently over 100 listserv members. We would like to encourage students to utilize the listserv as an open forum for sharing your professional experiences, addressing issues you have faced as undergraduate or graduate students, and soliciting advice from other students (E-Mail: Couples-SIG-Students@googlegroups.com). We will also be using the student listserv to make announcements about upcoming events, so please contact us if you are not a member of the listserv and would like to join.

The student listserv also functions as a mechanism for organizing the graduate student symposium, which Brian and Eric started last year. We hope to carry on the tradition of having a symposium comprised solely of graduate student presenters with a junior faculty member as the discussant each year at the ABCT convention. Be sure to look for information regarding this year's symposium in the Fall Couples SIG Newsletter.

In order to further enhance networking opportunities among student members of the SIG, we will be introducing a student social event at this year's conference in Orlando, FL. It is our hope that this will be a fun event that will help to facilitate the development of professional relationships among students. We are open to any suggestions that you might have regarding this event.

Please contact either of us at rebecca-brock@uiowa.edu or will_aldrige@unc.edu if you have any questions, suggestions, or comments.

-Becca and Will

KUDOS!
to the following
people...

David Atkins will begin a new position as Research Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington in fall, 2008.

Miriam Ehrensaft on the arrival of baby Leah born February 15th, 2008! Miriam was also awarded a grant from the Center for Disease Control's National Center for Injury Prevention and Control, '*Can Prevention of Conduct Problems Reduce Risk for IPV?*' As if that were not enough excitement, Miriam will be beginning a new position as associate professor of psychology at John Jay College of Criminal Justice, City University of New York in fall, 2008.

Michelle Leonard will begin a new position as a tenure-track assistant professor at the University of Michigan-Dearborn in fall, 2008.

Steven L. Sayers who testified before the Senate Committee on Veterans Affairs to share research findings on challenges veterans face when returning from military service and attempting to reintegrate into their families *The Importance of Family Readjustment Problems Among Iraq and Afghanistan Veterans Referred for Behavioral Health Evaluation* on March 11, 2008. To access his testimony visit

<http://www.senate.gov/~svac/public/> and search using Dr. Sayers' name.

BOOK REVIEW

Katherine Iverson

University of Nevada, Reno

Getting Past the Affair: A Program to Help you Cope, Heal and Move on – Together or Apart

Douglas K. Snyder, Donald H. Baucom,
& Kristina Coop Gordon

Published 2007 by Guilford. (342 pp).

Infidelity within intimate relationships often has a devastating effect on individual partners and their relationship. Similar to survivors of trauma, many individuals and couples can recover and even grow stronger with a little introspection and commitment to moving forward. This book provides a comprehensive and extremely reader-friendly application of a program burgeoning with clinical support to help individuals and couples recover, heal, and move forward after the trauma of infidelity. This book is written by three of the leading clinical researchers and therapists in the couples field. The authors provide an approach to recovery using information gained from over 50 years of collective clinical experience and research with couples. This book is equally useful for individual partners, couples, and clinicians. It covers topics ranging from understanding what happened, preventing further individual and relationship deterioration, and deciding how to move forward together or separately.

The authors successfully portray a style that balances authority and expertise with familiarity and informality throughout the journey towards recovery. The book begins with an introduction that provides a rationale for a structured yet flexible program and hard work that lay ahead of those trying to recover from infidelity. The authors aptly describe their recovery program as:

"recovering *personally* from the affair so that you can pursue the future you want. It means knowing enough about what happened and *why* it happened to make a wise decision about whether to stay together or part. It means protecting yourself from being hurt again without carrying the backbreaking—and heartbreaking—burden of anger and suspicion or guilt and shame for the rest of your life" (pp. 2).

Additionally, they highlight that although this work can be hard, this work matters because many of the issues that result from the aftermath of an affair will not go away by themselves or with the passage of time alone. Individuals willing to engage in the work outlined in the book are making a worthwhile investment in themselves and their relationship(s).

The authors guide the reader through the recovery process in three stages: *How Do We Stop Hurting? How Did This Happen? And Can This Marriage Be Saved?* The first stage of the work is focused on helping individuals cope with the immediate trauma and avoid making things worse. They introduce empirically supported techniques to help partners learn to deal effectively with intense

feelings, communicate and make decisions about partner and the family needs, set boundaries, share information, and maintain a strong focus on self-care. The following stage is an examination of the relationship. Partners are encouraged to reflect on characteristics that may have led the relationship to be vulnerable to an affair while placing the responsibility of the affair itself on the offending partner. The authors invite the injured partner to examine their role in the relationship, while firmly maintaining "Your partner's affair isn't your fault." This includes helping the partners arrive at a rich narrative, or an understanding of the affair, that makes sense to the partners. This portion of the book helps individual partners to understand how the other partner may be feeling, which is often very difficult when someone is experiencing so much pain from the affair. The final stage of recovery focuses on helping partners make effective decisions about moving forward—either separately or together. This work includes deciding what it means to "move on," letting go disabling feelings such as anger, anticipating and dealing with setbacks, and growing stronger in the relationship and minimizing the chance of another affair.

An especially intriguing aspect of this book is the authors' presentation of infidelity as analogous to or similar to the aftereffects of trauma. Both the "injured" partner and the "participating" partner may feel *traumatized* by the affair. Many partners will

experience symptoms of unwanted memories, flashbacks, avoiding thinking about or dealing with the affair, anger outbursts, self-blame, as well as symptoms of depression and/or anxiety subsequent to the trauma. It is important to note that the authors describe the many reactions to infidelity as "normal" and common reactions to learning about a partner's affair.

Perhaps the book's greatest strength is the practical format in which information is presented. Each chapter supplies stepping stones that together become the path to recovery. Along this journey of recovery, the authors refer to previous chapters and exercises to assist those experiencing difficulty with a particular step or portion of the work. Numerous case examples provide excellent illustrations of the common difficulties faced by individuals and couples recovering from infidelity. Finally, each chapter concludes with thoughtful exercises to help the reader apply the work to their personal situation. Many practical figures, tables, and checklists are included throughout the text as well.

In sum, this self-help tool is a comprehensive, practical, and easy-to-read book to help couples cope and recover (together or apart) from the trauma of infidelity. This book is also an essential read for practitioners dealing with the complexities of treating individuals and/or couples who have been impacted by an affair.

Website Update!

Due to technical problems, we are transferring the previous SIG website to a University of Rochester server.

We are also in the process of updating the SIG website now, which will be up and running within few weeks.

The address will be <http://abtcouples.net>. We thank you for your patience through this transition.

The website managers,
Janette Funk, Soon-Hee Lee, and Amy Rodrigues

HOT OFF THE PRESS

In Press and Recently Published Literature

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Couples Research & Therapy

NEWSLETTER

The Newsletter of the Couples Research & Therapy ABCT–SIG, Fall/Winter 2009

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Couples SIG Newsletter Editors:

Amy Meade, M.A.
Clark University
Worcester, MA
amyemeade@gmail.com

Robin A Barry, M.A.
University of Iowa
Iowa City, IA
robin-barry@uiowa.edu

New Frontiers in Couples Research

Robin A. Barry¹ & Amy Meade²
¹University of Iowa, ²Clark University

This edition of the Newsletter highlights some of the exciting new directions SIG members are taking in their research. These directions include the application of methods, and formation of collaborations, relatively new to the field of couple research. Dr. Steven R. H. Beach's submission explains genetic, environmental, and epigenetic processes as they apply to preventative intervention research. Dr. Deborah Capaldi provided a submission describing a new study focusing on the association of relationship factors to couples' health. Finally, Dr. Brian Baucom provided further details about collaborating with engineering faculty to study emotional expression. We find these innovations to be inspiring and hope you will also.

Transformation of Preventative Intervention: Time to Focus on Genetic, Environmental, and Epigenetic Processes

Steven R. H. Beach
University of Georgia

Over the past several years I have begun collaborating with a diverse set of investigators to examine GxE effects with a particular focus on the role of family environments. Our long-term goal is to help fundamentally transform preventative intervention programming by drawing upon an increasingly detailed understanding of GXE interactions, G-E correlations, and environmentally induced changes in regulatory elements of the epigenome. Obviously, there will be a few intermediate steps along the way – but in the long-term, prospects for genetically informed prevention seem good.

In particular, as we move toward a new generation of prevention programming we hope to contribute to the construction of new, broad spectrum, universal prevention programs by focusing on environmental components identified as critical for inclusion either because 1) they exert main effects, 2) they interact with high base-rate genotypes as risk

or protective factors, or 3) they are part of the developmental pathway linking genes to outcomes due to passive, active or evocative G-E correlations. In each case, we hope that a deeper understanding of gene – environment linkages has the potential to advance prevention program development by increasing the efficiency, the efficacy, and the effectiveness of prevention approaches. We find it self-evident that this effort should be situated developmentally and that it should reflect sensitivity to cultural context.

GxE effects

When GxE effects can be identified and replicated, this represents “low-hanging fruit” for the construction of new preventative interventions, adaptive designs, or variations on existing approaches. The presence of a GxE effect in longitudinal or longitudinal-prevention designs indicates that environmental processes can influence the relationship between genotype and outcome of interest. Accordingly, finding ways to increase the likelihood of the more favorable environment and/or decreasing the likelihood of the less favorable environment is a relatively obvious goal for prevention efforts.

As GxE effects are better characterized across risk alleles, some will prove to be “common environmental effects” and these can be utilized in universal programming. Likewise, some environments will produce “specific environmental effects” that are relevant only to one or a small set of risk alleles. However, to the extent that “specific effects” are large and/or the risk allele is frequent, it may prove useful to incorporate these into the universal program as well to provide broad universal prevention coverage in a single format. By combining both “common” and several “specific” environmental factors into the prevention program, along with environmental factors that exert a main effect on prevention, it may be possible to construct increasingly powerful interventions that are cost-effective for a specific population.

G-E effects

G-E correlations also provide important, albeit indirect, information about potential

targets of environmental modification. As the causal, developmental, contextual chain of events leading from genotype to substance use outcome is elaborated, G-E correlations will often prove to be embedded in larger G-E-outcome chains in which risk for negative outcomes is transmitted through the environment. When this happens, whether because of passive, active, or evocative G-E correlation effects, the goal of prevention researchers will be to elaborate the chain of events and identify ways to influence the magnitude of the G-E correlation, typically by directly intervening on the environmental component, or else intervening to change contextual and developmental processes that influence the impact on outcomes. In each case, there are potential implications for strengthening prevention programs.

