Couples Therapy in Advanced Cancer: Using Intimacy and Meaning to Reduce Existential Distress

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INTRODUCTION

“There are things that I feel we don’t talk about and…I understand why…but I feel like I—it’s something I’d like to—I would like to use some of our time…[pause] We don’t talk about me dying…and I’d like to” (Patient, Case 009)

“We don’t talk about the essence of it …that this person that perhaps you love is not going to be here anymore. I hit the surface with you [turns to husband] but I can’t really talk about it with you because you talk me out of it” (Patient, Case 019)

In each excerpt above, a spouse with advanced cancer makes a bid for open and direct acknowledgment of their likely death. Yet the grief and existential threat associated with such conversations can easily overwhelm the most well functioning couple, giving rise to a host of dilemmas: How will we sustain and deepen intimacy while preparing for loss? How will we savor and enrich our present lives while acutely aware of an uncertain future? How will we preserving our identity as a couple and honor our history together when illness dominates our lives? How will we continue to give and receive mutually when our roles have become so skewed?

In this paper, we describe a brief model of therapy delivered to the couple coping with advanced disease, that we call Intimacy and Meaning Enhancing Couples Therapy (IMECT). IMECT aims to improve the adjustment and quality of life of patients with advanced cancer and their partners by strengthening the couples’ capacity to manage cancer-related concerns collaboratively, draw support from one another, recognize and reinforce shared sources of meaning. IMECT evolved from a phase of pilot work in which we tested a model of couples therapy for men with metastatic prostate cancer and their wives. An earlier iteration of this model piloted with 24 couples was focused primarily on enhancing intimacy and communication. Preliminary data indeed suggested that this conjoint couples intervention was associated with improved quality of communication (i.e., increased constructive communication, decreased mutual avoidance, decreased demand-withdraw). However, a qualitative analysis of completed intervention sessions, as well as feedback from exit interviews with participating couples, suggested that our initial focus on intimacy-enhancement was of limited relevance at this late stage of illness. Couples commonly presented with concerns about disease progression, loss, uncertainty, and difficulties communicating about sensitive topics. IMECT therefore evolved to include a dual emphasis on relational and existential challenges. IMECT strives to optimize communication about these concerns, while helping the couple identify, affirm and “keep in circulation” [1] sources of relational meaning that counter the distress which these dilemmas bring.  

(Continued on page 4.)
Letter from the Editors

Ellen and I are pleased to offer the Autumn edition of the Couples SIG Newsletter. This year we have been hard at work adding to the Couples domain—by becoming officially married ourselves! Well, not to one another, but to our respective partners.

(Kudos to us!)

This edition of the newsletter features an article by Talia I. Zaider, Ph.D., and David W. Kissane, M.D., presenting Intimacy and Meaning Enhancing Couples Therapy (IMECT). Please read further to learn more about their model of therapy which emphasizes both relational and existential challenges faced by couples coping with advanced stage illness.

Additionally, we introduce you to our newest segment in the Couples SIG Newsletter, Lab Updates. It has been fascinating to read what each of these labs has been attempting and accomplishing.

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 to your SIG newsletter. Are you choosing a new book to read? Perhaps one that others are wondering if they should bother reading? We invite you to submit your review to the next Couples SIG newsletter.

Best wishes for a wonderful autumn and a successful ABCT Convention!

Amanda Harp & Ellen Darling

Lab Updates:

We asked, and you answered.

The Couples SIG has many highly accomplished labs. If you didn’t get a chance to update us in this newsletter, please start thinking about Spring 2011.

Christensen Lab
University of California, Los Angeles

Andrew Christensen, Ph.D.
Graduate Students: Katherine J.W. Baucom, M.A., C.Phil, Meghan M. McGinn, M.A., Lisa A. Benson, M.A.

We at the Christensen lab are enjoying a very busy fall! Katie is now actively recruiting low-income couples for her NRSA-supported study of a slightly adapted Couple CARE for Parents of Newborns (Halford, Heyman, Slep, Petch, & Creedy, 2009) during the transition to parenthood. Meanwhile, she is also writing her dissertation on changes in linguistic and observed behavior over the course of therapy and follow up in the IBCT clinical trial. Meghan is also beginning recruitment for her NRSA project, examining pre- to post-therapy changes in marital satisfaction, physiological reactivity, and health outcomes in older couples participating in IBCT. Her dissertation concerns change processes in IBCT, looking at both therapist and client behaviors in-session and changes in clients’ behavior outside therapy. Additionally, both Meghan and Katie are applying for internship this fall.

A major project in our lab is a NICHD grant to lab-alum Brian Doss, now at the University of Miami, as well as Andy, for creating a website-based version of IBCT. Lisa is working with Andy, Brian, and the rest of the UM team to develop content for the site; we look forward to pilot-testing it next year. Andy and Brian are also writing a new edition of Reconcilable Differences (Christensen & Jacobson, 2009), intended in part as a companion to the online program. Meanwhile, Lisa, Meghan, and Andy are revising a paper for the special section of Behavior Therapy on common factors in couple therapy. Lisa is also preparing manuscripts based on work she presented at ABCT last year concerning change in mental health and attachment styles during couple therapy.

In addition to the website project, Andy has begun a major project training VA therapists from across the country in IBCT as part of the VA’s rollout of empirically supported treatments. He has also collaborated with SIG members Don Baucom at UNC and Doug Snyder at Texas A & M as well as many others on a grant application for a 4 site study of the impact of couple therapy on adult anorexia. We look forward to seeing many of you at ABCT in San Francisco!

Today’s Couples & Families Research Lab, University of Cincinnati
Sarah Whitton, Ph.D.

Sarah Whitton joined the faculty of the Psychology Department of University of Cincinnati this year, and has started up the Today’s Couples and Families Research Program. The lab’s research is focused on better understanding and supporting modern couples, especially those who do not live in traditional first marriages, such as couples forming stepfamilies and those in same-sex relationships. We are currently in the process of developing a relationship education program for couples in stepfamilies, which we hope to pilot soon. We’re also working on a comprehensive review of relationship/family education programs for stepfamilies, as well as basic research on the factors that place “stepcouples” at heightened risk for relationship distress and breakup. The research team is also completing a pilot study of a same-sex relationship education program for gay male couples marrying in Massachusetts, and is actively collecting data for a study on the links between dating activity and depressive symptoms in young adults of different sexual orientations.

Graduate students on the research team include Amanda Kuryluk, a first year at UC, and Brian Buzzella, a graduate student at Boston University currently on internship at UCSD.

Our website is: http://homepages.uc.edu/~whitosh/TCF/Home.html

Doss Lab, University of Miami
Brian Doss, Ph.D.

Brian Doss’ lab, now at the University of Miami (FL), has been working this year to develop an IBCT-inspired, web-based intervention for couples with problems in their relationship. As part of this five-year grant, and in collaboration with Andy Christensen’s lab (UCLA), we have written and pilot-tested material which will be built and further tested in a large, randomized trial this upcoming year.

We’re also happy to report that we wrapped up our two-year study examining couple and coparenting interventions over the transition to parenthood and will hopefully be getting those results out soon. We’re lucky to have had Emily Georgia working with us these past two years and Larisa Cecilia join us in Fall 2010.

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Letter from the SIG Co-Presidents
Lee Dixon¹ & Cameron Gordon²

¹University of Dayton, ²University of North Carolina, Wilmington

It’s hard to believe, but it’s been seven long years since ABCT was held in a city that knows its chowda, I mean chowder. As if the chowder weren’t enough, if you are at all interested in relationship research, you are going to find many more reasons than the fresh seafood and chocolate to attend ABCT in San Francisco this fall. The work that will be presented at Clinical Round Tables, Panel Discussions, and Symposia will be a reflection of the outstanding research the members of the Couples SIG have been doing.

We hope you will all be able to join us in kicking off the conference with the Couples SIG preconference event at 6:30 – 8:00 PM on Thursday, November 18th in Union Square Rooms 19 & 20 of the conference hotel. SIG members who responded to our survey earlier this year requested a talk focused on recent advances in measurement for couples research. In response, we are pleased to announce that Dr. Ron Rogge, from the University of Rochester, will be sharing his perspectives on this topic. Dr. Rogge will be highlighting recent work advancing measurement of key constructs like relationship satisfaction as well as examining how effectively we are able to detect treatment effects and naturally occurring change in relationships. He will also present new findings regarding measures of subconscious (implicit) attitudes in relationships, which may offer researchers and clinicians methods of assessing relationship functioning at a deeper level than self-report. Finally, Dr. Rogge will present data from a series of 5 studies validating a new scale to assess inattention on self-report surveys - demonstrating the enhanced power that can be achieved by actively screening out the 3-5% of participants who are excessively inattentive.

Our SIG Business Meeting will be held from 3:45 to 5:00 on Saturday (Union Square Rooms 5 & 6). We will elect a new treasurer at the meeting, as Kahni Clements, who has done an amazing job, will be retiring from that office. 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 Lee or Cameron know. There will only be one office to fill, so we will use the remaining meeting time to get committee updates and to discuss additional SIG business. We will also be presenting the Robert L. Weiss Student Poster Award during the meeting.

If you have announcements or agenda items for the meeting, please let Lee (lee.dixon@notes.udayton.edu) or Cameron (gordone@uncw.edu) know.
Why Work with the Couple? Continued from page 1.

When asked what constitutes a “good death”, family caregivers, cancer patients and health care professionals alike have described a common set of priorities that include good symptom management, collaborative decision-making, preparation for death, sense of life completion, support, and affirmation of the whole person [2, 3]. A closer look reveals that relational concerns predominate across these domains. Valued experiences at the end of life include saying goodbye, being able to spend time with and confide in intimate others, resolving longstanding conflicts and feeling that one is of value to others.

We know from prior research that the perceived quality of family relationships in the setting of advanced illness is strongly associated with family members’ psychosocial morbidity at the end of life and in bereavement [Kissane et al., 1994;2003]. Others have similarly demonstrated that couples affected by cancer often function as an interdependent emotional unit, such that their needs, goals and emotional responses are correlated and mutually influencing [6].

For this reason, there has been increased interest in approaching the psychosocial care of the cancer patient with a relational lens. Yet, in the oncology setting, advanced cancer patients and their significant others are typically offered support separately, with services delivered in an individualized or support group format (e.g., caregiver support groups). Conjoint, couple-based interventions in end-of-life care have been largely underutilized and understudied [10]. This stands in contrast to the proliferation of supportive interventions tested for couples coping with early stage cancers [11]. The lack of couples-based support at the end-of-life leaves a potential resource untapped, as the close relationship shared by patient and partner is often the primary context in which distress is regulated, end-of-life wishes and priorities are defined, and meaning-making is nurtured or constrained. The emphasis on themes of caregiving, anticipated loss and existential concerns differentiates the support of advanced-stage couples from early-stage interventions [7]. Author and family therapist Esther Perel observed that today, “we turn to one person to provide what an entire village once did: a sense of grounding, meaning, and continuity” [47]. When it is mutually supportive and communicative, the intimate relationship can serve this function and be a crucial, distress-buffering resource for both partners [9].

INTEGRATING MEANING-MAKING AND INTIMACY: WORKING MODELS

As notions of meaning-making and intimacy underpin the intervention model presented here, we elaborate below on theoretical models that help define these constructs.

Meaning-Making

In advanced cancer, when the reality of eventual loss of life looms closer to both the patient and his partner, concerns about the meaning and purpose of life come to the fore [42]. Most research and theoretical work on meaning-making in the face of adversity has emphasized intrapsychic processes [23]. An exception to this is the work of Lepore (24), who demonstrated the important role of social relationships in hindering or facilitating a person’s capacity for growth, benefit finding and cognitive processing in the setting of a severe stressor. Likewise, therapies developed to promote meaning at the end of life have intervened with patients only, with little to no direct attention given to facilitating meaning-making for the family as a whole [42-46]. Susan Folkman’s [21] seminal study of caregiving partners of men with AIDS yielded the important insight that alongside the intense grief and emotional pain associated with illness and loss, it is possible, even common, for loved ones caring for a dying partner to experience positive emotional states. This capacity for positive emotional experiences in the face of adversity has been understood as the outcome of meaning-based coping, a term that describes a range of coping strategies such as reordering one’s life priorities, infusing ordinary events with positive meaning, drawing on one’s beliefs, values and existential goals (e.g., purpose in life) to sustain well-being during a difficult life event. Park and Folkman [22] developed a model of meaning-making, according to which people engage in meaning-making efforts when their appraisal of a stressful event is discrepant with their global beliefs, goals, priorities and sense of purpose in life.

How do we understand the process of meaning-making in a relational context? Patterson and Garwick [25] developed the notion of family meanings, which they define as the “interpretations, images, and views that have been collectively constructed by family members as they interact with each other, as they share time, space, and life experience; and as they talk with each other and dialogue about these experiences” (p.2). Theirs is a systemic and social constructivist definition, according to which meaning-making requires interaction, and is the emergent property of the family-as-a-whole, rather than belonging to any one member. They describe three levels of family meaning, which move from most concrete and observable, to most abstract and implicit:

1. Meanings pertaining to the situation at hand (i.e., immediate, subjective appraisals of the stressful event, why it happened, who is responsible for managing it, what demands will be faced and whether resources exist to meet these demands);

2. Meanings pertaining to family identity (i.e., the family’s view of itself, including implicit relationship rules, routines, rituals and role assignments);

3. Meanings pertaining to the family’s world view (i.e., how the family views the outside world and their purpose in it, including their shared ideology, shared control, trust in others, sense of coherence and meaningfulness).

Whether viewed as an individual effort or an interpersonal process, there is increased recognition that a person’s efforts to find meaning during a significant life event occur in a social context, and are shaped by social transactions that can restrict or enable this process. In IMECT, the couple is invited to find meaning at the end-of-life together, through a shared, deeply relational process.
**Intimacy**

Our work is guided by two conceptualizations of intimacy. One is the widely cited Interpersonal Process Model of Intimacy [26], according to which intimacy is something we feel when we engage in mutual disclosure (sharing of thoughts or feelings with one another), and experience mutual responsiveness (feeling cared for, accepted and understood). The premise that these two components (disclosure and responsiveness) culminate in feelings of intimacy during couples’ interactions has garnered considerable empirical support [27], and has been shown to take effect in couples affected by breast cancer [28]. The implication for our model of therapy is that to build or sustain intimacy, we must help couples become curious about and accepting of one another’s thoughts, concerns and fears. We thus use circular questioning [29] to encourage each partner to consider the other’s experience and facilitate open expression of feelings. Intimacy has secondly been construed as something we do, a relational act (not necessarily verbal) that is performed in a particular context and moment [30]. Thus, couples may broadly describe their relationship as close, having enjoyed many years of companionship, yet still struggle to “do” intimacy in the context of advanced illness. Common constraints to intimacy in this setting would include protectiveness (e.g., desire to avoid distressing topics), a wish to remain hopeful (e.g., desire to avoid consideration of future outlook), or pre-emptive distancing as a way to manage anticipatory grief. In his behavioral model of intimacy, James Cordova [31] emphasized that an intimate interaction is one in which behavior that is interpersonally “vulnerable” (i.e., acting or speaking in ways that risks disapproval), is reinforced in the relationship. When vulnerable behavior (e.g., expressing “soft” feelings, such as sadness, shame, anxiety) is validated and encouraged more often than it is punished, partners experience greater intimacy. An accumulation of such experiences produces an affective climate in which partners feel comfortable expressing a broad range of thoughts and feelings. In the model of couple therapy described here, intimate interactions are “performed” during sessions when we facilitate the expression of vulnerable feelings about illness and empower the couple to take the risk of drawing comfort from one another, even when the likelihood of separation through loss is acknowledged. A goal of sessions is to hold the complexity of this dual process (intimacy in the face of loss), without seeking its resolution.

Weingarten [30] proposed a definition of intimacy that incorporates meaning-making as a central feature, without privileging verbal disclosure over nonverbal interactions. Weingarten suggests that an intimate interaction cannot be judged by the degree or content of disclosure per se, but rather the extent to which the interaction carries within it a meaning that is shared, understood, and constructed by both partners:

“Intimate interaction occurs when people share meaning or co-create meaning and are able to coordinate their actions to reflect their mutual meaning-making. Meaning can be shared through writing, speech, gesture, or symbol. In the process of co-creating meaning, individuals have the experience of knowing and being known by the other” [30, p. 7].

**PROCESSES:**

**STRUCTURE AND OVERVIEW OF THERAPY**

Intimacy-Enhancing and Meaning-Enhancing Couple Therapy (IMECT) is a brief, manualized intervention targeting couples in which one partner is facing advanced illness and one or both partners are experiencing high levels of psychological distress. The goals of IMECT are to (1) improve psychological adjustment of the distressed partner(s) and (2) reduce existential distress. We work toward these goals by strengthening intimacy (e.g., facilitating shared disclosure of concerns about the future, building effective support processes, facilitating sharing of grief) and promoting meaning-making, especially at the relational level (e.g., reviewing relational priorities and wishes, building a relational legacy). We work with couples across four “core” sessions, the first two held one week apart, and the second two held 2-3 weeks apart. This spacing between sessions is designed to give couples time to integrate and reinforce what is learned in therapy. An additional two “maintenance” sessions may be offered at 1-2 month intervals to affirm the couples’ progress, and review set-backs or unresolved areas of concerns.