Environment – Methylation – Outcome links

We are also interested in the implications of epigenetic processes. Consideration of epigenetic processes highlights two rather different processes: 1) managing or minimizing risk from epigenetic changes that have already occurred, particularly those epigenetic changes that have an impact on downstream behavioral outcomes and 2) primary prevention of the environmental precipitants of epigenetic change, thereby preventing epigenetic changes that will confer increased risk over time. By developing our ability to examine methylation as a key marker of epigenetic change we can link environments to epigenetic change, link prevention programming to epigenetic change, and contextualize our investigation within key developmental stages and key environmental contexts.

A Role for Family and Marital Research?

This is a very good time to establish relationships with bench scientists and help identify the way marital and family processes, or marital and family interventions, may be moderated by genetic factors or influence genetic and epigenetic effects.

**2009 COUPLES
RESEARCH & THERAPY
SIG COCKTAIL PARTY**

Saturday, November 21st

6:30-8:30pm

O'Lunney's

www.olunneys.com

145 West 45th Street, next to the Lyceum Theatre just 500 feet from the Marriott!

O'Lunney's Times Square Pub is an Irish restaurant and bar in Times Square.

We'll have a large section of the 2nd floor party room reserved just for the SIG.

Come enjoy appetizers like assorted quesadillas, chicken fingers, and veggies while we socialize. O'Lunney's full menu will be available throughout the cocktail party and all are welcome to sit for dinner beyond our reservation time.

Letter from the SIG Co-Presidents

Rebecca Cobb¹ & Ron Rogge²

¹Simon Fraser University, ²University of Rochester

In the words of Fred Ebb, made famous by Frank Sinatra, "If I can make it there, I can make it anywhere! It's up to you, New York, New York!"

We're looking forward to seeing you all soon at the ABCT conference in New York City. Our SIG continues to offer a wide and interesting range of presentations, showcasing the most recent relationship research work from across the globe, so we're anticipating a stimulating and rewarding conference this year!

We will kick off the conference with the **Couples SIG preconference event** from 6.00 – 8.00 PM on Thursday, November 19th in the **Barrymore Room, which is on the 9th floor of the Marriott Marquis**. By popular request, this year's seminar will focus on associations between relationship functioning and mental health. Dr. Mark Whisman is a clinical psychologist, and a professor and director of clinical training at the University of Colorado at Boulder. At the event, Dr. Whisman will highlight findings regarding intimate partner functioning and psychopathology, emphasizing (a) etiology and course; (b) clinical decision-making; (c) treatment; and (d) training, dissemination, and public policy. He will also address key conceptual and methodological issues and challenges that need to be addressed in future research on intimate partner functioning and psychopathology. Dr.

Whisman has published extensively in the area of couple functioning

and psychopathology, and we anticipate this will be an exciting and educational presentation.

Our **SIG Business Meeting** will be held from 1:15 to 2:45 on Saturday (O'Neil). This is an important meeting for all members to attend as we will hold elections for the offices of Co-Presidents, Co-Student Presidents, Newsletter Editors, and Web Administrator. We will also be seeking volunteers to serve on the Robert L. Weiss Student Poster Award Committee. Traditionally, the offices of Co-Presidents have been filled by faculty, and the remaining offices can also be filled by graduate students. Serving the SIG in these positions provides excellent opportunities to become more involved in the operation of the SIG, and to get to know the SIG members. Please consider potential nominations and self-nominations are welcomed (we had some painful silences in years past when seeking nominations – let's avoid that! If you would like more information about what the positions entail, or if you would like to be nominated for any positions, please feel free to contact Ron or Rebecca. With so many positions opening up, advance nominations would be really helpful. We will also be presenting the Robert L. Weiss Student Poster Award during the meeting. If you have any announcements or agenda items that should be discussed at the meeting, please let Ron (rogge@psych.rochester.edu) or Rebecca (rcobb@sfu.ca) know.

The **SIG Exposition and Welcoming Cocktail Party** is scheduled from 6:30 to 8:30 pm on Friday the 20th (**Broadway Lounge**). This year we will have 12 posters representing the Couples SIG at this event – thank you to all the people who submitted posters for this event. Please come to socialize and to check out some of the newest research from members of our SIG. Speaking of socializing, don't miss the **Couples SIG Cocktail Party** on Saturday evening at O'Lunney's (see sidebar for details). Our student co-presidents did an amazing job of finding us a fun and affordable venue for this event right in the heart of New York City. There will be plenty of opportunities to chat, network and enjoy the company of friends and colleagues. We hope to see you all there!

Associations of Relationship Factors to Stress and Immune Function

Deborah Capaldi
Oregon Social Learning Center

We began a study of young at-risk couples in the early 90s called Oregon Youth Study (OYS)-Couples, as it was an outgrowth from the OYS – a longitudinal study of the causes and course of delinquency and problem behavior. Investigators included Drs. Deborah Capaldi, Joann Wu Shortt and Hyoun Kim. The couples were in late adolescence, and we followed them with regular assessments until they were in their early 30s, focusing particularly on intimate partner violence (IPV), and factors relating to relationship break-up. At the end of the first 15 years of the study, we gave a lot of thought to whether to continue the study. While we wanted to continue to examine IPV and relationship quality and breakdown, we wanted to focus on issues of importance to mid life. A new focus on the association of relationship factors to health was a direction that interested all the investigators, but we did not have expertise in this area. We read the work of Dr. Janice Kiecolt-Glaser and others on associations of relationship factors to stress and immune function. Fortunately, Dr. J. Josh Snodgrass in the University of Oregon Anthropology department, with expertise in immune function already had some collaborations with other researchers at OSLC, and we met to discuss possibilities for the Couples study.

We realized from these discussions that there were some very exciting questions that we could address regarding the associations of relationship factors to stress and immune function. We had already been measuring some aspects of health (e.g., obesity), and also planned additional measures for the new 5 years. The grant was awarded in September by NICHD, and is a collaborative venture with Dr. Snodgrass and his laboratory team. Consultants include Dr. Emma Adam from Northwestern, who has expertise in measurement of stress indicators in adulthood, as well as Dr. Tom McDade from Northwestern who has expertise

in blood spot technology for assessing biomarkers of immune function, and Dr. Tom Bradbury from UCLA with expertise in stress processes in couples. The project abstract is below.

Early mid-adulthood is a period when an increase is seen in indicators of both health risk (e.g., obesity) and poor health. Although studies of the behavioral etiology of poor health frequently focus on individual habits (e.g., diet) and general environmental risk (e.g., socioeconomic status; SES), there is little information available about the potential role of dyadic processes between romantic partners in explaining physical health outcomes in mid-adulthood. Conflictual and dysfunctional romantic relationships are a major cause of unhappiness and stress in adulthood and are associated with domestic violence, high divorce rates, psychopathology, and poor health and adjustment for the partners. Furthermore, there is evidence that some poor health habits are associated across partners.

The proposed study will test a comprehensive model for couples from at-risk backgrounds on the basis of a dynamic developmental systems approach and stress and support processes to examine the risk and protective impacts of romantic relationships on health in adulthood. It is posited that both general (e.g., conflict) and specific (e.g., partner tobacco use) developmental and relationship risks have significant implications for health outcomes in mid-adulthood, and that effects of such risk factors are mediated by stress sensitive biological indicators of sympathetic nervous system (SNS) and hypothalamic-pituitary-adrenal (HPA) functioning (alpha amylase and cortisol assayed from saliva) and lower cell-mediated immune function (Epstein-Barr Virus antibodies and C-Reactive Protein assayed from blood spots). In addition, the course of intimate partner violence in early mid-adulthood will be examined. Observations of couples' problem-solving interactions will be collected as part of the study, and assessment of stress reaction connected with the discussion will be made, as well as assessment of diurnal rhythms.

Engineering Collaborations on Emotional Expression

Brian Baucom

University of Southern California

Measurement of emotional experience and expression during interaction in intimate relationships has largely depended on three methodologies to date: 1) self-reports, 2) observational coding, and 3) psychophysiological measurement. These measurement strategies have produced enormously valuable bodies of work but each approach is also limited. Self-reports of emotion require awareness of transient and subtle emotional states; observational coding is often enormously time consuming in both training and data collection phases; and, psychophysiological measurement is typically expensive, complicated and invasive.

An alternative method for assessing emotion as it is both expressed and related to internal experience¹ (both self-reported and as assessed by physiological measurement) is the use of digital signal processing (DSP) techniques to analyze recordings of interactions. DSP refers to the use of computerized algorithms to detect features (both vocal and visual) associated with emotion. As discussed in the last SIG newsletter (Summer, 2009 edition), DSP techniques have been developed to measure emotion from both dimensional and categorical perspectives and can be used with both new and archival recordings of interactions. For example, emotional arousal is encoded in the fundamental frequency (f_0) of speech¹ (what we hear as pitch) and programs such as Praat² can be used to analyze audio recordings for f_0 . As another example, Jeffrey Cohn's research group at Carnegie Mellon has developed the ability to FACS³ code videos using their Automated Facial Analysis package⁴. Work is currently underway to develop and refine DSP techniques for detecting emotional valence from facial expressions and emotional approach and avoidance behaviors from immediacy behaviors (such as nods, touch, eye contact, etc.).

Though the data collection requirements for using DSP techniques are relatively minor, it is enormously helpful and valuable to collaborate with engineers when using these methods. Engineers use signal processing techniques for a wide variety of applications, such as controlling heating, ventilation, and air conditioning systems, real-time translation of speech, and increasing the efficacy of computer based military training through monitoring the real-time facial and vocal expression of soldiers receiving the training. It is therefore likely that most electrical engineering departments will have at least one, if not multiple, faculty members who study signal processing methods.

Expertise in speech recognition, speech analysis, human informatics engineering, and affective computing all indicate application of DSP techniques to the analysis of audio- and video-recordings in ways that are consistent with the measurement approaches to emotion mentioned above. Other key words that you may consider looking for when initiating a DSP collaboration are fuzzy systems or fuzzy sets⁵. These terms refer to statistical procedures for using the data generated by DSP techniques in ways that are not typically done in the field of psychology but are commonplace in engineering. Fuzzy sets refer to the idea that some of the category labels that we use, such as anger, joy, or sadness, may have blurred and overlapping boundaries rather than the crisp and discrete boundaries that we assume. These statistical procedures have the potential to advance the study of categorical psychological variables, such as psychological diagnoses and emotional states⁶, in new and interesting ways.