**Session Content**

- **Session 1: Story of Cancer:** Therapist elicits the story of cancer, understanding its impact on individual and couple adaptation, and identifying relevant domains for future focus. Home Exercise: Communication Awareness Exercise.
- **Session 2: Multigenerational Influences and Responses to Illness:** Therapist conducts a genogram interview and “relational life review”, with a goal of identifying key values and patterns of relating across generations, as well as models of resilience and adaptation to loss that are evident in the couples’ history. Home Exercise: Independent completion of Shared Meanings Questionnaire [48].
- **Session 3: Shared Meaning:** Therapist facilitates discussion of shared sources of meaning and relational priorities (e.g., rituals, roles, goals/priorities, spirituality). Discrepancies are noted, in addition to the specific ways in which partners have supported one another’s valued life domains; Homework: Hypothetical Timeline Exercise.
- **Session 4: Communication and Intimacy in the Setting of Illness:** Therapist uses timeline exercise to facilitate communication about difficult topics, including anticipating future needs of the bereaved spouse, concerns about illness and its progression, and resultant grief. Couple reinforces areas of consensus regarding priorities that they wish to focus on to optimize the quality of their current life together.
- **Session 5: Coping, Intimacy and Mutual Support:** Session focuses on negotiating differences in coping styles, understanding how each partner feels most intimate, what gestures of intimacy are most appreciated, and when closeness vs distance is needed. Therapist reviews support processes and helps couple generate realistic balance of mutual support.
Main Themes

Three content areas relevant to couples facing advanced disease are addressed throughout the above sessions: (1) Loss and grief; (2) Existential distress and meaning-making; and (3) Relationship Skew. These domains are described below, followed by case examples to illustrate therapeutic processes and couple exercises used.

Loss and Grief

Loss is experienced universally in advanced cancer and is derived from several sources. The illness brings loss of wellness, with the usual expectations for a long life being cast aside with its many dreams. Body integrity may be lost with disfigurement exemplified by mastectomy, colostomy or amputation of a limb. Alteration of the face from surgery for head and neck cancers can profoundly change body image, inducing deep shame at one’s appearance. Weight loss from cancer cachexia syndrome can be accompanied by a growing sense of frailty, fatigue and ability to pursue one’s career and interests. Several social losses follow as physical weakness restricts capacity to mix with friends and travel.

Anti-cancer treatments add further to this cumulative experience of loss as side-effects are generated, illustrated by neuropathic pain from chemotherapy, xerostomia from radiation, hot flushes from hormonal ablation, fistulae and wound breakdown from surgeries….the list could go on. Many of the simple pleasures of life found in tasting food, swallowing a drink, enjoying sex, reading a book, listening to music and walking freely can be forfeited or impaired.

Accompanying progressive illness is the loss of any perceived sense of certainty, loss of control over life’s taken-for-granted choices, loss of mastery of many skills and talents developed through the years — losses that stack up to deepen the sadness brought by such change and create the potential for anguish and despair about what lies ahead. Several fears may follow, including the fear of being dependent, a burden to one’s family, of suffering and of a painful death. A sense of futility about continued living can lead to a desire for hastened death.

Dealing with loss and grief

A sound principle for therapists working with advanced cancer patients and their partners is to acknowledge the grief first. It is always there, albeit sometimes concealed by a brave smile or merry disposition. Naming the grief is helpful to many who feel the sadness, but have not made the intellectual connection to the process of mourning. When couples recognize the normality of their grief and begin to share it, they deepen their intimacy through efforts to mutually support one another. Such trusting communication of what hurts and what they fear tends to unite the couple as long as well-intentioned avoidance (the common protective motivation) can be overcome.

Couples express grief differently, and hence consideration of who expresses these feelings easily, who with difficulty, the role of sharing and the benefit of reciprocal support become important patterns to explore. Therapists used to individual psychotherapy will naturally move towards offering their own empathic support for any distressed individual. While there is no harm in such compassionate care, a therapist is potentially more effective when they succeed in fostering mutual support within the couple’s relationship. Questions help here:

“What helps Sue when you see her crying?”
“How do you know when to comfort and when to withdraw?”
“What helps and what hinders your conversation about grief?”

“A therapeutic goal for a couple struggling with grief is to have them adopt the observer’s meta-position, from which they can identify respective needs for comfort, patterns of avoidance or withdrawal, tendency to problem-solving instead of emotional support, or any cultural or family style of coping. Choice is empowered by helping them to better understand each other’s need for support and preferred coping style.

In such work, therapists need skill at differentiating grief from depression, recognizing coping styles, tracking expressions of ambivalence (e.g. suicidal thought), acknowledging and helping refocus maladaptive anger, and pacing the session to address mutual needs. When differential coping patterns are evident, these are named to promote acceptance. Use of reflexive and strategic questions foster adaptive coping responses.

Existential Distress

Challenges that arise from the very givens of our human existence as known as existential issues, and serve as a common source of distress [32; 33]. While conceptually these can be experienced individually, they are commonly shared, with the couple better able to grapple with each issue through mutual support and discussion.

Therapists do well to put names to these existential challenges as they hear couples give voice to them, so that there is acknowledgment of the normality and universality of each theme, with subsequent exploration of the coping approach that the couple feels will best help them to move forward.

Death anxiety

Fear of the process of dying or the state of being dead is readily exacerbated by pessimism, selective attention to the negative, magnification and catastrophization. In most couples, one party will tend to the more negative style, and the help of the other can be enlisted as a co-therapist to reframe negative cognitions as realistically as one can. Thus, “Yes, one day we will all die. Should we spoil the living with constant worry about that prospect? Or can we use the truth of our mortality to harness energy into living well in the present moment?”

Uncertainty

In truth, we live every day with considerable amounts of uncertainty. Therapists can use this reality to invite couples to consider hypothetical scenarios that clarify their priorities and wishes. “What would you do if you had one full year to live?” “If it was only six months, how might this change?” “If you only had three months, what becomes your first priority?” In this so-called “Hypothetical Timeline Exercise”, the couple is asked to reflect on three such hypothetical scenarios and to discuss how they would fill their time accordingly: what events, people, relationships or
pastimes would be most important to them? The therapist explores how well each party understands the other’s priorities and help them to mutually consider each other’s needs (see Couple Exercises below).

**Obsessional control**

When threatened by the experience of loss of control, expectations about what should and ought to be come to the fore. How has the couple negotiated differing expectations in the past? Can ‘all-or-nothing’ thinking be seen in their comments? How do they help each other exercise control over what remains within their mastery and let go of things they can no longer influence?

**Unfairness**

Assumptive beliefs about the need for a just world are common, including a just god, and deep frustration can be felt by couples who perceive the illness and its treatment as unfair. Regrettably, illness has never respected person, age or timing in the life cycle. It never has been fair! Hopefully one party will hold less rigid expectations about the functioning of nature, enabling their views to be held in balance with those sensing deep unfairness. Thus the competency of one partner is used to help achieve a shift in the cognitions of the other.

**Fear of being a burden**

Here, for every couple, there is a natural balance between giving and receiving, together with the reality of aging. Can care-giving be talked about openly, so that any strain is acknowledged, the support of adult children and friends welcomed, and the necessity of respite understood? Loving reassurance by a supportive family can be responded to with expressions of gratitude.

**Disfigurement and dignity**

Use of cognitive distortions that include negative labeling and stereotyping can induce embarrassment and deep shame. Drawing out the narrative of who the ill person is, naming the strengths of their character, affirming their accomplishments and highlighting the commitment evident in the relationship help to shore up resilience as a counter to any sense of loss of worth. For couples, the perception of the onlooker can be worse than the experience of the patient. Nevertheless, horror and disdain occur; ugliness can be named; realistic truth warrants acknowledgment. Black humor can help deal with the smelly, the revolting parts of a body that becomes abject. There is also a place for professional nursing to take responsibility for wound care and dressings, such that two people who have been lovers can focus on tender ways to maintain the dignity of their relationship. Direct guidance from therapists can bring maturity and commonsense to bear here.

**Spiritual anguish**

Spirituality has been variously described as the cohesive relationship with the inner self, the deepest and most genuine aspect of a person, or the inner life force that emerges as the soul of each individual. Whatever its form, couples understand this best in each other. As such, the expression of spirituality is typically relational and meaning-based. And while it is a universal concept reflected in all religions, these usually focus more on external forms of expression, while true spirituality is most importantly reflected in the inner self. Spiritual peace is then gained through transcendence over everyday living, with its ordinary condiments, and with a focus on connectedness with some sense of ultimacy, whether this is understood as a cosmic force, God, or the deep beauty of one’s most precious relationships. Symptomatic distress emerges when this is not attained, when religious doubt sets in, bewilderment over the chaos of life prevails, anguish emerges over perceived futility, or when indeed the mystery of life is lost.

One response to the unknowable dimensions of life, to the abyss of existential mystery is found through the old virtue of reverence. This is the “awe phenomenon” that wonders at the beauty of nature or the romanticized aspects of a spouse. For reverence is found in healthy relationships, where deep regard, respect and tolerance is the basis of civility and love for others. Reverence is also found through humility, which is open to personal shame and vulnerability, while affirming the talents, success and contribution of others with deep gratitude. As a result, acceptance of self develops, of one’s true rather than false self (as described by object relations theory). Therapists can help couples to recognize where they direct reverence in their lives, to share practices and rituals that foster this in each other, and to understand the religious dimension in their partner.

Among the existential philosophers, Paul Tillich [34] saw faith and mysticism as pathways towards union (or relationship) with the ultimate reality. However, he was clear that faith is not about believing in the unbelievable! Rather he saw faith as “the state of being grasped by the power of being which transcends everything that is.” (34, p.106) In his tome, *The Courage to Be*, he went on to say, “The courage of the modern period [is] not a simple optimism. It [has] to take into itself the deep anxiety of nonbeing in a universe without limits and without a humanly understandable meaning.” [34, p.106]. This construct of the unknowable is found in human relationships, as well as those with a higher power. And through reverence, couples can search to more deeply understand each other, their spiritual selves, their inner lives, the richness and wonderment that strengthens every relationship, transcending the ordinary and appreciating the deep dignity of the other.

Couples then can be helped to understand the spiritual other, support any rituals or customs that assist this and converse openly about spiritual doubt, alongside accessing any additional help that a chaplaincy or pastoral care service might offer.

Let us turn now to meaning and purpose in life, a key existential domain, and one that we prioritize in a major way in this model of therapy because of its prime importance to most patients towards the end of their lives.

**Meaning and Purpose of Life**

Relational meaning is of prime importance to each couple. This is understood through the story of the relationship, its early beginnings, any struggles, the forces of attraction that brought them together, what is shared in common and where their differences lie. It is often a story of family as well. The narrative includes the families-of-origin,
with patterns of relationship seen in parents and grandparents and passed so often from one generation to the next. Many nuances will unfold, but the therapist must understand and bring out the story of roles, goals and intentions, accomplishments, shared creativity, occupations and leisure pursuits. Ultimately, the therapist must be able to offer a summary of the couple’s story, one that highlights their strengths and accomplishments alongside any challenges and vulnerabilities, balancing the good and the hard aspects of their shared life.

A well understood story will engender a coherence that is discernable to the astute listener. This sense of coherence needs to be wisely balanced, temporal in its logical development, comprehensive in spanning what occupies each partner’s days and historical in containing necessary features like medical and sexual history, events, tragedies, losses and stresses that have been borne, whether individually or together.

Commonly, a major portion of established relational life will be directed toward procreation, whether successful or not in their raising of children. This helps to define roles within their nuclear family, points to respective capacity as care-givers / parents and helps understand their teamwork and complementarity, in short, it tells a lot about their relational style as these phases of life are negotiated.

Relational Skew

Relational skew or the loss of reciprocity in a close relationship is inevitable in the setting of advanced illness, as the healthy partner increasingly assumes a caregiving role and the ill partner becomes less functional across various domains of shared life. Strong ambivalence may be felt by the caregiver, who is both striving to protect and care for the ill partner, while managing his or her own emotional response. Naming and normalizing ambivalence about the burden of care is a key task of the therapist, particularly as the couple may not fully appreciate the extent to which their roles have changed over time. John Rolland [35] usefully refers to a problem of “emotional currency” [35, p. 176], whereby concern about the patient’s disability or death can sometimes eclipse and therefore can seem to devalue the burden experienced by the other. Concerns about the burden can become silenced. Complicating matters further is the common belief that competence in caregiving connotes a practical and stoic coping style. Spouses may unwittingly follow the culturally sanctioned imperative to “stay strong” or “think positively”, making it difficult to tolerate the complexity of emotional reactions experienced.

Inequity in the caregiving relationship has been associated with greater distress, relationship dissatisfaction and perceived burden [36]. By exploring with both partners how they support one another (e.g., “What gestures of support does your partner appreciate most?”, “How will you know when your partner needs respite?”), we aim to restore a realistic balance of supportive exchange so that caregivers perceive more benefit relative to their investment and patients also perceive themselves as having some – albeit limited – contributory role. Equally important here is for the therapist to draw insights from each partner’s family-of-origin genogram (see section on Couple Exercises), looking for clues about the implicit rules and expectations that may have been inherited or reinforced regarding caregiving (e.g., “How was caregiving valued in the family-of-origin?”; “From where did family caregivers draw strength?”; “Were caregivers isolated or cheered on by supportive others?”; “How did caregivers find respite or ways to care for themselves?”).

The therapist is well reminded to appreciate the occasional need for distance in the couples’ relationship, as a necessary and at times restorative counterpoint to the promotion of intimacy. Caregivers may indeed need permission to allow themselves respite from the intensity of their role. Couples are also encouraged to find ‘islands of couplehood’ untouched by illness. Across sessions of IMECT, the therapist offers the couple opportunities to articulate and reinforce their relational identity, their shared values and priorities, and their unique history together. In so doing, the couple is encouraged to honor and re-experience dimensions of their relationship that will ultimately transcend illness and loss. Rolland [35] and McDaniel [37] similarly discuss the importance of drawing a boundary around illness so that it does not fully dominate the couples’ identity.

Relational skew often pertains to inequity in the distribution of instrumental tasks (e.g., household chores). However, couples commonly present with a kind of emotional skew, that is, a perception that one partner consistently carries greater distress or worry than the other. The “worried” or “depressed” partner may become locked into this role, generating frustration for the other and creating mounting tension as efforts to mitigate one partner’s distress prove ineffective. When there is flexibility in a marital system, partners’ roles can be complimentary, as each partner takes turns harboring distress. Similarly, one partner may “specialize” in focusing on the grim realities of illness, so that the other can occupy a more hopeful and removed stance. Reframing what may seem like one partner’s psychological problem into a relational style can help the couple appreciate the common source of distress (advanced illness) and develop ways to share recognition of its impact. Often, one partner’s distress derives from fears or worries about loss and/or the future that have been difficult to voice before the other. Facilitating the safe expression of these thoughts while normalizing them can foster intimate interactions and provide relief to the distressed partner.

COUPLE EXERCISES

As noted above, IMECT leans more heavily on exploratory than didactic methods of intervention. Nevertheless, there are specific couple exercises that are used to facilitate exploration of the content areas described above, and to stimulate direct conversation between partners.

Genogram Exercise

During the second session, the therapist sets aside time to learn about each partner’s family-of-origin through a focused genogram, or “family tree” exercise (for more information about this common family therapy tool, see McGoldrick and colleagues [38]). The goal is to identify aspects of each partner’s family history that shape their
response to illness, and/or contribute to their relational style at present. The therapist uses a pad to construct a genogram that depicts at least three generations of family (e.g., the parental generation, the couples’ own generation with siblings, and their children’s generation, if relevant). Using circular questioning, the therapist asks each partner to comment on relationship patterns in his or her spouse’s family-of-origin. (e.g., “How openly did the parents communicate?”, “How was affection shown?”, “What coping styles were most dominant at times of stress or illness?”, “How did the parents manage differences of opinion or conflict?”, “What styles of relating does your partner bring from his family?”. “Who is he/she most like?”, “Are there any styles you/your partner has been determined to leave behind?”). A key objective of conducting this historical review is to honor the strengths and values that are evident in each partner’s family history. A summary that synthesizes key themes of family life that have influenced each partner can reinforce the insights gained from this exercise, making it more therapeutic than information-gathering.

Communication Exercise

At the end of the first session, the therapist asks the couple to set aside a mutually agreed upon day and time to plan a shared activity that will allow for conversation (e.g., a mealtime, a walk). Couples are asked to use this time to discuss the impact of illness on their relationship. The therapist provides a list of questions to guide discussion about sources of shared meaning. These questions invite the couple to reflect on valued roles (e.g., “Think about the roles you play in your life—wife/husband/mother/father/friend— which of these roles has been most meaningful to you? Which have been most impacted by cancer? Which do you think have been most meaningful to your partner? What role have you had in your marriage and how has that changed during your illness?”). This exercise, deliberately assigned early in the intervention, aims to stimulate discussion and shared reflection outside of the therapy setting. The couple is asked to review what was discussed at the following session.

Hypothetical Timeline Exercise

The couple is presented with three hypothetical scenarios in which their future together is limited by different degrees (e.g., one year, six months, two months; or not make a christening, not be there for graduation, not be around for a wedding). The couple is asked to reflect on how they would fill their time in each of these “best case” to “worst case” scenarios: what events, people, relationships, accomplishments, or pastimes would be important to them? This exercise was developed in order to help the couple clarify shared priorities and reflect on the experiences that they value most given the likelihood of a limited and uncertain future. Although the emphasis could easily be on the ill partner’s wishes and priorities at the end-of-life, the therapist deliberately asks each partner to provide their perspective, thus ensuring the couple determines collaboratively what is most meaningful at present. This exercise may be done in session or can be assigned as a home exercise, and the therapist is encouraged to select hypothetical time periods that suit the patient’s disease status.

Relational Legacy Exercise

During the last one to two sessions, the therapist invites the couple to honor their shared life by working on an activity that would help to define and celebrate their love for one another. This can take any form, either verbal or symbolic, and has typically included activities such as writing together, collecting photos and creating an album of memories or collecting meaningful music that celebrates their couple-hood. Unlike individual legacy work, this exercise gives couples an opportunity to concretize what they have built together. In doing this activity, the couple is asked to consider and discuss the following questions: “If you were to look back on your married life, what accomplishments as a couple would please you most? What are you most proud of in your marriage? What would you say your life goals and priorities have been? If you had a “motto” as a couple that described your history together, what would it be?”

SUMMARY

Couples facing advanced illness face the formidable task of sustaining intimacy and preserving their identity as a couple, while simultaneously weathering the cascade of losses that accompany serious illness [17]. A portion of couples carry clinically significant distress, whether in the patient or partner, or both [18,19]. Conjoint therapy can be an effective way to reinforce the couples’ capacity to draw comfort from one another, and to ease communication about existential fears, grief, and the burden of illness. There is substantial evidence that a supportive, communicative and close relationship can buffer distress for patients and their partners and ensure optimal adaptation to severe stress [9]. A model of couples therapy was presented here that aims not only to strengthen the buffering capacity of the relationship, but also to empower couples to notice and honor relational sources of meaning, and co-create a legacy founded on their shared history. Thus, meaning-making as a shared process becomes a pathway to greater intimacy in the face of advanced disease.

References


University of Maryland, College Park—Lab Update

Norm Epstein

Laura Evans is taking the lead, as her dissertation research, in a cutting edge couple therapy process study investigating couple characteristics and therapist in-session behavior as predictors of couple therapy outcome. The study uses data from our Couples Abuse Prevention Program project in which all couples seeking therapy at our department’s clinic, the Center for Healthy Families are screened for occurrence of psychologically abusive behavior and mild to moderate IPV and are treated with either a CBT protocol or “usual treatment” at the clinic (a variety of systems-oriented couple therapy models). The couple factors examined are negative attributions and coded negative communication behavior, and the therapist characteristics (common factors coded from videos of sessions) are relationship factors (e.g., warmth, empathy, presence) and systemic technique factors (e.g., noting cyclical patterns in partner interaction, use of circular questions) and structuring of sessions (e.g., control of conflict, pacing and efficient use of time). Outcome variables are relationship satisfaction and occurrence of psychologically abusive behavior.
Letter from the Student Co-Presidents
C.J. Eubanks Fleming1 & Katherine J.W. Baucom2
Clark University1, University of California, Los Angeles2

The ABCT Convention is right around the corner! In preparation please note a number of Couples SIG events that we hope you will join us for.

First, the Couples SIG Cocktail Party will be at the bar of The Irish Bank (www.theirishbank.com) on Saturday November 20th from 6:30-8:30 pm - it is a quick 11-minute walk from the Hilton Union Square! Please see the link below for walking directions. Immediately following this (~9:00 pm) we will have the Student Cocktail Hour. We are planning to stay at The Irish Bank bar. This is a fun, informal event and is intended for both graduate and undergraduate students to get to know one another better and talk couples!

Finally, the 4th annual Couples SIG Student Symposium will be taking place on Saturday at 2:00 pm in the Taylor Room (6th floor). Papers on this year’s topic, “Extending Research on Associations between Individual and Relational Distress in Couples” will be presented by Lisa Benson (UCLA), Rebecca Blais (University of Utah), Benjamin Loew (University of Denver), and Lynlee Tanner (UCLA). Dr. Lorelei Simpson (Southern Methodist University) will be our discussant. Hope you can make it!

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

See y’all in San Francisco!

Link to cocktail party location:
http://tinyurl.com/SIG-cocktail

Center for Marital and Family Studies, University of Denver
Howard Markman, Scott Stanley, Galena Rhoades, and Beth Allen

It has been a busy and productive year for the Center for Marital and Family Studies. September marked the lab’s 20th year of relationship research at the University of Denver. Under the leadership of Drs. Howard Markman, Scott Stanley, Galena Rhoades, and Beth Allen, the CMFS is currently engaged in a number of exciting research endeavors with our four large, federally supported studies.

The Family Stability Project, our longitudinal study evaluating relationship education, is in its 15th year and going strong! The Army Marriage Project team continues to collect and analyze data from the sites at Ft. Benning and Ft. Campbell. We have wrapped up the intervention phase of the FRAME (Fatherhood, Relationship and Marriage Education) Project, a longitudinal, community-based RCT evaluating a relationship and parenting education workshop targeting low-income couples. One of the most exciting aspects of the FRAME project is a comparison of relationship education delivered to both members of couples to relationship education delivered to individuals. Our nationwide, longitudinal Relationship Development Study continues to collect and analyze data related to relationship development processes with an emphasis on cohabitation dynamics. We have a lot of papers from these studies, so we have been actively getting our science out the door.

Our former graduate student, Lindsey Einhorn, Ph.D. earned her doctorate this spring and is completing a post-doc at Children’s Hospital in Denver. Graduate student Jocelyn Petrella is currently on internship at Massachusetts General Hospital. Erica Ragan successfully proposed her dissertation, a study evaluating a gratitude intervention with couples. Gretchen Kelmer also successfully proposed her dissertation, a study looking at the use of social networking websites (e.g., Facebook, MySpace) in relationship development processes. Ben Loew is currently examining reasons for marriage among Army couples for his Master’s thesis. Shelby Scott, a graduate of the University of Houston, is off to a great start in her first year as a graduate student in the lab.

On a personal note, we were very excited to welcome our two newest lab members to the world this Fall. Dr. Galena Rhoades gave birth to a beautiful baby girl, Langley May Rhoades, on August 10th, and Dr. Lindsey Einhorn gave birth to a handsome baby boy, Dylan Lev Einhorn on October 24th.

Couples Research Lab, University of Tennessee-Knoxville
Gregory L. Stuart, Ph.D.
Graduate Students: Ryan C. Shorey, Hope Brasfield, and Jenimarie Febres

Our research lab has a number of exciting ongoing and recently completed studies. We have two grant-funded randomized clinical trials that examine whether, relative to standard care, intimate partner violence (IPV) and alcohol use outcomes can be improved by providing a brief, motivationally based adjunct alcohol treatment for men and women enrolled in batterer intervention programs. In populations of substance abusers, we have data regarding the impact of substance abuse treatment on physical IPV, sexual coercion, and psychological abuse perpetration and victimization. We have studies underway that examine general violence, child abuse, college student relationship violence, adolescent dating aggression, and elder abuse. One of our projects is a longitudinal investigation of dating college dyads, which includes both observational and self-report assessments. This study is designed to examine risk and protective factors for dating violence and substance use.
Treasurer’s Update

Dear SIG Members,

Thank you for a wonderful year! I’m very excited about our upcoming conference in my hometown, San Francisco. A fantastic city for another great ABCT conference!

Our SIG is grows stronger every year. We now have 195 members, including 89 professional members and 106 students. In 2009 we welcomed 10 new members to our Couples SIG.

Please be reminded that dues for professional members are $25 and students, postdocs, and retired members pay $5. If you weren’t at the Couples SIG business meeting in New York or haven’t had a chance to pay your dues, you may do so at the SIG business meeting this year or contact me to mail a check. Please make checks payable to Kahni Clements-Blackmon with ABCT Couples SIG in the memo line to the address listed below. If you will be in San Francisco you may pay any prior dues at the SIG business meeting on Saturday 3:45 to 5:00 on Saturday (Union Square Rooms 5 & 6).

Presently, our SIG balance is $971.85. Prior to the 2009 conference our SIG balance was $1186.85. At the conference we paid $300 for the pre-conference speaker, $300 for student awards, and $600 for the cocktail party. Additionally, our Couples SIG website was $156. We collected $511 at the conference and $530 was sent following the conference.

Thank you very much to all of the SIG members who sent their dues after the conference! Due to a scheduling conflict, many members were unable to attend the SIG business meeting last year, but mailed your dues following the conference. Thank you so much for your support and commitment to the Couples SIG!

Don’t forget, if you haven’t already, please join the SIG listserv at www.couplessig.net.

See you in San Francisco!!

-Kahni Clements-Blackmon, Ph.D.
• E-mail: kahni_elements@hms.harvard.edu

Snyder Lab at Texas A&M University
Douglas Snyder, Ph.D.

Doctoral students Christina Balderrama-Durbin and Caitlin Fissette from Doug Snyder’s lab at Texas A&M University have been working in collaboration with the Family Life Chaplain (FLC) Training Center at Fort Hood to implement and evaluate an intervention program for military couples struggling with the aftermath of infidelity. Couples seeking treatment for infidelity receive one of two treatments, either Solution-Focused Therapy or an Affair-Specific Therapy from chaplains at the FLC Training Center. Specific procedures for this program were designed to assess treatment progress and efficacy. Christina and Caitlin maintain frequent contact with the therapists at the FLC Training Center, allowing them to monitor treatment implementation and program evaluation. Ultimately, the relative efficacy of these two treatment modalities will be evaluated, and treatment protocols will be modified, as warranted, for a military treatment setting.

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

Julianne Hellmuth defended her dissertation, which examined predictors of partner aggression during pregnancy, and is completing her internship year at the Seattle VA. Jennifer Christman is on internship at the Lexington VA and is completing data collection for her dissertation on rejection sensitivity, self-silencing, and communication.

Jennifer Willett is a 4th year in Kristi Gordon’s lab and is nearing completion of data collection for her Randy Gerson Memorial Grant-funded dissertation study on intergenerational influences on relationships. She is applying to internships this fall and will be getting married in the spring.

Sarah Gilbert, 3rd year, is finishing up her masters thesis on predictors of forgiveness for women in domestic violence shelters. Maria Rowley, 2nd year, is conducting a masters thesis predicting infidelity in newlyweds using a vulnerability-stress-adaptation model.

Katie Wischkaemper is a first year student and is interested in the impact of relationships on diabetes management. She welcomes any research or clinical references on this specific topic as well as other areas where chronic illness or behavioral interventions regarding diet and exercise are examined in a couples context. Recruitment techniques from physicians’ offices or hospitals are appreciated as well. Please contact via email: kwischka@utk.edu.
Greetings from your Media Coordinator! We've had our new website and list serve up and running for almost a year now, and other than some Wikipedia editors deciding to remove our entry (apparently we didn't meet the notability requirement), it's been a very successful year for us on the web. As the date for the ABCT Conference draws closer, I'd like to draw your attention to some of the benefits of continuing your Couples SIG membership. In addition to having access to the Couples SIG list serve and a subscription to our wonderful newsletter, you also have access to several benefits on our website (http://www.abctcouples.org):

- For current practitioners, you can add your contact information to the Therapy Referral page
- On the Research Tools page, you can include the reference of a published book, article, or measure as a recommended reading
- On the Employment page, you can post a job opening (e.g., research assistant, post-doc, professor, clinician)
- On the Student Training page, you can add or modify information about an internship site that has a couple therapy rotation; you can also add or update information about your own graduate program and the opportunities it affords for doing research on couples and/or close relationships

Dues can be paid at our annual SIG meeting, or (if you cannot attend the meeting) you can send a check to Kahni Clements at her address listed on the website. I welcome your feedback and suggestions about how to make it easier for the Couples SIG to stay connected throughout the year. Please feel free to email me at p.pd@sfu.ca with your questions and comments.

Looking forward to seeing you all in San Francisco!

-Patrick Poyner-Del Vento, M.A.
* Simon Fraser University

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**Family Studies Lab, University of Southern California**
Gayla Margolin, Ph.D.

The Family Studies Lab at the University of Southern California is led by Dr. Gayla Margolin along with three postdoctoral students (Dr. Michelle Ramos, Dr. Darby Saxbe, and Dr. Brian Baucom). Our group currently includes five graduate students (Lauren Spies, Esti Iturralde, Aubrey Rodriguez, Larissa Borofsky, and Ilana Kellerman) and a wonderful group of undergraduate research assistants. We are also very fortunate to have Dr. Pamela Oliver from California State University, Fullerton, a former graduate student in the lab, as an on-going member of the lab. Recent graduates from the lab include Dr. Katrina Vickersman, who is currently a program evaluator at Free and Clear, and Dr. Sarah Duman Serrano, who is expecting her second child.

The central project in the lab is a longitudinal study funded by NICHD on the contemporary and longitudinal effects of family aggression and community violence on child development, adult well-being, and family functioning. The project began when children were 9 or 10 years old and they are now 18 to 19 years old and are beginning to have committed relationships and children of their own. We are currently focused on exploring the cumulative effects of multiple forms of violence exposure on psychological and physical health, cognitive development, and risk behaviors, as well as ongoing relationships. We are using cortisol and alpha amylase collected before and after triadic family conflicts and observationally coding these recorded triadic family conflicts using behavioral and emotional coding schemes. A representative publication: Margolin G, Vickerman KA, Oliver PH & Gordis EB. 2010. Violence exposure in multiple interpersonal domains: Cumulative and differential effects. J Adolescent Health, 47, 198-205.

**Sayers & Philadelphia VA**

Steven L. Sayers, Ph.D., and his research group at the Philadelphia VA Medical Center have started a 4-year study of family reintegration problems of veterans who have returned from service in Iraq or Afghanistan. The study examines the processes that may explain why combat veterans with PTSD and Depression have poorer functioning relationships and greater marital instability as a result of their deployment and combat related mental health problems. The VA MERIT grant supporting the study was awarded in June, 2010 by the Health Services Research and Development (HSR&D) branch of the Department of Veterans Affairs. Three staff members have been hired and the group will add an additional 3 research assistants over the coming months. In addition, the group operates a clinical innovation project called “Families At Ease” that has been supported by the Office of Mental Health Services, Department of Veterans Affairs. “Families At Ease” is a program that helps family members who are concerned about their veteran’s mental health issues learn how to support the veteran to seek treatment. This is a free, telephone-based service in which family members are coached to support and recommend treatment, without being coercive or demanding. The project uses a range of public outreach methods, including the web, Facebook, and Twitter, to reach family members who are concerned about their Veteran (http://www.mirecc.va.gov/FamiliesAtEase). The program has now been designated to become a national program and will have call center at three sites, including Philadelphia, PA, Durham, NC, and Los Angeles, CA. You can hear more about the program on Friday of the ABCT Convention in November, 2010.
Couples Research Lab
Southern Methodist University
Lorelei Simpson, Ph.D.
Post-Doc: Alexandra Mitchell, Ph.D.
Graduate Students: Kacy Mullen, Cora Platt, Anne Miller

Current Activities: We have recently completed data collections of a longitudinal study of stress and relationship functioning among couples in which one partner has bipolar disorder and a web-based study of the measurement of intimate partner violence. Dr. Simpson, with colleague Dr. Amy Pinkham at SMU, recently received a grant from the Hogg Foundation for Mental Health to study social cognition and relationship functioning among couples in which one partner has a severe mental illness. We are also collaborating with Dr. Brian Doss at the University of Miami in a study couple therapy within the VA system and with Drs. Ernest Jouriles and Renee McDonald at SMU in an assertiveness-training program to enhance young women's resistance to unwanted sexual pressure.

O'Leary Lab
State University of New York, Stony Brook
We have a book that should be out in a few months given that we have just reviewed page proofs:
The Couples Psychotherapy Treatment Planner, Second Edition by K. Daniel O'Leary & Richard Heyman
Series Editor: Arthur E. Jongsma, Jr.

This book is a revision with the addition of completely new chapters on problems associated with internet sex, retirement, and economic stress. The book also contains a new reference section for professionals on each marital problem as well as a bibliography for clients on each marital problem. Treatments and treatment procedures are also denoted for having empirical support when it should/ could be provided.

I am happy to report that Dr. Nelly Klein of Brookhaven National Laboratory on Long Island and three other colleagues have obtained an NIMH grant to address genetic, fmri, neurological, personality, and relationship factors that predict aggression and physical aggression - and as you might expect we will be looking at the subset of the group who have engaged in physical aggression against a partner. The grant is noted below: Neurogenetics of Inhibitory Control, NIMH, PI: Nelly Alia-Klein (O'Leary, K. D. Co-I). Start Aug 2010- Aug 2015, $3,400,000.

If you would like to announce an achievement/significant occasion in your career or personal life, please email the co-editors with your news:
aharp@clarku.edu
edarling@clarku.edu

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

Robin A. Barry is now an assistant professor at the University of Maryland Baltimore County.

This summer Scott R. Braithwaite, Ph.D., completed his predoctoral internship at MUSC, graduated from FSU and began his new job as an assistant professor (tenure track) at Brigham Young University. Hooray!

Brian Doss and Amanda Jensen-Doss had their second child (Matthew) in July. He's healthy and growing like crazy. And fortunately, he's started doing a good job of sleeping through the night.

Norm Epstein presented a 3-day workshop “Enhanced Cognitive-Behavioral Therapy with Couples and Families” for the Tokyo region cognitive-behavioral therapy association, August 6-8, Tokyo, Japan.

Kim Halford was recently awarded the Ian M Campbell Memorial Prize for contributions to Clinical Psychology in Australia. The prize commemorates Ian Cambell who was a pioneer in establishing clinical psychology training in this country. Every so often they make an award to someone who is seen as making a meritorious contribution.

Amanda Harp has the rare pleasure of two weddings to her husband, Neil, this year: one at North Myrtle Beach, SC, on October 9, 2010; the other in New Delhi, India, on November 20, 2010 (her excuse for not attending ABCT this year.)

Penny Leisring and her husband, Mark Mooney, welcomed their baby boy, Jack Francis Mooney on April 18, 2010. Additionally, she was also promoted to full professor at Quinnipiac University.