The majority of the work done in the field of engineering on recognizing and measuring emotion through DSP is conducted using databases of individual adult portrayals of emotion. In my experience, the opportunities to apply DSP techniques to recorded interactions of actual couples or families having meaningful interactions are rare for our engineering colleagues and make for potentially very

rewarding collaborations from both psychological and engineering perspectives. There are a few related things that may be helpful to consider before beginning DSP collaborations with engineers. First, engineering research is largely oriented towards solving an existing problem through the creation of a new technique, product, or procedure. The interaction data that many of us have access to provide the opportunity for engineers to solve existing problems (e.g., how can visual and audio information best be integrated? And how can deception/suppression of emotion be detected?) that are not possible to address through the analysis of portrayals by individual adults. As is always the case in interdisciplinary collaboration, it may be helpful to explore how your dataset will facilitate addressing these kinds of engineering questions to make a new collaboration appealing. A second consideration is that the field of engineering often takes an explicitly bottom-up modeling approach. While this approach is also used in psychology, it can lead to differences in perspectives on the importance of establishing construct validity and of testing hypothesis driven questions. From an engineering perspective, the goal of a study may be framed more in terms of how the maximum amount of meaningful information can be extracted from the data rather than how to efficiently and reliably extract a limited range of particular information tied to existing empirical research. These two perspectives are not inherently incompatible and can be resolved by clear and direct discussion at the outset of the project. A third consideration is related to funding. Funding for engineering projects frequently comes from different sources than we often pursue. These sources include the National Science Foundation, Defense Advanced Research Projects Agency, and industry grants. In this day and age of increased competition for scarce research funds from NIH, collaborating with engineers on DSP projects may open doors

to a wider range of funding streams when it is possible to ask and attempt to answer both psychological and engineering questions with the same study.

Collaborating with electrical engineers to use DSP techniques for measuring emotion with our standard interaction paradigms has the possibility to open new doors for research efforts in both psychology and engineering. The engineers that I have worked with thus far have been incredibly bright, interested, creative, and generous scholars. While there have been obstacles along the way, the mutual benefit to these interdisciplinary collaborations have far outweighed the costs involved to overcome them. As a way to get started, you might consider visiting the webpage (<http://sail.usc.edu/shri.php>) of Dr. Shrikanth Narayanan at USC. He is a brilliant scholar, a leader in the field of emotion related DSP techniques, and someone who could help you to identify specific faculty to approach for possible collaborations.

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- 5 - Zadeh, L. A. (1965). Fuzzy sets. *Information and Control*, 8, 338-353.
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KUDOS!

Steven L. Sayers was awarded a 4-year grant from the Department of Veterans Affairs. The project is titled: *Complicated Family Reintegration in OEF-OIF Veterans*.

Jennifer Willett received the 2009 Randy Gerson Memorial Grant to fund her dissertation which examines evidence of resilience in intergenerational relationship patterns.

Katherine J. Williams Baucom received the Ruth L. Kirschstein National Research Service Award (NRSA) from the National Institute of Child Health and Human Development (NICHD) The project is titled: *Prevention of marital distress in low-income couples transitioning to parenthood*.

Sue Johnson would like to announce that as of July 2009 there is a Hold me tight relationship education program based on the book *Hold me tight: Seven conversations for a lifetime of love* www.holdmetight.com with a facilitators manual, and a DVD of three couples going through the Hold me tight conversations. It is now available at www.iceeft.com.

Letter from the Student Co-Presidents

Rebecca Brock¹ & William Aldridge II²

¹University of Iowa, ²University of South Carolina

We are looking forward to seeing you all in New York City! We would like to take this opportunity to bring to your attention a number of Couples SIG-related events for you to anticipate at this year's convention.

This year's **Couples SIG Cocktail Party** will be taking place at *O'Lunney's Times Square Pub* Saturday evening from 6:30-8:30pm. Please see the special section in the newsletter regarding the cocktail party for more details. We hope to see you there!

We are also continuing the new tradition of having a **Student Cocktail Hour** that will be taking place Saturday evening around 9pm. This is intended to be a fun and informal event that is open to both graduate and undergraduate students. We will be sending out information about the location of this event closer to the date of the conference via the student listserv.

The annual **Couples SIG Student Symposium** will be taking place on Saturday at 8:15am. This year's symposium is titled "*Moving Beyond Global Relationship Satisfaction: Targeting Specific Relationship Processes in Couples Research*" and includes both basic and treatment outcome research focused on relationship processes such as conflict resolution, support seeking, attachment to one's partner, and communication behaviors. Please stop by to show your support for the student presenters.

Finally, as our term draws to a close, we would like to thank the SIG for the opportunity to serve as student co-presidents over the past 2 years. We have found this to be an extremely rewarding experience and look forward to "passing the torch" to the next student co-presidents. In order to facilitate a smooth transition, we have developed a "*Couples SIG Student Co-President Handbook*" outlining principal duties associated with this role and providing useful tips from our own experiences.

As always, please contact either of us at rebecca-brock@uiowa.edu or will.aldrige@sc.edu if you have any questions, suggestions, or comments. If you are a new student SIG member, please consider joining the **Couples SIG student listserv** (<http://groups.google.com/group/Couples-SIG-Students>) and our *new Couples SIG student Facebook page*. It is through these channels that we disseminate important information about student opportunities in the SIG.

See you in New York!

Treasurer's Update

Dear SIG Members,

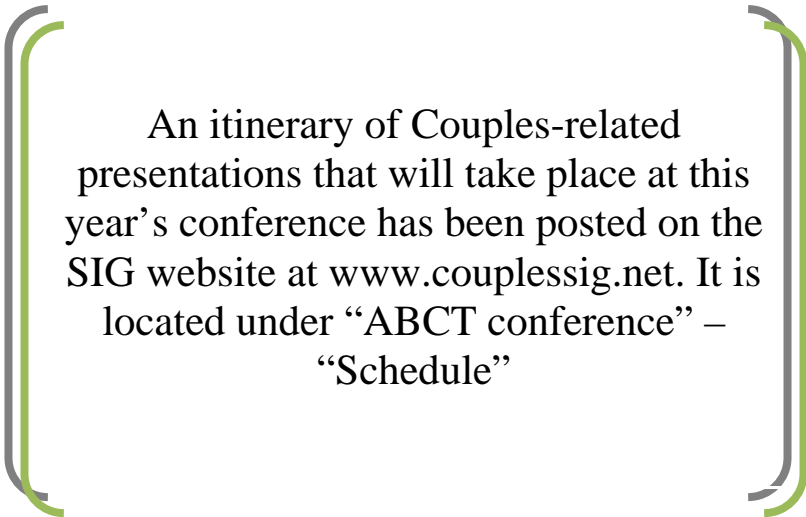
It's that time of year again and ABCT is right around the corner! Once again, our SIG is continues to grow. We have many new members joining us. Welcome! We now have 185 members, of whom 76 are professionals and 99 are students. In the past year we gained 20 new student members and 2 new professional members.

Thank you for supporting our SIG! To become or remain an active member in the SIG, you should plan to pay your dues sometime this fall, either by mail to the address below or at the conference. Also, thank you to all of you who recently sent in their dues by mail. Checks should be made out to Kahni Clements, with ABCT Couples SIG in the memo line. Please be reminded that last November we voted to increase dues from \$20 to \$25 for professional members. Dues remain \$5 for students, post-docs, and retired members. The current SIG balance is \$1017.86. We are using our current funds for exciting SIG events at the conference including our guest speaker and the student poster awards. Please remember to contribute so that we can keep these wonderful traditions rolling!

Finally, if you have not already subscribed, remember to join the SIG listserv at the www.coupllessig.net.

See you in New York City!!

Kahni Clements, Ph.D.
Postdoctoral Fellow
Department of Psychiatry
Addictions Research and Treatment Lab
University of Mississippi Medical Center
Alumni House 318
Jackson, MS. 39216
Phone: 601-984-5878
Email: kclements@psychiatry.umsmed.edu



An itinerary of Couples-related presentations that will take place at this year's conference has been posted on the SIG website at www.coupllessig.net. It is located under "ABCT conference" – "Schedule"

HOT OFF THE PRESS

In Press and Recently Published Literature

Atkins, D. C., Dimidjian, S., Bedics, J. D., & Christensen, A. (in press). Couple discord and depression in couples during couple therapy and in depressed individuals during depression treatment. *Journal of Consulting and Clinical Psychology*.

Barry, R. A. & Kochanska, G. (in press). A longitudinal investigation of the affective environment in families with young children: From infancy to early school age. *Emotion*.

Baucom, B. R., Atkins, D. C., Simpson, L. E., & Christensen, A. (2009). Prediction of response to treatment in a randomized clinical trial of couple therapy: A 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 77, 160-173.

Cano, A., Leong, L. E., Heller, J. B., & Lutz, J. R. (in press). Perceived entitlement to pain-related support and pain catastrophizing: Associations with perceived and observed support. *Pain*.

Christensen, A., Atkins, D. C., Baucom, B., & Yi, J. (in press). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus Integrative Behavioral Couple Therapy. *Journal of Consulting and Clinical Psychology*.

Fincham, F. D. (in press). Forgiveness: Integral to a science of close relationships? In M. Mikulincer & P. Shaver (Eds.) *Prosocial Motives, Emotions, and Behavior: The Better Angels of Our Nature*. Washington, D.C: APA Books

Fincham, F. D., & Beach, S. R. H. (in press). Of memes and marriage: Towards a positive relationship science. *Journal of Family Theory and Review*.

Fincham, F. D., Stanley, S. M., & Rhoades, G. (in press). Relationship education in emerging adulthood: Problems and prospects. In F. D. Fincham & M. Cui (Eds.) *Romantic Relationships in Emerging Adulthood*. Cambridge University Press.

Guenther, M. L., Beach, S. R. H., Yanasak, N. E. & Miller, L. S. (in press). Deciphering spousal intentions: A fMRI study of couple communication. *Journal of Social and Personal Relationships*.

Lambert, N. M., Clark, M., Durtschi, J., Fincham, F. D., Graham, S. (in press). Benefits of expressing gratitude: Expressing gratitude to a partner changes the expresser's view of the relationship. *Psychological Science*.

Lambert, N. M., Fincham, F. D., Stillman, T. F., Graham, S. M., & Beach, S. R. M. (in press). Motivating change in relationships: Can prayer increase forgiveness? *Psychological Science*.