Kacy Mullen married Davis DeBoer in January, 2010. The couple is expecting their first child in February 2011.


Lorelei Simpson will be married to Dan Rowe on December 30, 2010.
SPIRIT Research Lab, Bowling Green State University
Annette Mahoney, Ph.D. & Kenneth Pargament, Ph.D.

S.P.i.R.i.T. is an ecumenical research team dedicated to using psychological methods to examine the helpful and harmful roles of religion and spirituality in people's lives. Dr. Kenneth Pargament began the group at Bowling Green State University’s Psychology Department in 1979. Dr. Annette Mahoney joined S.P.i.R.i.T. as a co-director in 1994. We view religion and spirituality as overlapping domains that uniquely address sacred aspects of life. We aim to facilitate psychological research that delves into the many ways religion and spirituality may be connected to the psychological and spiritual functioning of adults, couples, youth, families, and communities. Recent graduate students in child/family area who are now university faculty include Elizabeth Krumrei (Pepperdine University) and Gina Brelsford (Penn State Harrisburg).

Major domains of interest pertaining to family life include:
- Multiple spiritual dimensions of the transition to parenthood.
  - Role of religion and spirituality, for better and worse, in traditional and nontraditional families
  - Sanctification of marriage, parenting, and marital/nonmarital sexuality - sanctification refers to perceiving aspects of life as having divine significance and character
- Role of religion and spirituality in post-divorce adjustment of adults and youth adjustment to parental divorce - key constructs include sacred loss, desecration, demonization, spiritual struggles, and adaptive religious/spiritual coping
- Dyadic religious-spiritual processes - key construct include theistic mediation or triangulation, spiritual disclosure
- Psychospiritual interventions for family relationships - couples and parent-youth

Recent or on-going research projects pertaining to family life include:
- Templeton Foundation funded longitudinal study to address multiple spiritual and religious dimensions of the transition to parenthood. 164 married couples were assessed in their home during their first pregnancy and when their child was 3, 6, and 12 months old with both self-report and observational data of marital parent-infant, and triadic family interactions collected
- Annette Mahoney PI with Ken Pargament & Al DeMaris as Co-PIs, plus current BGSU students Jeremy Cummings, Melissa Falb, Lisa Grimes, Krystal Hernandez, Katie Kusner, Michelle LeRoy, Steven Lucero, and Emily Padgett.
- Invited review of research in past decade for the Journal of Marriage and Family
- Longitudinal project that examined newlyweds viewing sexuality within marriage as sanctified with Krystal Hernandez as lead researcher.
- Longitudinal project that examined divorced couples experiencing divorce as a spiritual trauma – with Liz Krumrei, now Associate Professor at Pepperdine, as lead researcher.
- Katie Kusner & Michelle LeRoy will be presenting posters at ABCT as first authors.

Other S.P.i.R.i.T. work: The information above summarizes our recent research focused on family life. Several other lines of scholarship are being vigorously pursued by members of S.P.i.R.i.T. with Dr. Pargament being an extremely productive leader. In particular, Dr. Pargament’s recent book would be of particular interest to members of ABCT: Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred (2007). For further information, contact Annette Mahoney or Ken Pargament at BGSU.

Relationship Development Center
Department of Psychology
Stony Brook University
Director: Joanne Davila, Ph.D.
Graduate Students: Rachel Hershemberg, Brian Feinstein, Vickie Bhatia, Kaitlyn Gorman

Current research activities: Our lab focuses on close relationships and mental health. Specific interests include: (1) depression and anxiety and how they affect and are affected by romantic and sexual experiences in adolescence and emerging adulthood; (2) sexual identity and well-being; (3) the effect of social networking on depressed and anxious mood; and (4) attachment processes in close relationships. We are currently developing new studies that build on our existing interests and projects. These include (a) studies of mental health and relationship functioning among LGBT individuals focusing, for example, on issues of sexual prejudice and stigma; (b) studies examining how associations between adolescent romantic/sexual functioning and depression may be understood through emotion regulation processes. We are expanding our study of these issues to include psychosocial, neurocognitive, and neurobehavioral processes.

Center for Couples and Family Research
Clark University

Dr. James Córdova and his research team at Clark University have demonstrated that a program called the Marriage Checkup can help at-risk couples boost their level of marital satisfaction and motivate them to continue working to improve and maintain their marital health. The Marriage Checkup is a two-session intervention program designed to identify couples at risk of developing serious marital problems, identify the primary causes of their marital dissatisfaction, and provide techniques to boost marital health by motivating couples to pursue healthy marital behaviors, increasing intimacy, and increasing acceptance of common differences between spouses.

We are currently in the process of exploring several questions surrounding the use of the Marriage Checkup, including, could the Checkup be promoted in such a way that it would attract at-risk couples? At-risk couples are those whose marriages have begun to show the early signs of ill-health but are unclear what, if anything, they should do about it. We have finished recruiting and initial data collection, and are currently starting to explore our findings about the unique couple population this novel intervention was able to attract.

We expect to find strong clinical implications for how creative couples’ interventions could attract a broader range of at-risk couples than traditional couples therapy.

Who we are...The newest member of our lab is Tatiana Gray who came from the University of Colorado, Boulder. Students Jonathan Blair, Amy Meade, and Karen Wachs have graduated from the program, while Amanda Harp is on internship at Duke University. Melinda Morrill recently welcomed her new baby Corra, and is pursuing her research interests in co-parenting and marital health. C.J. Fleming recently earned her master's degree, with a thesis entitled, "The Help Seeking Attitudes and Behaviors of Couples in the Marriage Checkup." Julia Sollenberger is in the process of submitting her first paper, and working on her second year project on sibling relationships and marital health. Ellen Darling is beginning a qualitative study on the effects of mindfulness meditation on intimacy and marital well-being.
HOT off the Press
In Press and Recently Published Literature


In Memoriam

In December of 2009, ABCT lost a highly valued, respected, and loved member much too early. Dr. Deborah L. Rhatigan-Moore (Deb) passed away after a long and valiant battle with cancer. Deb received her doctorate in clinical psychology from Virginia Polytechnic Institute and State University in 2002. She married Todd Moore, a fellow classmate at Virginia Tech, and also an ABCT member and current assistant professor at UT, in June 2000. She completed a postdoctoral research fellowship at the Boston VA Healthcare System National Center for Post Traumatic Stress Disorder in 2004. At the time of her death, she was a UT Knoxville psychology professor and an award winning teacher and mentor. She also was an active member of the ABCT community, serving as co-chair of the Child Maltreatment and Interpersonal Violence SIG from 2004-2006, and as a member of the academic training and program committees. In addition to being a dedicated teacher and mentor, she conducted influential and thoughtful research designed to better understand and aid domestic violence victims everywhere. She continued to work tirelessly for her profession, her university and for her students throughout her long battle with cancer, and she passed away peacefully at her home with her family and friends around her on Dec 10, 2009.

Following the Child Maltreatment and Interpersonal Violence SIG meeting on Friday, November 19th, from 4-4:30pm in room Union Square 10, we will take some time to remember and celebrate Deb Rhatigan’s brief but valuable time with us. If you have a memory you would like to share about Deb during this time, feel free to email Dr. Kristina Gordon at kgordon1@utk.edu.

For more information regarding
Couples SIG events of interest
at the ABCT Conference,
please see updates on the
Couples SIG website:
http://abctcouples.org/ABCT.html
New Initiatives to assist Military Veterans returning from combat duty in Iraq and Afghanistan

Abbey Barron, B.S.¹, Andrew McCabe, B.A.¹, Theresa M. Schmitz, Ph.D.¹ & ², & Steven L. Sayers, Ph.D.¹ & ²

¹ Philadelphia Veterans Affairs Medical Center, ² University of Pennsylvania

As a nation, we are well on the way to a full decade since the devastating events that occurred on September 11th, 2001, and the launching of our country's ongoing war on terrorism. That day changed the lives of all Americans, particularly the future of military service members and their loved ones. As a follow-up to an earlier article in the Couples SIG newsletter on couples and combat deployments (Sayers, 2008), this article will describe some of the research and clinical development work being conducted to address the needs of these military service members and their family members. We will review briefly the impact of combat deployment on individuals and families, and then discuss two projects focused on improving the lives of veteran couples. (Continued on page 3.)

Letter from the Editors

Amanda and I are delighted to serve as the incoming SIG newsletter editors. We are both graduate students in James Córdova’s lab at Clark University. Amanda just completed her fifth year and is heading to Duke University Medical Center to begin her internship in the adult health/transplant track. Ellen just finished her first year and is interested in integrating mindfulness-based approaches into couples work.


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.

Best wishes for a wonderful summer & happy reading!

- Ellen Darling & Amanda Harp
Letter from the SIG Co-Presidents

Cameron Gordon\textsuperscript{1} & Lee Dixon\textsuperscript{2}
\textit{\textsuperscript{1}University of North Carolina, Wilmington, \textsuperscript{2}University of Daytona}

Hello from your new SIG Co-Presidents, Cameron Gordon & Lee Dixon! We hope you are all enjoying a wonderful start to your summer and that you are concluding a satisfying and rewarding academic year! Those of you on the listserv have already endured several emails from us since we took office last November, but we wanted to take this opportunity to re-introduce ourselves and encourage you to contact either of us if there is anything we can do for you:

Lee Dixon, Ph.D. is an Assistant Professor in the Psychology Department at the University of Dayton. He can be reached via phone at 937-229-2160 or through email at lee.dixon@notes.udayton.edu.

Cameron Gordon, Ph.D. is an Assistant Professor in the Psychology Department at the University of North Carolina, Wilmington. He can be reached via phone at 910-962-2454 or through email at gordonc@uncw.edu.

We would also like to introduce the other new officers who were elected at our SIG meeting last November in New York. We have new Student Co-Presidents (C.J. Eubanks and Katie Williams-Baucom), new Newsletter Co-Editors (Ellen Darling and Amanda Harp), and a new Media Coordinator (Patrick Poyner-Del Vento). In addition, we are very grateful that Dr. Kahni Clements is continuing as our Treasurer.

A special thanks also goes out to all of the officers who concluded their terms last November. We all benefitted tremendously from their leadership and I know all of the current officers are working hard to continue meeting the standard of excellence our past officers set in serving the SIG.

The ABCT Convention in New York last November included numerous excellent contributions from our SIG. We would especially like to thank Dr. Mark Whisman for providing us with an outstanding pre-conference event. His discussion of the reciprocal association between romantic relationship functioning and psychopathology served as a terrific start to a very successful conference. The many outstanding symposia, posters, and other activities that SIG members conducted at the conference also continued to demonstrate the innovative, diverse, and high-quality work that you all do!

Since last Fall’s conference our new Media Coordinator, Patrick Poyner-Del Vento, has been hard at work establishing a new SIG website – and he has done an excellent job with it! The new website is now online and can be found at \url{www.abctcouples.org}. The website includes lots of helpful resources including information about couples-relevant graduate training, internship, and job opportunities as well as information about our listserv, how to join the SIG (so you can easily refer all of your colleagues), and even archived copies of the SIG Newsletter for the past 10 years! We encourage you all to visit it often!

Finally, as we look forward to this year’s conference in San Francisco, we would like to ask for your help with a few matters. You recently received an email from Lee Dixon requesting your input for pre-conference topics. If you have not done so already, please contact Lee with your interests as soon as possible as we will be inviting a speaker and announcing the results very soon. We will also be in touch later this Fall to encourage submissions to the SIG poster exposition held at our annual Cocktail Party as well as for submissions to be considered for the Robert L. Weiss Graduate Student Poster Awards. So please keep an eye out for those emails in the upcoming months.

In the meantime, we hope you have the opportunity to enjoy a summer that is both relaxing and productive, and we look forward to seeing you all in San Francisco this November for an equally fun and stimulating conference!
Impact of Combat Deployment on Service Members
Since 2002, there have been well over 1.5 million individual deployments of military service members to the conflicts called Operation Enduring Freedom (OEF-Afghanistan) and Operation Iraqi Freedom (OIF-Iraq) (Congressional Research Service, 2008). From the beginning of these conflicts through February 2010, Congressional reports reveal that 4,365 OIF and 973 OEF soldiers have lost their lives, and over 31,000 OIF troops and nearly 5,000 OEF troops have been wounded during the same time period (Leland & Oboroceau, 2010). The psychological impact of OEF-OIF combat deployments is extensive. Early in the history of the current conflicts, over 90% of soldiers surveyed in Iraq reported significant exposure to combat trauma, including being shot, handling dead bodies, knowing someone who was injured or killed, or killing an enemy combatant (Hoge, et al., 2004). The conflict in Afghanistan has been associated with lower levels of such events, but soldiers still reported substantial rates of parallel experiences during combat (Hoge, et al., 2004). More recent evidence suggests that 5-15% of combat veterans suffer from PTSD, 2-14% suffer from Major Depression, and 19% have Traumatic Brain Injury (TBI) (Tanielian, 2008).

The family context of combat deployment and reintegration

The present day volunteer US military is different than previous generations in which the US forces were fortified through the military draft. The contemporary military’s composition also differs. Over half of current military service members are married and more than 40% have one or more children (Office of the Deputy Under Secretary of Defense, 2005). Thus, military deployments have the potential to significantly affect the service member and his or her family.

There are two considerations in understanding the impact of combat deployments on the military service member and his or her spouse. First, reintegration of the service member back into a relationship and family involves a developmental readjustment process for both spouses. As a result of the deployment, the service member and his or her spouse have changed, sometimes significantly. Second, this developmental readjustment often occurs in the presence of the sequelae of the combat experience, including psychological and physical trauma.

The clinical and research literature on the developmental process associated with reintegration suggests there is often an initial positive reunion/honeymoon period (MacDermid, 2006). The spouse of the service member may experience a loss of independence after having adapted to the service member’s absence and managed the household responsibilities on his or her own (Amen, Jellen, Merves, & Lee, 1988; Logan, 1987; U.S. Army, 2007a, 2007b). Basic household chores and routines need to be renegotiated and re-established. The couple needs to re-establish and/or strengthen joint problem solving and decision-making abilities, and re-establish relationships with extended family and friends. Couples may also need to resolve marital tension remaining from the pre-deployment period. The service member also must re-familiarize him- or herself with each family member, some of whom may be developmentally different than they were pre-deployment.

The developmental process of family reintegration is likely to be more problematic when it occurs in the presence of trauma related PTSD or depressive symptoms. We called this phenomenon complicated family reintegration, because these trauma-related symptoms complicate the normal developmental reintegration process. In support of this idea, the results of the National Vietnam Veterans Readjustment Study (NVVRS) (Kulka, et al., 1988) and other studies (Cook, 2004; Riggs, Byrne, Weathers, & Litz, 1998; Soloman, 1992) have indicated that higher levels of war trauma and post-traumatic stress disorder (PTSD) symptomatology are associated with more marital problems, greater family violence, and greater child behavior problems than those without trauma. Few studies have examined this phenomenon among OEF-OIF veterans, but our preliminary research (Sayers, Farrow, Ross, & Oslin, 2009) found that among married/partnered OEF-OIF veterans, those with PTSD or depressive symptoms were more likely to have problems in family reintegration. Emotional numbing, avoidance, and depressive withdrawal were most highly associated with reintegration problems. Renshaw and colleagues (Renshaw, Rodrigues, & Jones, 2008) also found that higher levels of combat and relatively higher levels of symptoms were associated with lower marital satisfaction in the National Guard members deployed to Iraq. The association between service member’s symptoms and the spouse’s marital satisfaction depended upon the perception by the spouse that the service member’s combat activities were relatively minimal. 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 smaller 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.

The Complicated Family Reintegration Study “VALOR”:

We have begun a study to examine how psychiatric symptoms may complicate or interfere with the reintegration process of OEF and OIF couples and may negatively affect family functioning. This study, which we call the “VALOR Study” (Veterans And Loved Ones Reintegrating) is funded by the Department of Veteran Affairs’ Health Services Research and Development Service (HSR&D), which funds research that underscores all aspects of VA healthcare. We have hypothesized that the level of specific types of reintegration problems experienced by veterans (i.e., difficulty renegotiating their role in the relationship, feeling like a guest in their own home), will mediate the association between the veteran’s symptoms and overall couple and family functioning over a 1 year period.

This four year study will involve the recruitment of 270 married/partnered military veterans who served in the OEF/OIF conflicts after 2001 from the Philadelphia VA Medical Center and their spouses or intimate partners. Recruitment will be conducted through referrals from the Primary Care clinics including the Women’s Health Clinic and the Post-Deployment clinic. Potential subjects will be identified by providers within these clinical settings and through clinical behavioral health screening assessments which are routinely conducted by primary care providers. We plan to target participants with a broad range of psychiatric disturbances, ranging from those with minimal distress to those with clinically significant depressive and/or PTSD symptomatology. Newly returned veterans may also be recruited for participation in this study in community settings outside of the VA medical setting. This will help to ensure a more well-rounded study population.

In order to participate, veterans will have separated from military service within the past 2 years or will have been placed on inactive status in their Reserve or Guard Unit. Veterans must also be married or have an intimate relationship partner with whom they share living quarters 75% of the time. Exclusion criteria for OEF/OIF veterans in this study include those with impaired hearing and/or a diagnosis or probable diagnosis of a severe mental illness such as schizophrenia or bipolar disorder.

Data analyses will examine the manner in which specific reintegration problems mediate the impact of psychiatric symptoms on global marital and family functioning over a 1 year period. These analyses will take into account both spouses perceptions of family functioning at the baseline and 12 month assessment points, the partners’ psychiatric functioning, as well as additional covariates such as demographic factors, psychiatric and couples treatment history, and presence of TBI and military sexual trauma.