Morrill, M. I., Mahmood, S., Hines, D. A., & Córdova, J. V. (in press). Pathways between marriage and parenting for wives and husbands: The role of coparenting. *Family Process*.

Morrill, M. I., & Córdova, J. V. (in press). Building intimacy bridges: From the Marriage Checkup to Integrative Behavioral Couple Therapy. In A. Gerson (Ed.) *Clinical Casebook of Couple Therapy*. New York: Guilford Press.

Shortt, J. Wu, Capaldi, D. M., Kim, H. K., & Laurent, H. K. (in press). The effects of intimate partner violence on relationship satisfaction over time for young at-risk couples: The moderating role of observed negative and positive affect. *Partner Abuse*.

Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Summer 2009

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Couples SIG Newsletter Editors:

Amy Meade, M.A.
Clark University
Worcester, MA

amyemeade@gmail.com

Robin A Barry, M.A.
University of Iowa
Iowa City, IA

robin-barry@uiowa.edu

Digital Signal Processing and Computational Linguistic Methods for Measuring Emotional Arousal and Power Processes during Interaction

Brian Baucom¹, David C. Atkins² & Andrew Christensen¹

¹University of California, Los Angeles, ²University of Washington

The observational analysis of emotion- and power-linked behaviors has a rich and storied history within the intimate relationships literature. What is currently known about emotion- and power-linked behaviors is primarily derived from studies using standard observational coding, self-report, and psychophysiological methods. However, application of techniques developed in engineering (i.e., digital signal processing) and computer science (i.e., computational linguistics) offer alternative methods for assessing emotion- and power-linked behaviors that open new avenues for exploration and solve some difficulties frequently encountered with standard observational coding, self-report, and psychophysiological methods. This article describes the basic literatures supporting the use of digital signal processing and computational linguistics for assessing emotion- and power-linked behaviors respectively, provides an overview of how to implement these methods for existing datasets and new data collection, and summarizes the results of two studies using these methods to predict treatment outcome in a randomized clinical trial of two behavioral couple therapies and to explore correlates of demand/withdraw behavior.

This research was supported by grants from the National Institute of Mental Health awarded to Andrew Christensen at UCLA (MH56223) and Neil S. Jacobson at the University of Washington (MH56165) for a two-site clinical trial of couple therapy. A methodological supplement was also awarded to Andrew Christensen and David C. Atkins. After Jacobson's death in 1999, William George served as PI at the University of Washington. The authors are grateful for the enormous contributions that Neil S. Jacobson made to this research.

Brian Baucom is now at the University of Southern California in the Department of Psychology; David Atkins, Center for the Study of Health and Risk Behaviors, Department of Psychiatry and Behavioral Science, University of Washington; Andrew Christensen, Department of Psychology, University of California, Los Angeles.

Correspondence concerning this article should be addressed to Brian Baucom, Department of Psychology, 501 SGM, 3620 South McClintock Ave., Los Angeles, CA 90089-1061. E-mail: baucom@usc.edu

Letter from the SIG Co-Presidents

Rebecca Cobb¹ & Ron Rogge²

¹*Simon Fraser University*, ²*University of Rochester*

Hopefully we are all wrapping up productive academic years (and long winters) with several glorious summer months in front of us. We wanted to take advantage of our column in this newsletter to give you a brief update on what is going on in the SIG.

Recap of the 2008 ABCT conference in Orlando

SIG Officers: At the 2008 conference we elected a new Treasurer, **Kahni Clements**. This is an incredibly important role in the SIG (we all know how hard it is to keep track of and pry money away from busy academics!); thanks Kahni for stepping in and taking up the financial reins. If you have dues to pay, please contact Kahni at kclements@psychiatry.umsmed.edu. We thank Lorelei Simpson, our outgoing treasurer, for an amazing job at keeping our SIG solvent in the past two years.

Poster Awards: At the 2008 conference we also presented the Robert L. Weiss Graduate Student Poster Awards for excellence in relationship research. The first place winner was **Robin Barry** mentored by **Erika Lawrence** at the University of Iowa for the poster "Predicting trajectories of change in spouses' disengagement from marital problem-solving: An attachment theoretical perspective." The second prize was awarded to two individuals: **Janette Funk**, mentored by **Ron Rogge** at the University of Rochester for her poster "Home sweet home: Predicting newlywed marital satisfaction in the context of the neighborhood environment," and **Rebecca Brock**, mentored by **Erika Lawrence** at the University of Iowa for her poster "Too much of a good thing: Overprovision versus underprovision of partner support." Thanks to all the committee members for their review of the candidates and congratulations to the students for their excellent work!

SIG Events: There were also several excellent SIG-sponsored events at the 2008 conference. We want to thank **Kristina Coop Gordon** for the excellent preconference event "Getting Past the Affair: How to Help Couples Heal after a Major Betrayal." The topics of affairs and how to treat couples in the aftermath is one that many of us grapple with in couples therapy, and the presentation provoked a stimulating and informative discussion (not to mention cocktail hour conversation). The Couples SIG was also represented by a set of excellent posters at the SIG Exhibition and Cocktail Hour. We would like to thank all of the graduate students and faculty mentors who presented their work in this forum.

SIG Cocktail Hour: Our student co-presidents, **Rebecca Brock** and **Will Aldridge** organized a wonderful evening where members could catch up, and of course discuss future research plans (psychologists are definitely not the type to gossip over lemon drop martinis and hors d'oeuvres). It is a significant effort coordinating this yearly event, and we send out a heartfelt thank-you to Will and Rebecca for making the event successful.

News and Upcoming Events

SIG Website: Our webmasters, **Janette Funk**, **Soonhee Lee**, and **Amy Rodriguez**, have found a new home for our webpage, and despite the occasional hiccup you can access the Couples SIG webpage at <http://www.abctcouples.net/>. Thanks to our excellent webmasters for their hard work in facilitating this move and keeping our website up to date. As always, if you have news items, job listings, recent publications, measures or other tidbits that would be of interest to our SIG members, please forward them to any of our webmasters for posting. jfunk@psych.rochester.edu, slee64@psych.rochester.edu, arodri14@psych.rochester.edu.

SIG Newsletter: As you are no doubt discovering first hand, our newsletter editors have done a great job this year gathering interesting articles and keeping us up to date on the SIG happenings. Thanks to **Amy Meade** and **Robin Barry** for their hard work!

2009 Pre-Conference Event: We are looking forward to next fall's conference in New York City! Although the hot weather was great for a visit to Disneyworld, but those who were

unlucky enough to be attending or presenting at the conference when the air conditioning went on the fritz will be happy to be in a cooler clime this fall! If seeing your colleagues and learning about new research activities isn't enough of an enticement to attend ABCT, just think of all the wonderful restaurants, interesting galleries and museums, Broadway plays and musicals...

Although it might be hard to top our excellent pre-conference event from last year, we are going to do our best. Our online survey to select the topic last year was very successful and we plan to launch our survey to select this year's topic very soon. Please take a few minutes (3-4) to complete the survey when it appears in your email inbox - we will send it to everyone who is on the email list and we'd like to survey as many members as possible. The event will be held on the evening of Thursday, November 19th in the conference hotel (exact location and times TBD on the website and via email).

2009 SIG Exhibition and Cocktail Hour: There will be some changes in the poster exhibition format this year. Because of space limitations in NY, we will no longer have full sized posters at tables and the number of submissions will be quite limited. This does mean that the competition for these submissions will be fiercer than in previous years. We encourage you to submit, but please note that not all submissions will be accepted for presentation. Even with the smaller format 'posters,' the SIG poster exhibition is an excellent opportunity for students to present research to a wider academic audience in a slightly less formal setting. As soon as we have guidelines for the posters from ABCT (late summer) we will send out an email informing you of submission deadlines.

2009 Robert L. Weiss Graduate Student Poster Awards: As in previous years, we will be soliciting submissions for the annual SIG poster award shortly before the conference. Be on the lookout for an email and website call for submissions. Continuing as committee members this year are **Erika Lawrence, Ronald Rogge, Beth Allen, and Cynthia Battle** - thanks again for your hard work reviewing the submissions last year, we know it was a tough job selecting the winners from amongst the many outstanding submissions.

We look forward to seeing you in New York (makes me want to break into song)! Have a great summer!



To begin, I'd like to thank Lorelie Simpson for her two years excellent years of service as SIG Treasurer! She did a great job organizing and coordinating finances and updating SIG membership. Thank you, Lorelie!

I'd like to introduce myself as your new SIG Treasurer. Please email me if you have any questions, recommendations, or updates to your title/affiliation or contact information

It was a great conference in Orlando! Our SIG is growing stronger each year. We now have 184 members, of whom 75 are professionals and 99 are students. In the past year we gained 20 new student members and 1 new professional member. Welcome!

Last November, we voted to increase dues from \$20 to \$25 for professional members. Dues remain \$5 for students, post-docs, and retired members. If you weren't at last year's conference or haven't had the chance to pay your dues, please send a check to

Kahni Clements-Blackmon with ABCT Couples SIG in the memo line, to the address below and I'll email you a receipt.

Presently, our SIG account balance is \$820.86. Prior to the 2008 conference, it was \$1003.85. In 2008 we deposited \$1335. At the conference we paid \$587.93 for our cocktail party, \$300 for student awards, \$300 for the pre-conference speaker, and \$340.06 for the pre-conference room, leaving our balance at \$810.86. Thank you for supporting our SIG!

Don't forget, if you haven't already, please join the SIG listserv at the www.couplesig.net.

Kahni

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Kahni Clements Blackmon, Ph.D.
Postdoctoral Research Fellow 1
University of Mississippi Medical Center, Dept. of
Psychiatry and Human Behavior, 8th Floor
2500 N. State Street, Jackson, MS. 39216
(601) 815-7610
kclements@psychiatry.umsmed.edu

*Continued from page 1.**Digital signal processing of emotional arousal*

Emotion has been the focus of a tremendous amount of study within psychology as well as in numerous social, natural, engineering, and computer science studies. One aspect of emotion that has been of interest to intimate relationship researchers is emotional arousal. Emotional arousal refers to the degree of emotional activation experienced during an emotional episode and is one of the two or three dimensions¹ thought to underlie emotional experience and expression. Emotional arousal during interaction, typically measured using psychophysiological methods, has been linked to a wide variety of important relational phenomenon including relationship quality (see Kieckolt-Glaser & Newton, 2001 for review), likelihood of divorce (Levenson & Gottman, 1985), domestic aggression (e.g., Jacobson et al., 1994.), and the demand/withdraw interaction pattern (e.g., Kieckolt-Glaser et al., 1996). Though these findings document the value of investigating emotional arousal in intimate relationships, it is not always possible or feasible to collect physiological measures of emotional arousal such as heart rate, blood pressure, and cortisol during actual interactions. Psychophysiological measurement of emotional arousal requires a large degree of specialized training and expensive and specialized equipment. Even if training and equipment requirements are not a concern, there are some applications, such as treatment outcomes studies, where it is not practical to collect physiological measures during interaction (e.g., during therapy sessions).