The study will also include a qualitative component and the results of the quantitative and qualitative approaches will be integrated in order to understand the full impact of psychiatric symptoms on family reintegration (Creswell, Plano Clark, Gutmann, & Hanson, 2003). After completing the initial quantitative assessment, couples may be chosen to complete an additional qualitative interview several weeks later. This is a more in-depth interview that includes questions focusing on family experiences during the post-deployment period. The qualitative aspect of the study will consist of semi-structured interviews that will be administered separately to each spouse/partner. The use of open-ended questions is designed to elicit their perspectives regarding the impact of service members’ psychiatric symptoms on the reintegration process. Questions asked during the qualitative interview rely partially on existing clinical models of family readjustment, including the following domains and family processes: changes in family roles and routines and related renegotiation, conflict and family reintegration, the potential role of psychiatric symptoms in interfering with the emotional support and closeness among family members, feelings that family members are open to working out readjustment issues, and supports and barriers regarding reintegration in the post-deployment period.

The qualitative aspect of our research plan strengthens our study because of its ability to uncover themes or concerns of returning veterans in a systematic way. Qualitative methods and iterative analytical procedures will permit ideas to emerge that we as researchers may not have considered. The themes and problems generated by these qualitative interviews will validate that we have assessed important constructs and processes through the quantitative assessments and will supplement the interpretation of the quantitative findings.

We will integrate the qualitative and quantitative findings on two levels: the conceptual and
data analytic levels (Creswell et al., 2003). Our conceptual framework specifies that reintegration processes (renegotiation of roles, redevelopment of intimacy, and resumption of routines, resumption of influence/leadership in the family) are important tasks. The qualitative findings should indicate that veterans and their spouses are actively dealing with these issues in their adjustment to the post-deployment period. We will compare these results against the quantitative findings regarding the issues related to family consensus and cohesion. These comparisons will be conducted both cross-sectionally and from baseline to 12 months. Other details of the conceptual framework include the role that existing family vulnerabilities (i.e., history of couple conflict) have on the ability of the couple to accomplish reintegration successfully.

Qualitative-quantitative integration of findings at the data-analytic level will be accomplished multiple ways. We plan to create indices that reflect the degree to which each of the partners’ responses fit into each category themes, specifically, what percentage of their responses focus on each theme. We will conduct multiple regression analyses using the indices as independent measures predicting the total score on the Complicated Family Reintegration Scale (CFRS) (Sayers, Farrow, & Oslin, 2009), which measures the extent of family reintegration problems. Additional correlational analyses assessing the strength of relations between the indices and symptoms measured at baseline will provide further information regarding how family processes are associated with veterans’ symptoms.

The findings will inform the counseling and psychiatric services designed to assist service members to return to civilian life, and will also clarify whether and how psychiatric difficulties impede readjustment and reintegration. Lastly, these findings will extend our knowledge about the family experiences of military veterans in the post-deployment period.

**Families At Ease:**

Given that only 39% of service members who have been demobilized (separated from active duty military service) since 2002 have enrolled in Veterans Health Administration medical and specialty care, there is a clear need for new outreach programs to provide the nation’s veterans and their families with vital information about their benefits and VA health care eligibility (U.S. Department of Veterans Affairs, 2010). The Philadelphia and Durham VA Medical Centers have combined efforts and launched a pilot program called “Families At Ease.” This pilot program was initiated in January 2010, to help veterans and their family members get the assistance they need and encourage the veterans to take advantage of the benefits they have earned and are entitled to receive. All returning troops who served in the Afghanistan and Iraq conflicts have earned five years of free healthcare following their military separation date, but at least 50% or more have not taken advantage of their benefits. The Families At Ease program is designed to enhance outreach to recently returned Veterans who may be reluctant to seek help, or who may be unaware that they need it. While the VA offers a wide variety of services and treatment options for Veterans, very few programs and outreach efforts have focused on family members. Loved ones are often in the best position to see changes in the veteran and influence him or her to seek help. This program provides a way for family members to assist in getting their veteran connected with the help they may need.

In promoting Families At Ease, the program has made use of many different mediums to convey the program mission and message. The program has appeared in local newspapers, radio interviews, and even featured on the digital banner of a downtown building. The outreach to recently returned veterans has been carried to local churches and ministries, building relationships between community members and resources and the programs offered by VA. Program staff has attended military events for returning soldiers and their families, speaking in person to the service members and their loved ones. The program has been featured on the internet search site “Google” and has appeared numerous times on the VA’s main website. We have also created a website (www.mirecc.va.gov/familiesatease/) and a Facebook page for the program, which can be found by searching “Families At Ease.” An important outcome associated with the outreach being performed is the ability to see what tactics work for the program. This will be invaluable when reaching out to our returning veterans, to help them receive the VA benefits and care they earned for their service.

Family member or veterans who respond to Families At Ease outreach messages make contact with a call center in the Philadelphia, PA, or Durham, NC, VA medical centers. Call responders are trained to assist callers in many different ways and work closely with other teams and clinics within the VA system. Responders can provide information and guidance for Veterans seeking care and enrollment as well as provide helpful coaching to family members of Veterans reluctant to seek care. Responders help triage and make referrals to appropriate clinics depending on the issues raised during a call. The Families At Ease
program staff has coordinated efforts with the National Suicide Prevention Hotline in order to properly address and triage the possibility of veterans and family members who may be going through an immediate crisis.

Families At Ease has been receiving calls from veterans and family members alike, revealing the importance of involving family members in seeking care for their Veteran. Both the period of service and serving status of the veterans who have been assisted by this program vary from the Vietnam era to current operations in Iraq and Afghanistan. It is important to recognize the significance of receiving calls of help from veterans of past conflicts and eras, as they represent one of the issues the program is trying to address: those veterans who require treatment but are not enrolled for VA care.

The responses from veterans, family members, and providers have been extremely positive. Many family members and concerned loved ones are glad to know they have a trained operator to listen and help guide them through the difficulties associated with their veteran’s reintegration.

**Conclusion:**

Through research projects like the VALOR Study, and new programs such as “Families At Ease,” we hope to fill pre-existing gaps in interventions for newly returned veterans and their family members. In doing so, we hope to develop new interventions that address issues which have received little attention or of which there was minimal awareness, as well as those which may have been overlooked in the past. Additionally, these projects will provide information regarding ways in which to strengthen programs and interventions that have already been developed and implemented. These projects will also provide information that will aid in eliminating the barriers that prevent veterans from getting the help they may need and encourage family member involvement in assisting veterans to access help. The ultimate goal of these projects is to increase the rates of successful transition and reintegration for both newly returned Veterans and their families, making the homecoming what they hoped it would be and more.

**References**


Letter from the Student Co-Presidents

Katie Williams-Baucom\(^1\) & C.J. Eubanks Fleming\(^2\)

\(^1\)University of California, Los Angeles. \(^2\)Clark University

Hello from your new student co-presidents, Katie Williams-Baucom and C.J. Eubanks Fleming! We'd like to take this opportunity to introduce ourselves, as well as to alert you to all of the ways in which you can utilize the resources that are available for communication and networking.

We'd first like to thank Will Aldridge and Rebecca Brock for all of their hard work and planning for our last two conferences. We are particularly excited about the student-member social event that they began during their tenure, and we hope that you will continue to attend and enjoy this new tradition.

As for your new co-presidents, Katie is a graduate student at UCLA and works with Andy Christensen studying couple interactions and interventions. CJ is a graduate student at Clark University and works with James Córdova investigating the factors affecting relationship help seeking and attitudes towards relationship help seeking within the couples context.

Finally, let us remind you of the ways that you can be involved with the SIG, particularly as a student. In addition to our wonderful listserv, we have a Couples SIG Facebook group (http://www.facebook.com/group.php?gid=266082574771). We also have a student-specific facebook group (http://www.facebook.com/group.php?gid=82988514892), as well as a Google student discussion group (http://groups.google.com/group/couples-sig-students) for those of you who are not on Facebook. Feel free to email us if you would like to be added or removed from this group. We will be planning the SIG Cocktail Party this year along with the student get-together, and as always, we welcome any suggestions from those of you who have a favorite San Francisco locale.

Please contact us at anytime with comments, questions, suggestions, etc. We are looking forward to working with you over the next two years!

Sincerely,

CJ (cjfleming@clarku.edu) and Katie (kwilliams@ucla.edu)

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Couples SIG Wikipedia page: We need your help!

Greetings from your media coordinator! As you already know, we have a new website up and running (www.abctcouples.org), a new listserv (couples-sig@sfu.ca), and several discussion groups currently maintained on the web. More recently, I created a Couples SIG Wikipedia entry, but it's still quite bare and need of a lot of blanks to be filled in (e.g., a History section, etc.).

**WE NEED YOU**

It's my hope that this project can be more collaborative and involve everyone from the Couples SIG. If you're interested in adding to this page, go to www.wikipedia.org and type in "ABCT Couples Special Interest Group" (you can also copy and paste this link: http://en.wikipedia.org/wiki/ABCT_Couples_Special_Interest_Group).

Thanks for your support with this project!

- Patrick Poyner-Del Vento
BOOK REVIEW
Lee J. Dixon, Ph.D.
University of Dayton

Intimate Relationships
Thomas N. Bradbury (University of California, Los Angeles) & Benjamin R. Karney (University of California, Los Angeles)
Published 2010
W.W. Norton & Company, Inc. (598 pp).

Intimate Relationships is a textbook that seems well-suited for upper-level undergraduate students and perhaps graduate students as well. The text covers a broad array of theories and research regarding what many would call romantic relationships (the authors point out that not all romantic relationships remain romantic). Let me start off by saying that I think this book is excellent. I only wish that I had been assigned a textbook such as this one when I was an undergraduate, as I am pretty sure that reading it would have immediately cemented my desire to study intimate relationships. What reading this book at this stage in my career has done is confirm my desire to teach a course on intimate relationships as soon as possible!

The book is broken down into thirteen chapters, which are divided into three sections:
Section One - This first section addresses foundational issues, such as what we want to know about intimate relationships and how we go about studying and understanding them.
Section Two - The second section focuses on the elements and processes involved in intimate relationships, including sex and gender, sexual orientation, attraction, the effects of personality on relationships, as well as communication, conflict, beliefs and values, and stress and social support.
Section Three - The last section is called Changing Intimate Relationships and includes a chapter devoted to theories and research related to couples therapy and relationship enhancement as well as a chapter focused on how intimate relationships change across the lifespan.

The authors have struck a hard-to-achieve balance between presenting a tremendous amount of information and presenting said information in a way that is both thought-provoking and entertaining. They grab the reader’s attention from the very beginning as they describe the relational difficulties that Albert Einstein had throughout his life, highlighting how one of the greatest minds in all of history was unable to understand the mysteries of intimate relationships. Each chapter begins with a similarly captivating story along with a set of questions related to the story. Although such stories seem to be the norm in most textbooks that I have read recently, the ones in this book actually caused me to stop, think, and want to read on. To address the questions presented at the beginning of each chapter, the authors outline an abundance of research studies in an in-depth manner that will hopefully help students think more critically and analytically about research in this field and apply it to their own lives. In addition, it seems that the way the research is presented could help students become savvy consumers of research in other fields as well. Because such a vast amount of research related to intimate relationships is introduced, an added benefit of having this book on my shelf is that I am sure I will be using it as a quick reference tool.

Intimate Relationships has a companion website with videos, study guides, flashcards, etc. I was only able to access the material for one chapter, as the publishing company has yet to post the material for the remaining chapters. However, the videos I was able to watch were very complimentary of the material in the textbook, and included interviews with researchers and students. Much like the book itself, the videos drew me in and prompted me to think more deeply about the topics being discussed, which brings me to my one very small concern with this text. I hope the fact that I found this book so fascinating is not an indication that it may be too difficult of a read for some of the students it is intended for. Having said this, I have no reason not to highly recommend this book to anyone teaching a class on intimate relationships.

Because this book is almost 600 pages long, and because I received a copy of it uncomfortably close to the review deadline, I knew that I would not be able to read it in its entirety. However, I found it nearly impossible not to read every word of every chapter. I have very little doubt that both the students who are assigned Intimate Relationships, and the instructors who assign it, will be just as captivated by its contents as I was.
BOOK REVIEW
Cameron L. Gordon, Ph.D.
University of North Carolina, Wilmington

The Marriage Checkup: A Scientific Program for Sustaining and Strengthening Marital Health
James V. Córdova (Clark University)
Published 2009
Jason Aronson (286 pp).

The Marriage Checkup: A Scientific Program for Sustaining and Strengthening Marital Health aims to provide laypeople, or “lay-couples” in this case, with an empirically sound perspective on how to strengthen their marriage and prevent distress. This goal is accomplished exceedingly well. As such, The Marriage Checkup will be of primary interest to couples and to therapists who work with couples. Its comprehensive and accessible review of the marital literature would also make it an excellent supplement to primary sources in an advanced undergraduate course on relationships. Although the positive tone of the book is particularly inviting to non-distressed or slightly troubled couples seeking a strengths-based approach to enhancing their marriage, this book would also serve as an excellent tool for those who find themselves in more dire relationship circumstances.

What is immediately striking about this book is the author’s adept ability to move fluidly between the roles of researcher, educator, and clinician in order to offer readers a comprehensive understanding of their relationship and their role in it. Each chapter finds the right balance between discussing the relevant research findings, teaching the couple how to understand those findings in the context of their own marriage, and then encouraging the couple to utilize specific skills that will help strengthen their relationship.

The author’s role as an active researcher in the marital field is readily apparent from the first page. Indeed, this book is based on the author, Dr. James Córdova’s, years of research focused on marital distress prevention and relationship enhancement. As such, The Marriage Checkup is not just a clever title for a book that contains a theoretical exploration of relationships, rather it is the name of an intervention that has been thoroughly investigated and empirically supported. This is evident throughout the book, starting with an introduction that establishes a clear intention to take the reader on a carefully planned journey through the research literature on marriage. The foundation for each chapter is firmly embedded in empirical literature and the book itself is organized around themes identified by research to be the most potent predictors of marital outcomes. Specifically, the book contains twelve chapters each of which focus on key elements of the marital experience such as intimacy, attachment, forgiveness, acceptance, mindfulness, and spirituality. The book also provides a strong focus on building specific skills that will assist with the couples’ communication (both emotional expression and decision-making), their sexuality, their parenting, and their respective relationships with money. Thus, readers are treated to a comprehensive review of the relevant research and they are also provided with citations to both primary sources and additional self-help books they may find beneficial.

Whereas his role as a researcher resulted in well informed decisions about how to select and organize the relevant topics, the book is further strengthened by the author’s role as a teacher. Throughout each chapter, Dr. Córdova adeptly distills even the most complex research findings into an accessible and engaging format for the lay-audience. Each concept is carefully explained such that the reader is first given a broad appreciation and understanding for why the concept is important to marriage and how it works to promote relationship well-being. This is followed by clear examples and specific skills that help readers understand how to apply the freshly gained knowledge in their own relationship. Thus, the book does an excellent job of providing a top-down mastery of a couple’s relationship processes. In other words, this book teaches couples to understand the vast and complicated landscape of their marriage in much the same way that a marital scientist would. By reading this book, the couple is learning to fully appreciate not only the importance of each construct, but also the interdependence and reciprocal influence of complicated processes such as attachment, intimacy, acceptance, communication, sexuality, and mindfulness to name a few.

Finally, the author’s role as a clinician is also readily apparent throughout the book. It is written with a tone of tenderness, encouragement, and non-judgment that underlies every chapter. Readers are never put in the position of judging either their spouses or themselves.
Rather they are provided a way of understanding and validating how they got where they are and they are skillfully shown how to promote greater strength and satisfaction in their relationships. This is achieved through a compassionate understanding of what drives couples into maladaptive patterns of relating and a realistic acceptance that all close relationships will include some degree of injury. Through the compassionate and patient tone in this book, even readers who find themselves perpetuating anger, emotional distance, and vindictiveness in their relationship will feel understood by the author. This validation helps the reader to minimize defensiveness and examine their own role in the marriage in ways that promote a genuine empowerment and motivation toward positive change. Throughout the book the author also judiciously offers detailed and specific direction, such as with the presentation of communication skills and the importance of embracing vulnerability to foster intimacy. Just as importantly, however, the book is compassionately and skillfully non-directive and inclusive when encouraging broader processes to promote enhancement in areas of the marriage such as spirituality and sexuality.

In summary, The Marriage Checkup has achieved its goals exceptionally well. It is a thorough and carefully written book that relationship therapists will undoubtedly find to be a useful tool in their clinical work. The author’s graceful movement between the roles of researcher, teacher, and clinician results in twelve thoughtfully considered chapters that leave readers feeling validated, knowledgeable, and equipped to promote positive change in their relationship. Each chapter gives the couple a clear conceptualization of the topic, a convincing argument for why it is worth their attention, and an easily understandable and empirically supported way to strengthen it in their marriage. In other words this book is, quite simply, very good therapy.

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**Treasurer’s Update**

**Dear SIG Members,**

Thank you for another exciting year at ABCT! Our SIG is growing stronger every year. We now have 191 members, including 87 professional members and 104 students. In 2009 we welcomed six new members to our Couples SIG.

Please be reminded that dues for professional members are $25 and students, postdocs, and retired members pay $5. If you weren’t at the Couples SIG business meeting in New York or haven’t had a chance to pay your dues, please send a check to Kahni Clements-Blackmon with ABCT Couples SIG in the memo line to the address listed below. Please note that I changed institutions in March and my address has changed.