An alternative method for measuring emotional arousal during interaction is to analyze nonverbal, vocal properties of speech using digital signal processing (DSP) techniques. DSP refers to extracting parameters from digital waveforms using computer algorithms, and in the case of emotional arousal, the focus is on measuring the fundamental frequency (f_0) of spouses' speech from audio recordings. During speech production, vocal folds in the larynx produce quasi-periodic patterns of vibration that we perceive as pitch. Faster vibration, measured in cycles per second or Hertz (Hz), correspond with higher pitch. F_0 refers to the lowest frequency harmonic of these patterns of vibration (Kappas, et al., 1988; Standke, Kappas, & Schrer, 1984). A robust literature links higher f_0 levels to higher levels of emotional arousal (e.g., Scherer, 2003).

The use of f_0 as a measure of encoded arousal grew out of the work of Klaus Scherer and colleagues. Early efforts revolved around attempts to establish

“vocal fingerprints” for different emotions. Despite some very recent findings to the contrary², specific patterns of vocal parameters do not appear to reliably differentiate specific emotions but increased f_0 has been shown to be a reliable indicator of increased arousal across a wide variety of emotions (both positive and negative) using several different methodological paradigms including recordings of naturally occurring events, portrayals of emotions, and experimental manipulation of emotions (see Russell et al., 2003 and Juslin & Scherer, 2005 for recent reviews).

Recordings made during naturally occurring events provided compelling data for early work investigating the link between f_0 and emotional arousal. For example, Johannes and colleagues (Johannes, Petrovitch Salnitski, Gunga, & Kirsch, 2000) examined the f_0 of Russian astronauts and Austrian soldiers during training exercises. Mean f_0 was found to increase under conditions of psychological distress as well as in conditions of cognitive load and physical stress. Importantly, increases in mean f_0 appear to be unrelated to other physiological indices of arousal, such as heart rate and blood pressure, in physically stressful situations, but to be related to increases in heart rate and blood pressure under conditions of psychological stress. Convergent results have been found in recordings of conversations between pilots and air traffic controllers prior to fatal crashes of the aircraft involved with mean f_0 increasing over time for both pilots and aircraft controllers (Simonov & Frolov, 1973; Sulc, 1977; Williams & Stevens, 1969).

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1. The circumplex model of emotion (Watson & Tellegen, 1985) suggests that all emotions can be mapped on to a two dimension space defined by the dimensions of arousal and valence, which is the degree of positivity vs. negativity. More recent developments with emotional theory suggest that there is the need for at least one more dimension, alternatively defined as approach/avoidance or dominance/submission, for differentiation of emotions that are often of particular interest to intimate relationship researchers, such as anger and fear. If only valence and arousal are used to map emotions, both anger and fear occur at similar levels of high negativity and high arousal. However, when the dimension of approach/avoidance is added to the model, anger and fear become appropriately distinct with anger mapping onto high approach and fear mapping onto high avoidance.
 2. Grimm, Kroschel, Mower and Narayanan (2007) were able to successfully identify unique vocal patterns associated with specific emotions using fuzzy sets. The use of fuzzy sets to map vocal parameters onto specific emotions assumes that the boundaries between specific emotions are overlapping and less crisp than has traditionally been assumed by emotion theorists. Fuzzy sets appear to be a promising statistical technique for identifying specific emotions from continuous measures of emotional dimensions but are just beginning to be explored within the realm of emotion and are in need of further study and development.

Researchers have also long been interested in studying patterns of f_0 that are related to psychological disorders (e.g., Eldred & Price, 1958; Zuberbier, 1957; Zwirner, 1930). Tolkmitt, Helfrich, Standke, and Scherer (1982) measured mean f_0 during interviews conducted with psychiatric in-patients who were diagnosed with either depression or schizophrenia. Mean f_0 from interviews conducted shortly before discharge was significantly lower than mean f_0 from interviews conducted shortly after admission. Tolkmitt and colleagues (Tolkmitt et al., 1982) interpreted these findings as indicating decreased levels of distress due to successful therapy.

Studies of emotional portrayals similarly link higher levels of f_0 to higher levels of emotional arousal. For example, Leionen, Hiltunen, Linnankoski, and Laakso (1997) asked male and female participants to portray 10 different emotions (frightened, angry, astonished, sad, neutral, commanding, content, pleading, admiring, and scornful) while saying the word "saara". Portrayals of astonished, frightened and angry were found to have significantly higher mean f_0 than neutral portrayals. However, no other significant differences were found between the various portrayals. Convergent results were found by Banse and Scherer (1996), Wallbott and Scherer (1986) and Fairbanks and Provonost (1938), all of whom used slightly different methodologies that asked participants to either read an emotionally neutral paragraph or to speak a nonsense words, and found mean f_0 to increase with arousal level.

Though the results of portrayal studies were consistent with the findings from earlier studies of naturally occurring stressors, some researchers were skeptical that actors could produce accurate and natural portrayals of emotions. This skepticism was based in part on findings that showed that the naturalness of portrayed emotion is partially dependent on individual actors' abilities (Cosmides, 1983; Wallbott & Scherer, 1986). Researchers turned to a third methodology, inducing emotions, to address the skepticism about portrayal studies.

Induction studies of vocal parameters have used three general strategies for arousing emotions and stress in participants. The most frequently used strategy has been to have participants complete some sort of stressful task in a laboratory setting. Bachorowski and Owren (1995) presented a series of two words for very short time periods to participants and asked them to judge whether the words were real or nonsense. Participants received feedback about the accuracy of their answer after each trial. Positive emotions were induced by congruency between correct responses and positive feedback while negative

emotions were induced by incongruence between response and feedback. Mean f_0 was significantly elevated for both men and women during the stressful task relative to their baseline values when both positive and negative emotions were induced.

Another paradigm used by researchers to induce emotional arousal is to have subjects participate in non-evaluative activities that naturally evoke emotions. Utsuki and Exline (1991) videotaped participants who took part in mock presidential debates. Mean f_0 was found to be significantly higher immediately preceding the start of the debate relative to baseline measures; the magnitude (~ 4Hz) of the increase was found to be approximately equal for both men and women. Similar results were found when participants' arousal was manipulated by reading affectively laden stories (Sobin & Alpert, 1999).

A final paradigm that has been used to induce emotions is the administration of psychotropic medications. Helfrich, Standke, and Scherer (1984) gave non-clinically diagnosed participants varying levels of anti-depressants, anxiolytics, and placebos using a double blind methodology. Consistent with expectations that more depressed individuals would exhibit lower mean f_0 than less depressed individuals, significantly higher levels of mean f_0 were found in an anti-depressant condition relative to a within-subject placebo condition. No significant differences were found between the anxiolytic and placebo conditions.

In summary, studies that have measured f_0 during naturally occurring stressors, portrayals of numerous emotions, and artificially induced emotions have consistently found that higher levels of mean f_0 are related to higher levels of arousal. These findings have been obtained in a wide variety of naturally occurring stressors, including aircraft pilots and controllers, astronauts, soldiers, therapy clients, and students, as well as in a wide variety of studies that have employed numerous methodologies for portraying emotions and inducing arousal. Importantly, mean f_0 appears to more closely tied to psychological arousal than to physical arousal, and the relation between higher mean f_0 and higher levels of arousal does not appear to be affected by the valence of the arousal that is being experienced.

Several different indices of f_0 , including mean, maximum, floor, range and variability, have been empirically linked to arousal level. The largest body of work has used mean f_0 as the primary vocal index of emotional arousal. Juslin and Scherer (2005) have recently recommended the use of f_0 range in place of mean f_0 . Future research would likely benefit from using both mean f_0 and f_0 range to allow comparison of findings with existing studies that used mean f_0 and to allow transition to a "cleaner" index of f_0 .

Generating f_0 in new and existing datasets

The process of generating f_0 values from digital recordings is similar regardless of whether it is being done with new or existing datasets. In both cases there are two requirements: 1) separate audio recordings of each spouse speaking and, 2) Praat (Boersma & Weenink, 2005), a free, Windows based program available at <http://www.fon.hum.uva.nl/praat/>.

Separate audio recordings of each spouse speaking are relatively straightforward to create if you are recording new interactions. The easiest way to accomplish this is to use a separate unidirectional microphone for each spouse, a multichannel audio card, and audio recording software that supports multichannel recording (e.g., Sony's Sound Forge 9.0). Each spouse's speech can then be recorded on a separate audio channel and output as a separate audio file.

Separate audio recordings of each spouse speaking are more complicated to generate for existing datasets. Any existing recordings of interactions will have recorded both of the spouses speaking in the same file so you need to know when each spouse is speaking in order to correctly calculate his or her f_0 value. There are two main options for accomplishing this task. The most efficient option is to use an automatic speaker recognition algorithm to analyze the combined audio file. Mel-frequency cepstral coefficients (MFCCs; Mermelstein, 1976), which summarize the power spectrum of a sound, are a well-trying metric for determining who is speaking at any given time. The power spectrum of each person's speech is unique and can be used to differentiate his or her speech from anyone else's. Though the use of MFCCs for automatic speaker recognition is a proven technology, carrying out this process requires the use of additional software that is not commonly used in psychology. In my experience, advanced graduate students in electrical engineering and computer science have made excellent collaborators for choosing this method of analyzing archival datasets. The other method, splitting the combined file by hand, is much more simple and reliable but also much slower. To accomplish this method, the only thing that is required is a nonlinear digital editing program, such as Adobe Premiere or Adobe Audition. This type of program allows you to divide a single audio track into multiple audio tracks and thereby create separate audio files for just the wife's speech and just the husband's speech.

Regardless of which method is used to identify which spouse is speaking at each point in time, the

second and final step is to analyze the audio file with Praat. Praat is used to read in the audio file (waveform audio format (.wav) files work well) and then to produce either summary statistics for the whole recording or a time series of values with summary statistics for each .25 second of the interaction³. The end result of this process is a value of mean f_0 as well as minimum and maximum f_0 that are needed to calculate range of f_0 , which is maximum – minimum f_0 . A sample audio file is on the SIG website if you'd like to analyze a short audio file with Praat. A screenshot from Praat along with summary and time-series results of analyzing this file are included in Figures 1 - 3.

Probable future DSP developments for measuring dimensions of emotion

Using DSP to measure emotional arousal by calculating f_0 values for speech samples uses well developed and easily accessed programs. There are a number of additional efforts currently underway to apply DSP to video recordings to generate other measures of emotion-linked behaviors. Teams from Carnegie Mellon University (http://www.ri.cmu.edu/research_project_detail.html?project_id=10&menu_id=261) and the University of California, San Diego (http://mplab.ucsd.edu/?page_id=2) have successfully developed DSP technologies for analyzing facial expressions in video recordings based on the Facial Action Coding System (FACS; Ekman & Friesen, 1976). FACS provides a framework for identifying specific emotions from the activation of facial musculature. FACS coding is a very time intensive system and these successful implementations of DSP techniques may make FACS coding of spousal interactions more feasible and realistic. Teams at the University of Southern California are also working on implementing DSP methods for analyzing facial expressions but are basing their efforts on the Facial Expression Coding System (FACES; Kring & Sloan, 2007) to generate a continuous measure of valence.

Assessing power processes with computational linguistics

Power has often been conceptually placed at the core of romantic relationships and family systems (e.g., Huston, 1983; Minuchin, 1974). Power is typically thought of as consisting of three separate but overlapping domains, potential power, the use of power, and outcome power (Cromwell & Olson,

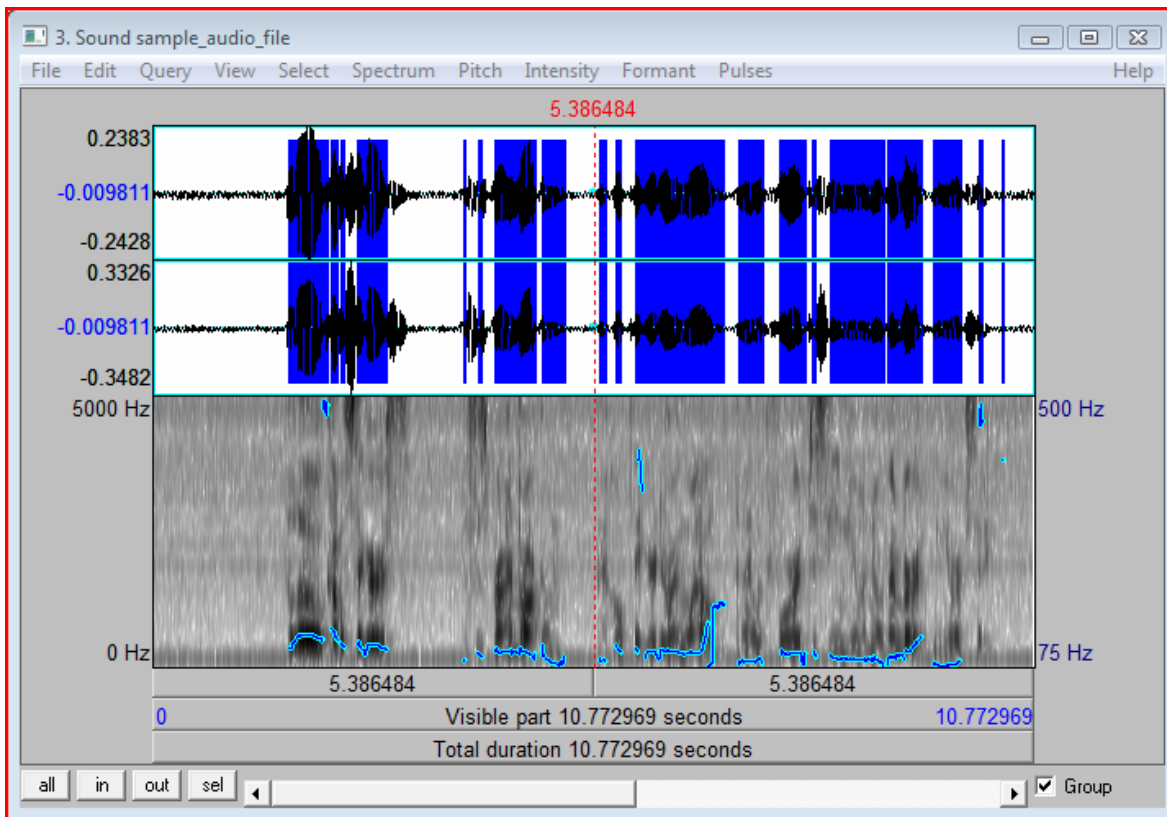


Figure 1. Sample screenshot from Praat.

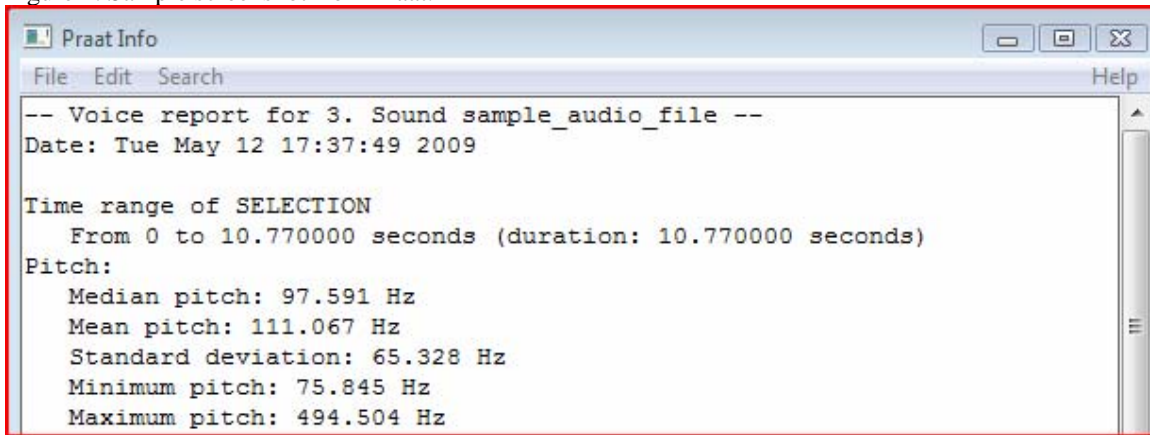


Figure 2. Sample summary output from Praat.

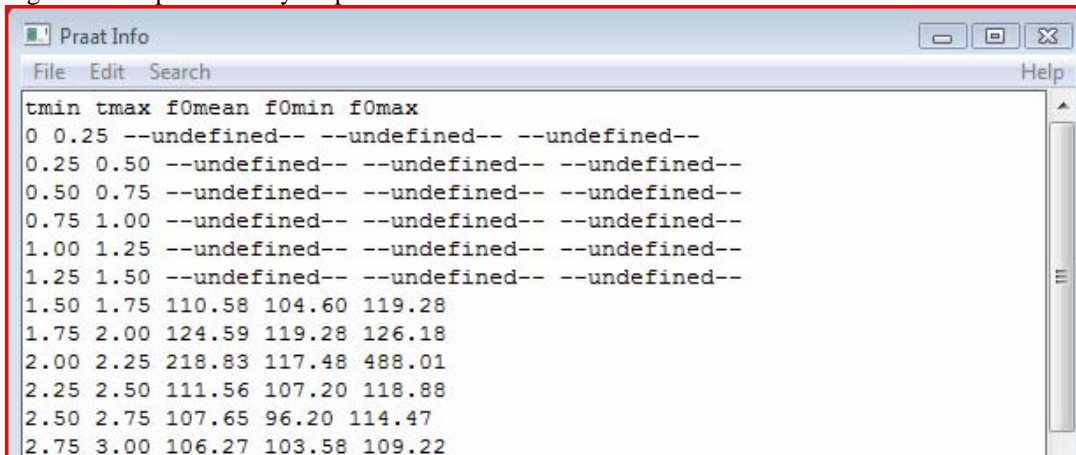


Figure 3. Sample time-series output from Praat

1975). Potential power refers to economic and individual difference based sources of influence, such as monetary earnings, commitment, or desire for intimacy, that a spouse contributes to the relationship; power processes refer to the interaction techniques that are used by spouses in attempts to gain control over assets of the relationship; outcome power refers to who has the final say in a problem-solving or a decision-making process. Power processes have been found to have particularly important consequences for relationship quality. Power processes are the means by which spouses attempt to restructure their marriages to be a better fit for their needs and to resolve conflict when it arises within their marriage. Much of the work on power processes within the intimate relationships area has utilized observational coding and self-report methods. Recent advances in the field of computational linguistics provide alternative methods for studying power processes that create new possibilities for exploration and overcome some of the limitations of standard assessment tools.

As is the case with emotion, power has also been the subject of study in a wide variety of social sciences and humanities. Communication studies and discourse analysis scholars have long advocated the analysis of language as a means of studying power (e.g., Lakoff, 1977; Sacks, Schegloff and Jefferson, 1974). Within these traditions, both microanalytic and macroanalytic perspectives have emerged. Microanalytic perspectives focus on specific words or linguistic behaviors while macroanalytic perspectives emphasize broad classes of behaviors. Recent application of computational linguistics to the study of romantic relationships driven by the work of Atkins and colleagues (e.g., Atkins, 2006) permits these methods to be used to analyze words spoken during interaction between spouses in a highly efficient and reliable fashion.

Microanalytic models of power

One microanalytic approach for examining linguistic power processes is to use a semantic perspective in investigating patterns of word usage. Hedges are words, such as might, could, and a little bit that reduce or weaken the certainty of a statement; greater usage of hedges is generally associated with lower power potential and outcome power. With regard to potential power, O'Barr and Atkins (1982) compared the courtroom testimony of high and low status men and women and found that hedges were more prevalent in the testimonies of low status than in high status individuals regardless of their sex. Similar results were found in a study of undergraduates whose power was experimentally manipulated in a series of

role plays (Morand, 1996). With regard to outcome power less frequent hedge use has consistently been found to be related to greater power. For example, Holtgraves and Lasky (1999) had undergraduates listen to different versions of a speech advocating for the introduction of comprehensive exams at a university. The only difference between the speeches was the presence of frequent hedges in the low power version of the speech. Participants rated the high power version of the speech as significantly more persuasive than the low power version of the speech. Less frequent hedging has been judged as more persuasive in a number of different types of language samples, including using written as well as spoken messages advertising new products (Areni & Sparks, 2005; Lituchy & Wiswall, 1991), transcripts of court proceedings (Bradac, Hemphill & Tardy, 1981), and tape recordings of crisis intervention phone calls (Bradac & Mulac, 1984).