Presently, our SIG balance is $801.85. Prior to the 2009 conference our SIG balance was $1186.85. At the conference we paid $300 for the pre-conference speaker, $300 for student awards, and $600 for the cocktail party. Additionally, our new Couples SIG website was $156. We collected $511 at the conference and $360 was sent following the conference.

I would like to thank of you who sent your dues after the conference. Fewer of you were able to attend the SIG business meeting than in previous years, yet many of you mailed your dues following the conference. Thank you so much for your support and commitment to the Couples SIG!

Don’t forget, if you haven’t already, please join the SIG listserv at [www.couplessig.net](http://www.couplessig.net).

See you in San Francisco!

-Kahni Clements

*E-mail: kahni_clements@hms.harvard.edu*
HOT off the Press
In Press and Recently Published Literature


KUDOS!!!

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

Brian Baucom recently got a 3-year F32 award (the post-doc version of an NRSA) to work with Gayla Margolin at USC on a study of domestic violence, emotional expression, and mental/relational health in families.

Joanne Davila was promoted to Professor in the Department of Psychology, Stony Brook University.

Barbara Kistenmacher is getting married to Jeffrey LeDonne.

Steven L. Sayers is being promoted to Associate Professor of Psychology in Psychiatry, Department of Psychiatry, University of Pennsylvania, effective July 1, 2010.

Katherine J. Williams-Baucom received the Randy Gerson Memorial Grant from the American Psychological Foundation.

If you would like to announce an achievement/significant occasion in your career or personal life, please email the co-editors with your news:

aharp@clarku.edu & edarling@clarku.edu
Developing Assessments to Measure Barriers to Treatment Entry: A Critical Step Towards Dissemination

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

1 Butler Hospital, 2 Warren Alpert Medical School of Brown University, 3 University of Tennessee, Knoxville

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

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

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

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

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

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

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

*Ellen Darling & Amanda Harp*

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**(Assessing Barriers to Treatment, Cont’d)**

### Evaluating Barriers to Entry into Couples Treatment

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

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

### Addressing the Gap Between Research and Practice

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

*(Continued on page 10)*
Letter from the SIG Co-Presidents
Lee Dixon 1 & Cameron Gordon 2
1 University of Dayton, 2 University of North Carolina, Wilmington

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

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

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

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

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

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

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

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

See y’all in Toronto!
Sincerely,
CJ (cjflemin@clarku.edu) and Katie (kjwilliams@ucla.edu)
Dear SIG Members,

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

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

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

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

Many thanks for your support of the SIG!

Best,
Meghan

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

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KUDOS!!!

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

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

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

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

  Kristina Coop Gordon, Ph.D.
  Department of Psychology
  310B Austin Peay
  University of Tennessee
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**Media Coordinator Update**

Hello Couples SIG!

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

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

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

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

Patrick Poyner-Del Vento, M.A.
Simon Fraser University
p_pd@sfu.ca

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**Doss Lab, University of Miami**
Brian Doss, Ph. D.

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

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

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**Sarah Whitton, Ph.D.**
Assistant Professor
Psychology Department
University of Cincinnati

We received a small grant to support a small randomized clinical trial of a relationship education program designed specifically for male same-sex couples. We aim to build upon promising results from 11 newlywed gay couples in Boston by using a larger sample size and by assessing the program’s acceptability and efficacy with gay couples in Ohio who, like most in the U.S., do not have the legal option to marry.
The relevance of the subject matter is significant. This intersection of partners and parents is of interest not only to the experts in the field who have made it their area of study; it is safe to say that this subject matter is fundamentally important to nearly everyone, as most people are involved in intimate relationships and the vast majority choose to start a family together. The work presented in these chapters, while academic in nature, apply to all couples and families. Additionally, this volume covers the range of significant topics in the area, from the transition to parenthood, conflict and satisfaction within the relationship, to outcomes for both the child and parent. The book addresses family functioning at nearly every stage.

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

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

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

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

Strengthening Couple Relationships for Optimal Child Development

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

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

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

The authors of the various chapters have made significant contributions to our understanding of the intersecting importance of couples relationships and child development. The editors acknowledge the contributions of Philip and Carolyn Pape Cowan as innovative, ground-breaking, and critical to the comprehensive science of couples, children, and families. Much of the highlighted findings stemmed from the significant research conducted by the Cowans and this volume of work is a tribute to and extension of their pioneering studies.
that this research is not done simply for the sake of research, but emphasizes real implications for families at any stage in life.

*Strengthening Couple Relationships for Optimal Child Development* is an elegant compilation of cutting-edge research on the functioning of couples and families. While encompassing multiple theoretical perspectives from a variety of contributors, it is well-constructed and maintains a smooth and logical flow. Written primarily for those in the academic and professional world, the volume is engaging, consistently well-written, and highly informative. This book is grounded in research on the functioning of couples and families. While this research is not done simply for the sake of knowledge, but emphasizes real implications for, mechanisms of, and interventions towards healthy family functioning. Overall, this work is a substantial contribution to the work of anyone interested in the cutting-edge research and treatment of couple and child relationships.

**Beth Allen, Ph.D.**
Assistant Professor
Department of Psychology
University of Colorado Denver

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

**Richard E. Heyman, Ph.D.**
Professor
Family Translational Research Group
Department of Cariology and Comprehensive Care
New York University

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


(Assessing Barriers to Treatment, Continued)

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

A Systematic Framework for Developing Assessment Tools

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

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

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

Method

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

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

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

Once items were collected, the next step involved “binning and winnowing” (DeWalt, Rothrock, Yount, & Stone, 2007). Binning is a top-down process in which items are grouped according to meaning or the latent construct. Winnowing refers to a procedure whose main goal is to trim large item pools down to a representative set of items. Following binning and
winnowing, items were revised to be consistent across literacy levels, and variation of response options was reduced to further maximize consistency across items and recall time frame.

Qualitative Interviews

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

Table 1. Sample Interview Guide.

| 1. Describe purpose of study: “This is a study examining what makes it hard to get into treatment (alcohol treatment/couples treatment/couples treatment for alcohol).” |
| 2. Establish rapport: Since you were asked to participate in this project because you/your partner was in treatment, I’d like to start by hearing a little bit (more) about your experience with treatment. In particular, I am interested in your experience with treatment for alcohol use.  
  - Have you ever been in treatment before?  
  - Have you ever been in couples’ treatment? |
| 3. Initiate discussion on treatment barriers: “What do you think makes it hard to get into treatment (for alcohol problems)?” |
| 4. Transition to discussion of couples treatment for alcohol: “Given research supporting outcomes for couples’ treatment for alcohol problems, I am also very interested in barriers to getting into couples’ treatment for alcohol problems.” |
| 5. Barriers to entry into couples treatment for alcohol:  
  - What might make it difficult to seek this treatment?  
  - Have you ever considered entering couples’ therapy?  
  - If couples’ therapy for alcohol problems was offered to you, what are reasons that you might not accept it?  
  - Are there other issues regarding barriers that you would like to raise? |

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

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

Field Testing.

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

Psychometric Analysis.

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

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

**Results**

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

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

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

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

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

The item banks developed through searches of questionnaires on related topics were compared to the codebook that was developed through the coding of qualitative interviews. We revised and refined items to result in a measure of barriers to entry into treatment for patients, and a measure for partners, reflecting the unique barriers that might emerge from the perspective of each partner. These assessments were administered in cognitive interviews to patients and partners until feedback suggested that the items were clear and comprehensive. Some sample items are provided in Table 2.
We recently completed field administration of our questionnaires and questionnaires measuring related constructs. Administration occurred with patients and partners from each of our treatment sites of interest. In the final step of this project, we will implement IRT modeling procedures with data collected through the field administration of developed items.

**Conclusions**

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

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

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

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

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**Table 2. Sample items from patient and partner assessments.**

<table>
<thead>
<tr>
<th>Seeking couples' treatment for alcohol problems would be difficult because...</th>
<th>Totally Agree</th>
<th>Disagree</th>
<th>Slightly Agree</th>
<th>Slightly Disagree</th>
<th>Totally Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My partner would not be helpful in treatment.</td>
<td>Disagree</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Totally Agree</td>
<td></td>
</tr>
<tr>
<td>I am too angry with my partner to want to help out in his/her treatment.</td>
<td>Disagree</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Totally Agree</td>
<td></td>
</tr>
<tr>
<td>My partner and I would not be able to coordinate our schedules</td>
<td>Disagree</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Totally Agree</td>
<td></td>
</tr>
<tr>
<td>Couples' treatment would make my relationship worse</td>
<td>Disagree</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Totally Agree</td>
<td></td>
</tr>
</tbody>
</table>

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

Please address correspondence to: Yael Chatav Schonbrun, Butler Hospital, Warren Alpert Medical School of Brown University, 345 Blackstone Boulevard, Providence, RI 02906, USA; Tel: 401-455-6547; Fax: 401-455-6546; E-mail: Yael_Chatav_Schonbrun@Brown.edu

References

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Farewell from this Post
 Lastly, we would like to thank you for all you’ve done to help us spread the news about the fascinating couples work being accomplished across the globe by our fellow SIGGers.

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

Cheers,

Amanda Harp & Ellen Darling
Studying Adolescent Romantic Relationships: Contributions from the Relationship Development Center (RDC), Stony Brook University

Joanne Davila, Ph.D. and the RDC Lab
Rachel Hershenberg, Brian Feinstein, Vickie Bhatia, Kaitlyn Gorman

My lab and I are pleased to contribute to the SIG’s exploration of the theme of developmental processes in couple relationships. Although we’ve done a good amount of work on adult romantic relationships, our most recent research focuses on romantic experiences in adolescence, including their development, risk factors for dysfunction, their consequences, and how what happens in them may ultimately put people at risk for dysfunction in adult relationships. Although much research has examined how couples function, relatively little has examined how and why people get involved in their relationships and how they learn to behave in relationships. As we all know, these are important issues because partner choices and experiences in relationships have serious implications for psychological and physical health.

The guiding framework for our work is that enduring vulnerabilities that contribute to relationship problems (e.g., interpersonal styles, emotion regulation abilities, psychological symptoms) can emerge early and can result in maladaptive models of relationships that lead to maladaptive ways of approaching and behaving in relationships. One aspect of our current work, therefore, focuses on risk factors for the development of romantic dysfunction in adolescents.

Romantic interest and experiences in adolescence are normative and highly salient. The same is true for sexual interest and experiences, which, along with their romantic counterparts, emerge following puberty and often demand the adolescent’s attention. These experiences provide opportunities for necessary socialization (e.g., learning relationship skills, providing chances to develop and practice self- and emotion-regulation skills) as well as potentially stressful challenges with which adolescents must cope. If early vulnerabilities impair these processes, adolescents may fail to develop skills that will allow for adaptive relationship functioning in the future.

One risk factor we have examined is attachment insecurity in adolescent relationships. We have shown how insecurity is associated with poor adolescent romantic functioning. For instance, insecure adolescents are more likely to feel dysphoric when in a romantic relationship than are their more secure counterparts (Davila et al., 2004). Greater insecurity also is associated with more negative expectations about future relationships, including marriage (Steinberg, Davila, & Fincham, 2006). And late adolescent couples who lack an understanding of secure base functioning in relationships are likely to stay together when they are unhappy in the relationship (Davila, Waters, et al., 2007). Taken together, these data paint a picture in which insecurity serves as an early vulnerability for feeling depressed in romantic relationships, expecting the worst, and yet remaining in unhappy relationships. If these experiences are a predictor of what’s to come, then these young people may be at the beginning of a very maladaptive trajectory.
Letter from the Editors

We are pleased to bring you this edition of the Couples SIG Newsletter. Our apologies to Erika Lawrence and her lab as we inadvertently omitted their update from the Autumn edition. You can find out what they've been up to on page four.

We would like to thank Joanne Davila and her lab for submitting their multifaceted and interesting article. This month we requested article submissions exploring developmental processes in couples relationships. Please read further to learn more about their research on such high impact topics as attachment insecurity, depression, and engagement in romantic and sexual activities in adolescent relationships.


As always, we invite our fellow Couples SIG members to submit feedback and ideas for article topics for future newsletters. Please contact us directly with your suggestions and to discuss article contributions.

Best wishes for a simultaneously relaxing and productive summer!

Amanda Harp & Ellen Darling

(Adolescent Romantic Relationships, Cont’d)

In line with some of these findings, we also are particularly interested in depression in adolescent romantic and sexual functioning. I recently published a review of the literature on depression and adolescent romance that sets an agenda for research in the area (Davila, 2008), and my students and I have demonstrated, in a variety of samples, that romantic and sexual experiences in adolescence are associated with depressive symptoms (Davila et al., 2009; Davila et al., 2004; Hershenberg & Davila, 2010; Starr & Davila, 2008; Starr & Davila, 2009; Steinberg & Davila, 2008; Stroud & Davila, 2008; Yoneda & Davila, 2008). This work addresses an important gap in the literature. Depression rates are high among adolescents, and even subclinical symptoms predict episodes in adulthood. Thus, learning more about how and why adolescent romantic and sexual experiences confer risk for depressive symptoms is important. Similarly, learning more about how adolescent depressive symptoms impair romantic and sexual functioning is important. Our work speaks to both directions of association. In a number of data sets, we have shown that engaging in more romantic activities in adolescence (e.g., dating, being in a romantic relationship) is associated with an increase in depressive symptoms over time (e.g., Davila et al., 2009), and that this is particularly true for adolescents who lack the personal or social resources that would help them cope (or who engage in dysfunctional ways of coping) with the challenges of romantic activities (Davila et al., 2004; Starr & Davila, 2009). Our work has also shown that depressive symptoms predict engagement in sexual activities among early adolescents girls (Davila et al., 2009), and that this is particularly true for adolescents who have stressful family circumstances (Davila et al., 2009) or who are avoidant of intimacy (Hershenberg & Davila, 2010), again suggesting that adolescents who lack personal or social coping resources are at greatest risk.

We are particularly interested in the function that engagement in romantic and sexual activities serves for dysphoric adolescent girls. That dysphoric girls tend to engage more frequently in these activities is consistent with the fact that during adolescence both risk for depression (particularly among girls) and reward seeking increase dramatically. Yet these are two experiences that would seem not to go together. They certainly do not in adulthood. In fact, dysphoric/depressed adults tend to withdraw socially and demonstrate reduced interest in sexual activity. So, what accounts for the association between dysphoria and romantic/sexual activity in adolescence, and what makes adolescence different from adulthood? This question highlights the developmental differences that may exist and clearly demonstrates how important it is to pay attention to them, as they may inform how we think about relationships, depression, and their association across the lifespan.

In addition, to our lab’s focus on psychopathology, we also are interested in examining positive adaptation in adolescent romantic functioning. In line with this, my students and I published a paper outlining our conception of adolescent romantic competence and we have developed an interview to assess it (Davila, Steinberg, et al., 2008). Whether our definition of competence is unique to adolescent relationships remains to be seen. We have assessed our construct in developmentally sensitive ways, though the key areas of competence also may apply to adult relationships.

We also are interested in what contributes to positive emotional functioning in adolescence, and have shown that greater parent-adolescent attachment security is associated with adolescent girls’ ability to convey positive emotions about their mothers when they are interacting with them (Hershenberg, Davila, et al., in press). The ability to experience and express both positive and negative emotions in the context of relationships will continue to be of focus in our lab.

We intend to continue to pursue research on adolescent romantic relationships, with the ultimate goal not only of advancing science, but of helping parents, clinicians, and youth develop effective ways to foster healthy adolescent relationships, which hopefully will lead to healthy adult ones as well.
Letter from the SIG Co-Presidents

Cameron Gordon1 & Lee Dixon2

1University of North Carolina, Wilmington, 2University of Dayton

Greetings Couples SIG! We hope that you have all had an enjoyable Spring and that you have plans for a restorative summer ahead! We would like to welcome those of you who are new to the Couples SIG and remind everyone to please feel free to contact either of us if you have any concerns or questions you think we may be able to help you address.

Lee Dixon can be reached via phone at 937-229-2160 or through email at lee.dixon@notes.udayton.edu.

Cameron Gordon can be reached via phone at 910-962-2454 or through email at gordonc@uncw.edu.

We would like to thank our officers for their efforts throughout the past year. Student Co-Presidents C.J. Eubanks and Katie Williams-Baucom, Newsletter Co-Editors Ellen Darling and Amanda Harp, and Media Coordinator Patrick Poyner-Del Vento are all working hard to make the SIG a productive and useful professional home for those interested in couples research and therapy. In addition, we would like to welcome Meghan McGinn who was elected as our new Treasurer at the convention in San Francisco last Fall, and extend our sincere gratitude to Kahni Clements who concluded her term as Treasurer last year. You can find contact information for all of the officers (and most SIG members), as well as lots of other useful resources, on the SIG website at: www.abctcouples.org/.

The ABCT Convention in San Francisco last November included numerous excellent contributions from our SIG. We would especially like to thank Dr. Ronald Rogge for his outstanding pre-conference presentation on implicit measures of relationship satisfaction. It was a great way to start off the conference and provided some very thought-provoking and innovative approaches to measuring relationship outcomes. There were numerous other fantastic contributions from the SIG throughout the conference. At the same time, we have heard that the SIG would like to increase our representation at ABCT and further strengthen our presence at the conference. One terrific way to do that was to support Erika Lawrence’s candidacy for Representative-at-Large. On behalf of the SIG, I would like to extend our thanks to Erika for her willingness to serve in this important role. I hope everyone had a chance to vote for her in April. In addition, the Chair of the Workshop Committee has extended an excellent opportunity to the Couples SIG. We are invited to nominate someone to work closely with the Chair in reviewing and selecting workshops for future conventions. The role typically lasts 3 years as an assistant to the Chair, and then most often results in becoming Chair of the Workshop Committee for another 3 years. So this is a wonderful opportunity for the Couples SIG to increase our representation at ABCT for years to come. The position typically goes to someone who is roughly equivalent to the Associate Professor stage in their career. Please contact Lee Dixon or Cameron Gordon directly if you would like to be nominated for this position.