Macroanalytic approach to power

One particularly promising macroanalytic model of power focuses on the amount of freedom that the target of an influence attempt has to respond to the influence attempt. Originally proposed by Kipnis and colleagues (Fung, Kipnis, & Rosnow, 1987; Kipnis & Schmidt, 1985; Kipnis, Schmidt, & Wilkinson, 1980), the two poles of this dimension are referred to as hard and soft influence tactics. Hard influence tactics are controlling, coercive, and give the target of influence very little choice in deciding how to respond to influence attempts while soft influence tactics are collaborative and give the target of influence some freedom in responding to influence attempts (Bruins, 1999; Kipnis, 1984; van Knippenberg, van Eijbergen, & Wilke, 1999). Numerous studies employing this taxonomy have linked the use of hard and soft influence tactics to both potential and outcome power.

More frequent use of hard influence tactics and less frequent use of soft influence tactics have been linked to both higher potential power and higher outcome power. When potential power is defined in terms of absolute authority using hierarchical position within a company, more powerful individuals, whether male or female, tend to use hard tactics more frequently when interacting with less powerful coworkers than they do when interacting with similarly powerful or more powerful coworkers (Fung et al., 1987; Kipnis, Schmidt, Swaffin-Smith, & Wilkinson, 1984; Kipnis, Schmidt, & Wilkinson, 1980; Kolberg, 1990; van Knippenberg et al., 1999; Yukl & Falbe, 1990; Yukl & Tracy, 1992). Likewise, Fung et al. (1987) found that soft influence tactics are

used more often than hard influence tactics when the influence target holds a higher position in a company.

It is important to note that in addition to investigating the links between potential power, outcome power and linguistic behaviors, there has also been a large amount of effort devoted to the study of sex differences in these linguistic behaviors. Though some significant sex differences have been found in these linguistic behaviors, the majority of studies have failed to uncover sex differences and recent reviews have concluded that these linguistic behaviors are better understood as indices of power rather than as being representative of sex-based differences in communication styles (Anderson & Campbell, 1998; Carli, 1990; Falbo & Peplau, 1980).

Computational linguistic approaches applied to power processes

Computational linguistics programs provide an efficient and reliable way to measure the use of hedges and hard/soft influence tactics. Computational linguistics programs analyze the transcript of an interaction and provide summary statistics of the words that spouses used during the interaction. Given that existing research has generated large lists of specific hedges, word counting programs, such as Linguistic Inquiry and Word Count (LIWC; Pennebaker, Francis, & Booth, 2001), are a good option for generating this index of power processes. LIWC counts the relative frequencies of a pre-defined category of words, or a dictionary, within a sample of text and the summary score it generates represents the percentage of the total words that the parameter of interest accounts for in the sample of analyzed text. For example, a hedge score of .5 would mean that every other word was a hedge.

It is important to note that LIWC is subject to several limitations related to the quality of the pre-defined category of words. All possible permutations of a phrase must be included in the dictionary in order to be included. For example, suppose you wanted to count the number of times that a participant said, "I think". If a participant said, "I really think", or, "I thought", those phrases would not get counted unless each was specifically included in the dictionary. Additionally, misspellings in either the dictionary or the text can have a large impact of the quality of the results derived from LIWC.

The complexity of the phrases and statements used to create influence makes them difficult to assess using word counting programs. Latent Semantic Analysis (LSA; Landauer, Foltz, & Laham, 1998), another computational linguistic program, determines the contextual meaning of words and phrases and is a

more realistic option for use in measuring influence tactics.

In LSA, two samples of text are compared in terms of the similarity of their semantic meaning⁴. To use LSA to analyze the transcript of an interaction, it is first necessary to generate a sample of text that contains words whose semantic meaning is consistent with the phenomenon of interest. For example, we could use the words "insist, criticize, ridicule, superiority, dominance" to be examples of hard influence tactics and the words "compromise, negotiate, clarify, explain, accord, reason" to be example of soft influence tactics. Then a semantic space must be selected in order for LSA to derive the semantic meaning of both the comparison text and the transcript of the interaction. Importantly, the meanings of words are derived by analyzing both the contexts that words appear in as well as the contexts that the words are absent from in a semantic space. This aspect of LSA allows it to consider words that do not appear in the comparison text yet are similar in meaning to words that are in the comparison text. For example, LSA would score the word "care" as having similarity to the word "love" even if "care" was not in the comparison text and "love" was. The result of the LSA analysis is a single score representing the similarity of the comparison text to the transcript in overall semantic meaning. The higher the value, the greater the similarity between two samples of text. Additional details about using LSA for these purposes are available in Baucom (in press).

To conduct either of the two types of analyses described here, it is necessary to have a transcription of the interaction as well as the required computer program. LIWC is available for purchase from <http://www.liwc.net/index.php>, and a free, web-based version of LSA is available at <http://lsa.colorado.edu/>. Interested researchers may find it helpful to consult Mergenthaler, and Stinson (1992) for recommendations for generating transcriptions for psychological research.

Example studies using these techniques

Emotional arousal, power processes and the demand/withdraw interaction pattern.

Baucom (2008) used DSP, computational linguistics, and observation coding methods to investigate links between the demand/withdraw interaction pattern, power processes, and emotional

4. LSA is a very general method for extracting underlying linguistic dimensions in a corpus of text. These underlying dimensions can be used to make similarity comparisons of words and/or passages, though this does not capture the extent of LSA's uses. See Landauer, McNamara, Dennis, & Kintsch, 2007 for a full description of LSA and extensions to LSA.

arousal in treatment-seeking and community couples. The demand/withdraw interaction pattern occurs when one partner, the demander, nags, criticizes or complains to the other in attempt to create change within the relationship whereas the other partner, the withdrawer, avoids, withdraws from or terminates the interaction in response (Christensen, 1988). Frequent and intense occurrence of the demand/withdraw interaction pattern has been shown to be characteristic of distressed relationships. Power and emotional arousal have been hypothesized to be important components of the occurrence of demand/withdraw behavior as well as of the tendency for partners to assume behavioral roles, i.e. the likelihood of being a demander vs. a withdrawer (see Eldridge & Christensen, 2002 for a review). The treatment-seeking couples in Baucom (2008) were severely and stably distressed married, heterosexual couples who took part in a randomized clinical trial of two couple therapies (Christensen, Atkins, Berns, Wheeler, Baucom & Simpson, 2004). The community couples were married and dating heterosexual couples, lesbian couples and gay male couples who ranged from moderately satisfied to moderately dissatisfied. Demand/withdraw behavior was observationally coded in two identically structured conflict interactions using similar coding systems and power processes and emotional arousal were assessed in the same manner in both samples of couples. Microanalytic power processes were assessed using observationally coded interruptions and hedges (measured using LIWC); macroanalytic power processes were assessed using hard and soft influence tactics (measured using LSA); emotional arousal was assessed using mean f_0 (measured with Praat).

Both the total amount of demand/withdraw behavior and the relative distributions of demanding and withdrawing behaviors between partners were significantly associated with power processes and encoded arousal. Specifically, greater frequency of hedge use, higher levels of soft influence tactic use, and lower levels of mean f_0 were associated with lower levels of total demand/withdraw behavior in both samples⁵. Additionally, demanders were found to use significantly more hard influence tactics than withdrawers in both samples, and demanders were found to have significantly higher f_0 than withdrawers in the treatment-seeking sample⁶. There was a non-significant trend of similar magnitude in the same direction in the community sample between mean f_0 and relative demanding and withdrawing behaviors. There were no significant differences in the associations between total or relative

demand/withdraw behavior and power processes or emotional arousal across couple composition (i.e., same-sex couples relative to cross-sex couples) in the community sample.

This collection of results is consistent with the idea that emotional arousal and power are important intra- and interpersonal correlates of demand/withdraw behavior. Consistent with previous conceptual models of the involvement of power in demand/withdraw behavior, shared power, operationalized as more frequent use of hedges and greater use of soft influence tactics, was associated with lower levels of demand/withdraw behavior while asserted asymmetrical power, defined as more frequent use of interruptions and greater use of hard influence, was associated with higher levels of demand/withdraw behavior. Power processes were also associated with the behavioral roles that partners assume when engaging in demand/withdraw behavior. Demanders used more hard influence tactic language than withdrawers. This finding suggests that when demanders ask for a change from their partners, they do so by frequently using strong emotional terms and by leaving very little room for negotiation in their request (Baucom, in press).

Results linking higher levels of mean f_0 to higher levels of overall demand/withdraw behavior are consistent with a large body of empirical evidence that has linked conflict to arousal (see Kieckolff-Glaser & Newton, 2001 for a review) and with the hypothesis that demand/withdraw behavior is associated with arousal level. However, the finding that higher levels of f_0 are associated with an increased tendency to assume a demanding role is opposite of what would be predicted for the escape conditioning model (ECM; Gottman & Levenson, 1988). The ECM suggests that partners may withdraw from conflict when their level of emotional arousal is unbearably high in an attempt to distance themselves from the arousing conflict, and that partners who are particularly sensitive to conflict are likely to assume a withdrawing role within their relationship. It is possible that demand/withdraw behavior is associated with emotional arousal in a more complicated manner than is hypothesized by the ECM. The ECM considers emotional arousal independent of the emotion linked with it; it is possible that emotional arousal is associated with different

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5. More frequent interrupting behavior and higher levels of hard influence tactic use were significantly associated with higher levels of demand/withdraw in the treatment-seeking sample, but these results did not replicate in the community sample.
 6. Demanders were also significantly more likely to use hedges and soft influence tactics than withdrawers but only in the community sample.

emotions for demanders and withdrawers. Exploratory post-hoc analyses suggest that demanders experienced significantly more anger than withdrawers and that withdrawers experienced significantly more anxiety than demanders. These results linking relative demand/withdraw behaviors to different emotions should be considered as tentative as they require replication in a study specifically intended to test these associations (Baucom, in press).

Emotional arousal, power processes and response to couple therapy

Emotional arousal and power processes assessed with DSP and computational linguistics have also been linked to response to two couple therapies two years after treatment termination. Results of a randomized clinical trial of two behaviorally based couple therapies, Integrative Behavioral Couple Therapy (IBCT; Christensen & Jacobson, 2000) and Traditional Behavioral Couple Therapy (TBCT; Jacobson & Margolin, 1979), have shown that both therapies create improvement in relationship functioning that is maintained over a period of two years after treatment termination, with a statistically significant but not dramatic advantage for IBCT (Christensen, Atkins, Yi, Baucom, & George, 2006). Atkins and colleagues (2005) examined pre-treatment demographic, intrapersonal and interpersonal variables as predictors of treatment response at termination. Treatment condition, gender, years married, distress level and a sexual satisfaction by treatment condition interaction emerged as significant predictors of the rate of improvement in relationship satisfaction (Atkins et al., 2005).

Recent work by Baucom and colleagues (Baucom, Atkins, Simpson, & Christensen, 2009) examined prediction of treatment response two years after termination in the same randomized clinical trial of IBCT and TBCT using the same set of pre-treatment variables as Atkins et al. (2005) with the addition of f_0 range, hard and soft influence tactics and several other empirically based predictors from the same pre-treatment assessment. Study findings showed strong associations between 2-year outcome, wife's pre-treatment f_0 and the couple's use of hard influence tactics for moderately distressed couples in both therapies. Additionally, the couple's use of soft influence tactics was associated with 2-year outcome for couples receiving IBCT. Higher levels of arousal, higher levels of hard influence tactic use, and lower levels of soft influence tactic use during pre-treatment conflict interactions were all associated with less positive response to therapy.

The association between higher levels of pre-treatment arousal and less positive long-term response to couple therapy is consistent with studies that have documented long-term associations between higher levels of conflict related arousal and an increased likelihood of divorce (e.g., Levenson & Gottman, 1985). Though the mechanisms linking arousal to treatment outcome are not yet known, it may be that spouses are unable to effectively join emotionally with their partners or to problem-solve during therapy sessions when they are highly aroused by their own sources of distress. The emotional and cognitive demands of therapy may be too great when spouses are already using all of their available cognitive resources and coping abilities to handle being in a highly aroused emotional state (Baucom, in press).

The results linking power processes to outcome are consistent with previous randomized treatment outcome studies of behavioral couple therapies and with the theoretical underpinnings of the interventions used in IBCT. Hard influence tactics are characterized by high levels of emotional manipulation and pressure and decreased room for spouses to discuss requests for change. This finding is in line with Jacobson and Christensen's (1998) suggestion that a collaborative set, which is a shared sense of investment in working on the relationship and a willingness to compromise in order to strengthen the relationship, is a crucial ingredient for successful couple therapy. One of the primary interventions in IBCT is empathic joining, a technique that aims to get spouses to share vulnerable emotions related to on-going distress (Jacobson & Christensen, 1998). Using higher levels of soft influence tactics, which are characterized by collaboration, connection and shared power, likely makes it easier for couples to engage in empathic joining and thus to be more responsive to IBCT (Baucom, in press).

Summary and future directions

The use of DSP and computational linguistics open new possibilities for efficient and reliable exploration of emotional arousal and power processes during interaction. No additional equipment is required (though some additional equipment would be helpful) to use either technique beyond what is typically used to record interactions. Some additional software is necessary but much of this software is freely available on the internet. Collaborating with researchers outside of psychology would likely increase the efficiency of conducting either form of analysis but straightforward methods of data preparation allow for both types of analyses to be done without the involvement of engineers and/or computer scientists if that is not

desirable or possible. Finally, future developments in DSP technology will likely make it possible to analyze valence and specific emotions from digital video recordings.

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Letter from the Student Co-Presidents

William Aldridge II¹ & Rebecca Brock²

¹University of North Carolina, Chapel Hill, ²University of Iowa

Attending SIG member presentations each year at the ABCT convention is so enjoyable, and last year was no different. From a broad perspective, one can truly witness the movement of the couple research and therapy field. At a more specific level, these presentations provide us the opportunity to engage with each other professionally and intellectually, and to sharpen our own research and practice.

Of course, another important part of each convention is the opportunity to socialize with each other and have a real fun time. Our SIG has always done an incredible job of balancing work and play and this is one of the main reasons our group remains much like a family despite how big it grows. In fact, I've heard many describe the convention experience as, in part, an "annual family reunion for the SIG."

Together, Becca and I continue to make the social aspects of the Couples SIG one of the foci of our student co-presidency. Last fall, in addition to our annual Couples SIG Cocktail Party, we had the Couples SIG After-Dinner Student Cocktail Event (yes, we're still working on the name...). We hope some form of this student social event will continue to re-connect Couples SIG students for fun and catching-up each year.

The Big Apple brings exciting opportunities for play, and Becca and I will soon be planning both the 2009 Couples SIG Cocktail Party and the 2009 Couples SIG student social event. Of course, planning social events for large professional groups brings certain challenges.

In 2004, our general SIG social gathering transitioned from a dinner format to a cocktail format due to the growing size of the SIG. This has helped keep the event practical while continuing to provide an opportunity for catching up and unwinding together. Still, we look for ways to integrate the old charm of our SIG dinners into the new cocktail format. In 2005, this was re-captured in the retirement tribute that was given to Gary Birchler during the SIG cocktail party. In 2007, then-Student-Co-Presidents Brian Baucom and Eric Gadol brought back a little of that old charm by holding the SIG cocktail party at a local brew pub in Philly and providing an informal dinner opportunity following cocktails.

In 2009, we want to consider ways to recapture some of the old charm in our SIG cocktail party. As we begin the planning process, we'd really like to hear your thoughts and opinions about how we might be able to do this, whether in the location of the cocktail party or in specific cocktail party activities. In addition, for the 2009 Couples SIG student social event, we not only want to hear some re-naming suggestions, but also ways to heighten both the anticipation for and experience of the event. So whether in the timing of the event (e.g., happy-hour vs. after-dinner vs. late-night) or the location of the event (i.e. the hotel bar or one of the Big Apple's famous night-lights), students, let us know what you think.

We end with a usual reminder to student Couples SIG members: make sure that you have subscribed to the **Couple SIG student listserv**! However, we also want to add a new reminder for this newsletter edition: if you are on Facebook, make sure to join the new **ABCT Couples SIG Student Facebook Group**. Together, the student listserv and Facebook group serve as the main channels for Couples SIG student news and event updates. If you have not subscribed to the student listserv and would like to join, just send an email to Becca at rebecca-brock@uiowa.edu or Will at will_aldrige@unc.edu.

Happy spring to everyone and best wishes for a relaxing yet productive summer!

Couples Practice Research Network: An Overview and Update

Barbara Kistenmacher¹ and Jaslean La Taillade²

¹*Bronx-Lebanon Hospital* & ²*University of Maryland*

The Couples Research and Therapy SIG Practice Research Network (PRN) was initially established in order to: 1) learn more about the outcome of couple therapy across diverse clinical settings and populations; 2) establish a database which SIG members could access for research purposes; 3) formalize practitioner-to-scientist communication about what is happening in the treatment of couples in “real world” settings; and 4) improve the quality of interventions being provided to couples.

Based on several meetings since the establishment of the PRN committee, we agreed on the following **strategic plan**:

1. Build knowledge and consensus for the PRN, beginning with Dr. Tom Borkovec’s presentation on establishing and maintaining PRN’s at the 2005 ABCT pre-conference workshop
2. Obtain additional information regarding existing PRN’s and their operation
3. Conduct a web survey of the SIG to determine how many SIG members would be interested in participating in the network, and to obtain information about their clinical practices (e.g., number of couples seen per year, demographic characteristics of clients and treatment providers, etc.)
4. Outline the procedures necessary for the establishment and maintenance of the database (e.g., ethical and funding issues, accessibility, confidentiality, etc.)
5. Develop a core battery of best practice assessment measures that can be easily administered by therapists at the end of sessions to reliably assess pertinent target behaviors (e.g., relationship satisfaction, communication behaviors, etc.) relevant to progress in treatment

We established several subcommittees within the PRN who would be responsible for accomplishing each of the strategic plan items. These committees include: Membership Committee, for recruiting persons interested in the PRN; Measures Committee, for reviewing and selecting measures to survey couples; Ethics/IRB Committee, for addressing human subjects and IRB issues pertinent to the establishment and maintenance of the network; Database Committee, for establishing, maintaining, and disseminating data collected from couples; and the Research/Practice Link Committee, for establishing and maintaining collaborative relationships between practitioners, scientists, and scientist/practitioners within the PRN.

We agreed that the Membership Committee, led by Jaslean and Barb, would create a survey that would be reviewed by the larger PRN committee and then sent to all Clinic Directors of couples programs within the SIG.

To date, we have accomplished #1 and #2 of the strategic plan and are very close to completing step #3. We also recently invited a new faculty member, Dr. Susan Perkins, to join our committee. Susan has been helping Barb develop a comprehensive list of e-mails of Clinical Directors. The survey should be sent very soon, so please look out for it!

During the SIG meeting at the 2009 ABCT Convention, we plan on updating members of the SIG on the results of the survey. In addition, we plan to discuss the steps involved in establishing and maintaining the database. Those persons who are, and wish to be, involved with the Ethics/IRB Committee, as well as with the PRN, please contact Jaslean La Taillade (jaslean@umd.edu) or Barb Kistenmacher (bkistenm@bronxleb.org). We look forward to working with all of you in the future and seeing you at ABCT in NYC!

HOT OFF THE PRESS

In Press and Recently Published Literature

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SEE YOU IN NYC!

KUDOS!!!

Deborah Welsh and **Shmuel Shulman** were the guest editors for an entire special issue of *The Journal of Adolescence* on observational studies of adolescent romantic relationships in December 2008.

Brian Buzzella, was recently awarded the Roy Scrivner Memorial Research Grant from the American Psychological Foundation to support the evaluation of a relationship education program for same-sex couples marrying in Massachusetts.

Penny Leisring was married to **Mark Mooney** on January 3, 2009 in Orleans, Massachusetts.

Brian Baucom and **Katie Williams** were married on March 20th. Andy Christensen (their advisor) performed the ceremony.

Michael Maltese and **Tara M. Neavins** were married on October 18, 2008, in Waterbury, Connecticut.

Rebecca Brock received the Ruth L. Kirschstein National Research Service Award (NRSA) from the National Institute of Mental Health (NIMH)

Robin Barry received the Spence Award from the University of Iowa, Department of Psychology for excellence in research, teaching and service. She also received the Randy Gerson Memorial Grant from the American Psychological Foundation and an American Psychological Association dissertation grant.