Finally, we would like to ask for your assistance as we begin to prepare for our convention in Toronto this November. We intend to contact you through the listserv prior to this year’s conference to seek nominations for officer positions via email. We hope this will help stimulate everyone to think about ways to get more involved through leadership in the SIG and we want to provide ample opportunity for individuals to nominate themselves or their colleagues. We will also be in touch later this Fall to solicit submissions to the SIG poster exposition held at our annual Cocktail Party as well as for submissions to be considered for the Robert L. Weiss Graduate Student Poster Awards. So please be sure to respond to those emails in the upcoming months.

In the meantime, please do not hesitate to contact us if there is anything we can do for you. We hope you all have a terrific summer and we look forward to seeing you in Toronto next Fall!
Our current graduate students include Rebecca L. Brock, Amie Langer, Rosaura Orengo, Halley Woodward, and Jeung Eun Yoon. Our former graduate student, Robin A. Barry, is currently an Assistant Professor in the Department of Psychology at UMBC. Our most recent news is that we just moved into brand new lab space in our brand new building! We currently have three major projects going on. For the 1st project, funded by the Dept. of Justice Office of Violence against Women, we are developing a new, evidence-based curriculum for the Batterers Education Program for the Iowa Department of Corrections. We are currently piloting the new curriculum, and the preliminary results are extremely promising. We have also begun training program facilitators across the state. If successful, Iowa will be the first state in the country to employ a court-mandated, statewide, standardized, evidence-based program for domestic violent offenders. The DOC, Judicial Branch of Iowa and Iowa Coalition Against Domestic Violence are all collaborating with us to accomplish this mammoth task. We are excited and honored to be leading such an important project.

In a separate, NIMH-funded study, we are examining how intimate relationship functioning interacts with genetic vulnerabilities and stress to influence psychopathology (depression, anxiety, and alcoholism). Questionnaires, semi-structured interviews, and daily diary methods are employed. In a 3rd, NIMH-funded study, we have developed a new theoretical model of partner aggression and translated it into a novel group therapy for aggression. We are comparing this 12-week treatment to an active control group to test mechanisms of change as well as long-term outcomes.

Publications in Press:


The Couple and Family Development Laboratory
Erika Lawrence, Ph.D., Associate Professor, The University of Iowa Dept. of Psychology

Another year, another great conference! Both the quantity and quality of the couples’ presentations this year were particularly impressive, and it was wonderful to see you all there. As always, our SIG community affords the opportunity to see research and theory in action as well as to socialize and enjoy each other’s company.

As many of you know, funding for purely couples based research has become increasingly more difficult to obtain with changes that have occurred over the past few years in major funding institutions such as NIMH. In response to these changes, it is becoming all the more important to a) find broader and more accessible funding sources, and b) press our policymakers to make room for couples research in state and national budgets.

We received very helpful feedback about the SIG cocktail party in San Francisco. We are working to find a location that is closer to the hotel and less crowded for the Toronto convention. Please let us know if you have other feedback for us that you think would improve the experience for SIG members.

Finally, let us remind you of the ways that you can be involved with the SIG! In addition to our strong overall SIG listserv (couples-sig@sfu.ca), we have a Couples SIG Facebook group (http://www.facebook.com/group.php?gid=266082574771), as well as a student Google discussion group (http://groups.google.com/group/couples-sig-students). Feel free to email us if you would like to be added or removed from this group. Please join us in the Google discussion group, especially! We use this space for discussing student issues and for advertising student SIG events.

As always, please feel free to email us with any suggestions, questions, or concerns.

Sincerely,
CJ (cjfleming@clarku.edu) and Katie (kwilliams@ucla.edu)
Treasurer’s Update

Dear SIG Members,

First and foremost, I’d like to send a HUGE thank you out to Kahni Clements Blackmon who has served as the SIG Treasurer for the last two years! Thanks so much, Kahni, for all of your help organizing and coordinating finances and updating the SIG membership over the past couple years, and for helping me transition into the role of the new SIG Treasurer.

While our Couples SIG network continues to grow each year, the number of dues-paying members has dropped slightly. We currently have 173 members who have paid dues during the last 5 years, of whom 66 are professionals and 107 are students. If you weren’t at last year’s conference or haven’t had the chance to pay your dues, please send a check to Meghan McGinn with ABCT Couples SIG in the memo line to the address below, or pay via paypal.com to meghanmcginn@gmail.com. Dues are $25 for professional members and $5 for students, post-docs, and retired members.

Presently, our SIG balance is $665.86. Prior to the 2010 conference, our SIG balance was $495.86. At the conference we paid out $250.00 for our cocktail party, $300 for student awards, and $300 for the pre-conference speaker. We’ve since collected $1020 in dues, resulting in our current SIG balance at $665.86. Thank you for supporting our SIG!

Please do not hesitate to contact me at meghanmcginn@gmail.com if you have any questions, recommendations, or updates to your title/affiliation or contact information for our membership list. Looking forward to seeing you all in Toronto!

Best,
Meghan

Send checks to:
Meghan McGinn, M.A.
UCLA Department of Psychology
1285 Franz Hall
Los Angeles, CA 90095

KUDOS!!!

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

* Barbara Kistenmacher writes, “I just accepted a position as the Executive Director of Hazelden, NYC. Hazelden is one of the premier addictions treatment centers in the country. I will be overseeing two programs: 1) An adult outpatient addictions program with a strong couples and family component; and 2) a brand new Collegiate Recovery House for young adults (18 to 29 years old). The Recovery House (Tribeca Twelve) is part of a partnership with Columbia University. If anyone finds themselves in NYC, I will give them a personal tour!”

* Richard E. Heyman writes that he will be moving along with Amy Slep and the entire Family Translational Research Group to New York University this summer from SUNY Stonybrook.

* Kieran Sullivan was promoted to full professor at Santa Clara University!

If you would like to announce an achievement/significant occasion in your career or personal life, please email the co-editors with your news:

aharp@clarku.edu
edarling@clarku.edu
Media Coordinator Update

Hi Couples SIG members! I have a couple of important updates regarding an update to the website and our presence on the internet:

Archive of ABCT Preconference Events Now on the Website!

Some very exciting news: a new section has been added to our website! It contains an archive of past ABCT preconference events and includes slides/handouts from most events dating back to 2007. For future preconference events, the plan is to successively add new slides/handouts for everyone to easily reference. To reach this page, go to http://www.abctcouples.org/ and click on "Preconference." A big thanks to Barry McCarthy, Kristi Coop Gordon, and Ron Rogge for kicking off the beginning of this archive by sharing their slides and handouts. (NOTE: If you presented at a preconference event at any point in the past and would like to include your slides/handouts in this archive, please send them to Patrick Poyner-Del Vento at admin@abctcouples.org).

ABCTCOPPELS.ORG: We're Getting Lots More Visitors!

Our website has rapidly grown over the past year in terms of number of visitors! As you can see from the accompanying graph, the number of page requests has more than doubled from March 2009 to March 2010. Undoubtedly, there are more Couples SIG members navigating the website to look up information, but there has also been an increase in non-SIG members performing Google searches and ultimately click on a link to reach our site. Based on the words they're using in these search engines, these people seem to be looking up research articles on close relationships.

Therefore, in an effort to continue to increase the number of visitors to our site (as well as increase our membership), I'd like to invite all Couples SIG members to visit our website and browse the list of recommended articles and books (go to http://www.abctcouples.org/, then click on "Research"). While perusing the list, if you that notice an important article or book is missing (even if it's your own work; don't be modest!), please send the reference and/or PDF file to Patrick Poyner-Del Vento at admin@abctcouples.org. A big thanks to Frank Fincham, Dan O'Leary and Rick Heyman for recently recommending articles to be added.

-Patrick Poyner-Del Vento, M.A.
•Simon Fraser University
Restoring Emotionally Volatile
Relationships Through Emotion Regulation
and Validation: A Review of Fruzzetti’s
The High Conflict Couple.

Conflict Couple: A
Dialectical Behavior
Therapy Guide to
Finding Peace,
Intimacy, & Validation,
Oakland, CA: New Harbinger
Publications, Inc.
(177 pages). $15.95.

By Jill Rathus, Ph.D.

Alan Fruzzetti has written a guide to help distressed
couples navigate their way through highly conflictual
interactions. The High Conflict Couple is aimed
particularly at emotionally volatile couples -- those who are
sensitive to each other’s perceived slights, quick to react
and argue, and spike in emotional intensity. This succinct
volume is intended for self-help primarily. Yet, its well-
detailed rationales, precise directives and illustrative
examples make it suitable as a guide for the therapist or
even as a treatment manual for research.

Fruzzetti has accrued the training and experience to make
him uniquely positioned to render a contribution of this
sort. He approaches couple treatment as a synthesis of his
two decades as a theorist, empiricist, and clinician in the
areas of couple and family interactions, emotion regulation,
and Dialectical Behavior Therapy (DBT). In his dedication,
he acknowledges his mentors, whose contributions
permeate his content. The impact of the first, the late Neil
Jacobson, a developer of behavioral couples therapy, is
apparent through the book’s acknowledgement of
traditional behavioral couples interventions, such as shared
pleasurable activities, communication, and problem
solving. Fruzzetti also embraces elements of Jacobson’s
(with Christensen) Integrative Behavioral Couples
Therapy, including the acceptance strategies of behavioral
tolerance and recontextualizing problematic partner
behavior. The influence of the second, Marsha Linehan,
developer of DBT, informs the established behavioral
couples approaches and infuses the content, as reflected in
the subtitle. Fruzzetti’s approach thus aligns with the third
wave behavior therapies, incorporating mindfulness and
acceptance in quelling couple conflict. It is this marriage of
DBT with traditional couples treatment that gives The High
Conflict Couple a unique identity among couples treatment
manuals.

Even the title: The High Conflict Couple, suggests a novel
approach, in that few couples treatment books target a
particular subset of distressed couples. While Fruzzetti’s
book does highlight a particular type of couple, those who
work with distressed couples might argue that most couples
who seek treatment experience highly conflictual
interactions. Thus, most readers will find relevance in its
description of the development of emotional sensitivity and
high emotional reactivity in couples, and its systematic
strategies to reverse this process. This emotion-based
developmental approach to relationship volatility is of
utmost utility for conceptualizing intimate relationship
conflict, and Fruzzetti argues compellingly that addressing
the interactions that generate emotional over-reactivity
constitutes essential work in helping distressed couples.
The book’s target population notwithstanding, Fruzzetti
explains that conflict-avoidant and couples experiencing
other styles of distress can benefit from his strategies as
well. Fruzzetti applies DBT principles not only to the
book’s transactional view of relationship discord but also
to its principle interventions. The treatment balances
acceptance with change strategies, and draws from DBT its
emphasis on mindfulness, acceptance, validation, and
emotion regulation.

Fruzzetti puts forth a model of conflict escalation based on
high emotional reactivity and its expressive-behavioral
components, including harsh criticism, judgments, put-
downs, nastiness, and intense anger expression. He notes
that moderate levels of emotional arousal can be energizing
and engaging, and can enhance self-control and
performance. Yet, when negative emotional arousal
heightens, self-control decreases as individuals shift their
attention toward rapid escape from the aversive emotional
state. This escape echoes Steve Hays’ linking experiential
avoidance to a host of maladaptive escape behaviors. In
couple interactions, escape from the emotion can lead to
impulsively lashing out, escalating the conflict, or
otherwise behaving destructively.Caught in this process,
partners focus on reducing the building negative tension,
losing sight of long-term goals.

Fruzzetti describes a vicious cycle in which one’s
intensifying emotions lead to negative judgments,
interpretations and communication, which in turn incites
heightened emotions, negative judgments, and ineffective
communications from a partner, and so on, leading to both
partners’ escalated emotions. Fruzzetti distinguishes
between primary and secondary emotions and explains that
to further complicate matters, a partner’s focus on the secondary emotion (e.g., anger) often leads to judgments that lead to inaccurate and more negative expressions of emotion to a partner (attacks, blame). In turn, the partner’s defensive and counter-attacking responses to the secondary emotion are often ineffective and continue the escalation of an argument.

To bring about constructive engagement, or expression of a problem in a manner that enhances intimacy, Fruzzetti proposes practicing mindfulness to one’s emotions. In contrast to the whirlwind of escalating negativity, when a primary emotion, such as hurt or disappointment, is identified mindfully, a more loving and accurate expression of the emotion typically results. This communication elicits less reactive and more validating partner reactions. While Gottman and other early behavioral couples’ treatment developers included emotional expressiveness training, reflective listening, and validation, theirs was a more scripted version. Fruzzetti believes in the importance of communication, but he rejects a rule-governed approach (e.g., use of “I” statements) in favor of using mindfulness to observe and describe one’s primary emotions. He states, clearly, both partners must be able to regulate their emotions, and must be aware of their wants, preferences, emotions, opinions, and what they like and don’t like. Because their emotions are regulated, they are able to express these things accurately and nonaggressively and are able to listen and respond non-defensively, with empathy and validation.” (p. 10)

Fruzzetti not only explicates how emotionally aroused partners can accurately express primary emotions, but devotes three chapters to breaking down the fine points of validation. In chapters on what to validate and why, how to validate, and recovering from invalidation, he not only promotes validation as the means to reduce emotional arousal, but goes beyond previous approaches in detailing the many forms of validation and illustrating contexts in which each will likely work best.

In DBT, the emphasis on validation is balanced with problem solving. In Fruzzetti’s approach, the problem-solving process from that in traditional couples therapy is enhanced with application of the DBT behavioral chain analysis. In this process couples identify problem precipitants including thoughts, emotions, and behaviors, and identify problem consequences. Partners then review critical links and consider where different interpretations or behaviors could have resulted in different outcomes. They then mentally rehearse a newly informed process and outcome for next time.

While written in consumer-accessible language, The High Conflict Couple is grounded in research on emotional processes, couple communication, mindfulness, and DBT. Its scientific foundation, explicated in crisp and engaging prose, make it a particularly welcome addition to the “self-help” genre. The High Conflict Couple is brief, easy to read, and inviting. Fruzzetti allows readers to access his sophisticated material in a jargon-free, user-friendly manner. He provides several sets of useful exercises for couple to practice following each major teaching point, and offers clear, step-by-step suggestions to reverse destructive patterns. He remains empathic and constructive, normalizes conflict escalation, and never pathologizes even the most emotionally reactive partners; struggling couples will appreciate his respectful and non-judgmental tone.

Overall, this work offers a practical and accessible guide for highly emotionally reactive distressed couples. Fruzzetti cautions that the book is not intended for couples experiencing physical abuse. He appropriately stresses that abusive partners must first seek treatment to gain control over physically aggressive behavior before being able to benefit from the strategies he outlines. In conclusion, with its integration of DBT and traditional behavioral couples treatment, The High Conflict Couple offers a fresh and creative approach for couples seeking help with relationship distress. Clinicians seeking novel, scientifically-grounded ideas will greatly appreciate this work as well. Regardless of the readership, Fruzzetti’s voice inspires hope, highlighting the good intentions and the normative in partners’ emotional reactions. In his warm and gentle manner, he breaks down the complexity of conflict escalations while providing the critical ingredients to soothe and re-regulate even the most emotionally volatile relationships.

Jill H. Rathus, Ph.D., is Professor of Psychology, Long Island University, CW Post Campus in Brookville, NY. She is also Co-Director of Cognitive Behavioral Associates in Great Neck, NY. Her clinical and research interests focus primarily on dialectical behavior therapy, couple distress, cognitive behavioral treatments, adolescent suicidal behavior, and intimate partner violence.
HOT off the Press
In Press and Recently Published Literature


Communication of Emotion During Conflict: The Brief Report

Keith Sanford
Baylor University

Couples often experience intense negative emotions during conflict interactions. These emotions are not merely feelings that partners experience privately, but also feelings that partners may express overtly, and feelings they may perceive in each other. In other words, emotions can be communicated (Greenberg & Goldman, 2008). This is important because partners have different types of reactions to perceiving different types of emotion in each other. Perceptions of partner emotion can influence how people behave during conflict (Sanford, 2007a), what types of underlying concerns they have (Sanford & Grace, 2011), and the extent to which conflicts are resolved (Sanford, 2007b). Accordingly, current approaches to couples’ therapy often include components designed to help couples alter problematic patterns of emotion communication (Greenberg & Johnson, 1988; Jacobson & Christensen, 1996). How, then, does the process of emotion communication work? The answer to this question is not simple, and it requires attention to three key issues.

Encoding and decoding

The first issue is that emotion communication is a process that includes elements of both encoding and decoding (Noller, 2006). Emotion **encoding** occurs when a person overtly expresses an emotion that he or she is feeling. A clearly encoded emotion can be defined as one that is expressed with sufficient clarity so that it is recognized by outside observers. In contrast, emotion **decoding via objective observation** occurs when a person recognizes an emotion that was expressed overtly by his or her partner. This can be defined as perceiving the same emotion in a partner as that which is perceived by outside observers. Finally, emotion **decoding via insider perspective** occurs when a person recognizes an emotion in a partner even though the partner failed to express the emotion overtly. This can be defined as recognizing in a
partner an emotion that could not be detected by outside observers. In considering these different components of encoding and decoding, we can ask a basic question. To what extent does the accuracy of emotion communication depend on each of these components?

Types of emotion

The second issue pertains to distinctions between types of emotion. Although couples experience many different emotions during conflicts, two types of negative emotion are especially common. These are sometimes called hard emotion (feeling angry and annoyed) and soft emotion (feeling sad and hurt). People have different reactions to perceiving each of these types of emotion in a partner, and moreover, the expression of each emotion predicts different outcomes in couples’ therapy (Cordova, Jacobson, & Christensen, 1998; Johnson & Greenberg, 1988). This raises two questions. First, are couples able to make accurate distinctions between these emotions in both encoding and decoding? Second, does the presence of one emotion influence how the other is expressed or perceived? For example, if a person feels both hard and soft emotion, will that person express both emotions or only a single dominant emotion?

Levels of analysis

The third issue is that emotion communication can potentially occur at different levels. For example, an event-specific emotion pertains to the emotion that one person experiences at a particular point in time. In contrast, contextual-couple emotion pertains to the average emotion experienced by both partners in a relationship over a period of time. Thus, if anger were assessed in two different episodes of conflict from both members of a couple, this would produce four event-specific anger scores (two for each partner) and a single contextual-couple score (the average of the four event-specific scores). At which level, then, do partners express and perceive emotion? For example, if a husband experiences a particular emotion during a conflict, will he express the event-specific emotion he feels at that particular moment in time, or will he express a contextual-couple emotion that matches the current climate in his relationship? And, will his wife perceive his event-specific emotion, or will she perceive a contextual-couple emotion?

Method

The following is a summary of a recent study (Sanford, 2012) that addressed the issues discussed above. In this study, a sample of 83
married couples completed two separate conflict conversations during a single assessment session at a communication laboratory. Prior to each conversation, an area of conflict was identified, and partners completed a questionnaire intended to activate relevant emotions. Next, partners independently rated their own hard and soft emotions regarding the identified conflict and then, together, partners engaged in a 10-minute, videotaped conversation about the conflict. After the conversation, partners rated each other’s emotion. In addition, each conversation was scored for levels of hard and soft emotion by multiple observers. Each couple completed this entire procedure two times, in regards to two different topics of conflict. This means that assessments were obtained for each partner, for each of two different episodes of conflict, and each assessment included: (a) self reported emotion, (b) observer ratings of emotion, and (c) partner’s ratings of each other’s emotion.

Data were analyzed using 3-level hierarchical linear modeling equations (where level 1 pertained to repeated measures of conflict incidents, level 2 pertained to individual persons, and level 3 pertained to couples), and each equation took the following basic form:

\[ y_{ipc} = \gamma_{000} + \gamma_{100} (x_{ipc}) + \gamma_{001} (w_c) + e_{ipc} + u_{0pc} + \nu \]

where “\(y_{ipc}\)” is an outcome for conflict incident “\(i\)” from person “\(p\)” of couple “\(c\);” “\(x_{ipc}\)” is an event-specific score on a predictor variable for incident “\(i\)” from person “\(p\)” of couple “\(c\);” and “\(w_c\)” is the contextual couple score for that same predictor variable for couple “\(c\).” Each couple had four event-specific scores (\(x\)), and a single contextual couple score (\(w\)), which was the average of their four event-specific scores (\(w = \bar{x}\)). There are two key parameters of interest in this equation. First, \(\gamma_{100}\) indicates the pooled within-couple event-specific effect of variable “\(x\)” on outcome “\(y\).” Second, \(\gamma_{001}\) indicates the contextual-couple effect of variable “\(w\)” on outcome “\(y\)” after controlling for the event-specific effect of variable “\(x\)” (or, using common HLM terminology, it is equal to a “between-couple effect” minus a “within-couple effect”). This means that the contextual-couple effects indicate the extent to which the whole context explains more than the individual parts. (For further details on these equations, see Sanford, 2012.)

**Results Encoding**

Emotion encoding was tested using equations in which observer ratings of expressed emotion were predicted from self-report ratings of both hard emotion and soft emotion. Results are reported in Table 1. All the encoding effects were significant, and most notably, the contextual-couple effects were particularly large. This suggests that couples tend to express emotions that match the general climate in their relationship as a whole (as assessed across two conversations that occurred on a single day), and they tend to suppress expression of emotions that fail to match that climate.

In addition to the encoding effects (which involve associations between self-report and observer ratings of the same emotion), Table 1 also lists cross-emotion effects (which involve associations between the two different types of emotion). In most cases, the encoding effects were significantly larger than the cross-emotion effects. Thus, people expressed emotion with a sufficient level of clarity that observers accurately distinguished between the types of emotions being experienced. One exception, however, was that presence of contextual-couple hard emotion reduced the expression of soft emotion.

**Decoding via objective observation**

Decoding via objective observation was tested using equations in which a person’s perception of his or her partner’s emotion was predicted from observer ratings of that partner’s overt expression of emotion. Results are reported in Table 2.
Here, the decoding results were significant only at the event-specific level. Whereas the aforementioned encoding results indicated that couples primarily expressed contextual-couple emotion, these decoding results suggest that they perceived emotion at the event-specific level. Moreover, the event-specific effects were especially large for hard emotion. Interestingly, contextual-couple hard emotion reduced the perception of soft emotion, which was similar to the pattern of results for emotion encoding.

**Decoding via insider perspective**

Decoding via insider perspective was tested using equations in which a person’s perception of his or her partner’s emotion was predicted by that partner’s actual self-reported emotion, after controlling for effects due to objective observation. Results are reported in Table 3. In contrast to other results from this study, most of the decoding effects in Table 3 were not significantly different from their corresponding cross-emotion effects. Thus, an insider perspective did not much help people distinguish between emotions. One exception, however, was that insider perspective enhanced people’s ability to perceive event-specific soft emotion in their partners.

**Conclusion**

Couples were reasonably accurate in distinguishing between hard and soft emotion; however, emotion expression (encoding) and emotion perception (decoding) occurred at different levels. Couples perceived mostly event-specific emotions, whereas they expressed mostly contextual-couple emotions. The contextual-couple effect was strong in spite of the fact that it was assessed across only two conflict conversations in the context of a single assessment session. The results are consistent with theories regarding sentiment override (Weiss, 1980), suggesting that the overall climate in a relationship is likely to influence responses to specific relationship events. Moreover, the results identify a specific point where this type of override is likely to occur. It occurs in the expression, but not so much in the perception, of emotion.

The results also suggest that hard emotion tends to be dominant. This is consistent with research showing that people are quick to perceive overt expressions of threatening emotions in others (Hansen & Hansen, 1988). In the present study, couples easily perceived hard emotion when it was expressed overtly, hard emotion generally produced the largest effects, and it tended to override the expression and the perception of soft emotion. In contrast, soft emotion was more subtle, and couples sometimes relied upon an insider perspective to perceive it.

Taken together, the results highlight the importance of contextual-couple hard emotion. When contextual-couple hard emotion was high, couples tended to amplify the expressions of hard emotion and to suppress both the expression and the perception of soft emotion. Conversely, when contextual-couple hard emotion was low, couples tended to suppress the expression of hard emotion, and because the perception of hard emotion depended largely on overt expression, they may have been unlikely to perceive this suppressed hard emotion in each other. In sum, the results suggest that, in both research and clinical work with couples, it may be especially valuable to distinguish between levels of analysis, and specifically to assess and address the extent to which relationships have climates of contextual-couple hard emotion.
Table 1. Emotion experience predicting overt expression

<table>
<thead>
<tr>
<th>Outcome variable</th>
<th>Self Reported Event-Specific</th>
<th>Self Reported Contextual-Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed hard</td>
<td>.12*</td>
<td>.42*</td>
</tr>
<tr>
<td>Observed soft</td>
<td>-.08</td>
<td>-.35*</td>
</tr>
</tbody>
</table>

Adjacent coefficients in **bold** significantly differ from each other. Coefficients are based on standardized scales. Equations control for gender and relationship satisfaction.

*p < .05

Table 2. Emotion expression predicting partner’s perception

<table>
<thead>
<tr>
<th>Outcome variable</th>
<th>Observer Rating of Expressed Event-Specific</th>
<th>Observer Rating of Expressed Contextual-Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner perception hard</td>
<td>.49*</td>
<td>-.10</td>
</tr>
<tr>
<td>Partner perception soft</td>
<td>.11</td>
<td>-.20</td>
</tr>
</tbody>
</table>

Adjacent coefficients in **bold** significantly differ from each other. Coefficients are based on standardized scales. Equations control for insider perspective, gender, and relationship satisfaction.

*p < .05

Table 3. Emotion experience predicting partner’s perception controlling for overt expression

<table>
<thead>
<tr>
<th>Outcome variable</th>
<th>Self Reported Event-Specific</th>
<th>Self Reported Contextual-Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner perception hard</td>
<td>.01</td>
<td>.26*</td>
</tr>
<tr>
<td>Partner perception soft</td>
<td>-.14*</td>
<td>.28*</td>
</tr>
</tbody>
</table>

Adjacent coefficients in **bold** significantly differ from each other. Coefficients are based on standardized scales. Equations control for overt emotion expression, gender, and relationship satisfaction.

*p < .05

References


Letter from the SIG Co-Presidents
Robin Barry ¹ & Steffany Fredman ²
¹ University of Maryland Baltimore County, ² Massachusetts General Hospital

Greetings all! We’re looking forward to the upcoming conference in National Harbor and seeing the outstanding research conducted by the Couples SIG members showcased at the Symposia, Poster Sessions, and SIG exposition.

We hope that you will be able to join us in kicking off the conference with the Couples SIG preconference event from 6:30-8:00 PM on Thursday, November 15 at the Gaylord National Hotel (room National Harbor 14). We’re delighted that Dr. Deborah Capaldi, Senior Scientist from the Oregon Social Learning Center, will be our guest speaker this year. Her talk is entitled, “The Development and Dynamics of Intimate Partner Violence,” and we look forward to an interesting and informative presentation.

Our SIG Business Meeting will be bright and early from 8:00 to 9:30 am on Friday, November 16th (National Harbor 6). We will be holding an election for the position of Treasurer and would like to extend our thanks to Meghan McGinn, who has done an outstanding job in this role over the previous two years. Please start thinking about nominations for this position or let Steffany or Robin know if you would like to be nominated.

We will also be discussing SIG business and presenting the Robert L. Weiss Student Poster Award during the meeting. If you have announcements or agenda items for the meeting, please contact Steffany (sfredman@partners.org) or Robin (rbarry@umbc.edu).

See you in National Harbor!

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Treasurer’s Update

Dear SIG Members,

I hope it has been a happy and productive year for you all! I’m looking forward to seeing many of you at ABCT.

We have added 41 new members since our last update, and our dues-paying membership (members who have paid dues within the last 5 years) is currently at 181 (63 professionals and 118 students). I would like to extend a very warm welcome to our newest members and encourage all of you to spread the word to your colleagues about the Couples SIG!

Presently, our SIG balance is $648.10. Our balance at the last update was $770.86. Since then we have collected $1605 in dues and donations. This year, we have spent $1727.76 on the conference expenses, new projector, and renewal of our web domain. As you can see, we are over-budget on the year, spending more than we have collected in dues. So, if you have not paid your 2011 dues yet, it is very important that you do!

As always, we will collect dues for 2012 at our SIG business meeting during the ABCT conference. If you are not attending the conference or would like to pre-pay your 2012 dues, please pay electronically via PayPal (go to www.paypal.com and send money to meghanmcginn@gmail.com) or by mailing a check to the address below. If you pay by paypal, it is important to designate the payment as a “gift” to avoid processing fees. Dues are $25 for professional members and $5 for students, post-docs, and retired members. Please do not hesitate to contact me if you have questions or concerns about dues or membership.

Many thanks for your support of the SIG!

Best,

Meghan

Send checks to:
Meghan McGinn, M.A.
VA Puget Sound Healthcare System
1660 S Columbian Way (116-MHC)
Seattle, WA 98108
Hello from your Student Co-Presidents! The ABCT convention is right around the corner, and we hope to see all of you in National Harbor.

We are excited to announce that this year’s Couples SIG Cocktail Party will be at Thai Pavilion, a four-minute walk from the conference hotel (151 American Way, www.thaipavilionnationalharbor.com). We will be meeting from 6:30 to 8:00 PM on Saturday, November 17 (immediately following Dr. Klepac’s Presidential Address). Come chat, network, and catch up!

Due to unexpected expenses this year, unfortunately the SIG will not be able to pay for light refreshments as we usually do. We are hoping you might be willing to donate to the cause of having a few appetizers available for all who attend (particularly those of you who are in more senior positions). We will “pass the hat” during the SIG business meeting on Friday morning.

In accordance with tradition, we would also like to invite all students to an informal Student Cocktail Hour in the Thai Pavilion bar area immediately following the main party. This event is a great opportunity to get to know your fellow undergraduate and graduate students better.

While we will not be holding a SIG student symposium this year, we are delighted to highlight the contributions of the SIG’s students to other ABCT symposia. We hope that in addition to attending all the other wonderful contributions by SIG members to this year’s convention, you will attend the following symposia involving SIG students:

- Friday at 10.00 am: “Marriage Checkup: Do Annual Checkups Improve Relationship Health Outcomes?”
  - James Cordova, Melinda Ippolito Morrill, Tatiana Gray, CJ Eubanks Fleming, Julia Sollenberger, Ellen Darling, and Howard Markman

- Friday at 12.00 pm: “Couples and Psychopathology: Beyond Relationship Distress”
  - Shiri Cohen, Donald Baucom, Sara Boeding, Steffany Fredman, and Douglas Snyder

Please contact us at any time with comments, questions, or suggestions. We would particularly like to encourage students to join the SIG listserv (couples-sig@sfu.ca), SIG Facebook group (http://www.facebook.com/group.php?gid=266082574771), student-specific Facebook group, (http://www.facebook.com/group.php?gid=82988514892), and student Google discussion group (http://groups.google.com/group/couplessig-students).

We hope to see you soon!

Sincerely,

Lisa (lbenson1@ucla.edu) and Emily (egeorgia@psy.miami.edu)
We’d like to celebrate these special events in the lives of the following Siggers. Congratulations to you!

☺ A special edition of Prevention Science was published in August entitled “The Development and Prevention of Intimate Partner Violence” with Deborah M. Capaldi and Jennifer Langhinrichsen-Rohling as co-editors. The papers were based on a plenary symposium at the annual meeting of the Society for Prevention Research in 2009. Commentaries included Donald Dutton, Debra Pepler, and Andra Teten-Tharp. They hope that the articles will stimulate further work in prevention in this important area of family violence, as well as policy changes and changes in treatment approaches.

☺ A comprehensive database on domestic violence research [Partner Abuse State of the Knowledge project (PASK)] was just published with John Hamel as editor-in-chief. The goal is to make the best information possible available regarding intimate partner violence to treatment providers and others who do not have ready access to journals, and for whom trying to synthesize the information available is an impossible task. Jennifer Langhinrichsen Rohling and Denise Hines worked with him on editing this project (as well as contributing reviews). Please see the flyer at the end of the newsletter.

☺ Along with his family, David Atkins is currently spending three months at University of Zurich with Dr. Guy Bodenmann, which he finds both fantastically fun as well as interesting to see all the creative research being done by our Swiss colleagues.

☺ Ranak Trevedi at the University of Washington was recently awarded a Career Development Award from the VA Health Services Research and Development division (the VA K-award equivalent) that aims to develop a couples coping and self-management intervention for Veterans with congestive heart failure and their significant others. The title is “Developing a Couples’ Coping Intervention for Veterans with Heart Failure” and the dates are 4/1/2012-3/31/2017. (PI: Ranak Trivedi, PhD)

☺ This past summer, Family Violence and Family Problems: Reliable Assessment and the ICD-11 edited by SIG members Heather Foran, Ph.D., Steven Beach, Ph.D., Amy Smith Slep, Ph.D., Richard Heyman, Ph.D., and Marianne Wamboldt, M.D., was released by Springer. Many SIG members contributed to the chapters. http://www.springerpub.com/product/9780826109101#.UE39iES5KdY
Jesse Owen, Ph.D.
Associate Professor
Department of Educational and Counseling Psychology
University of Louisville

Currently, lab members are seeing couples for therapy as part of a study examining the impact of commitment uncertainty across sessions. Specifically, doctoral student therapists engage in therapy with couples while gathering information about the therapeutic alliance, couple commitment, and relationship satisfaction as well as a host of other variables at other time-points.

Manuscripts in preparation focus on individuals and couples in relationship education programs, and in couple therapy. Two manuscripts currently in preparation for submission examine the relationship between the therapeutic alliance, client gender, and pre-therapy relationship distress — one paper examining these associations within the couple-therapy modality and the other within a couple relationship education program.

Relatedly, a third study in preparation examines predictors of break-up status for individuals in a relationship education program. Finally, a dismantling-study manuscript has been submitted which specifically evaluates the effects of the assumed active ingredient within most relationship education programs — structured communication.

Recently submitted manuscripts include “Not Everyone Enjoys a Hookup. Diverse Reactions to Hooking Up” which utilized a cluster analysis to examined characteristics of individuals with differing reactions to a casual sexual experience. We have also submitted a manuscript exploring a more in-depth analysis of women’s reactions to casual sexual experiences as it relates to interpersonal and academic variables.

Current projects in data-collection phase include a study examining workplace romance and the effects on occupational outcomes, a study investigating cultural client factors related to psychotherapy attrition, and a study examining the role of attachment and coping as they relate to danger sign recognition and commitment in video-vignette scenarios of romantic relationships.

James V. Córdova, Ph.D.
Professor of Psychology
Director: The Marriage Checkup Project
Department of Psychology
Clark University

We have completed seeing couples for the Marriage Checkup Project and we are currently working on writing a manuscript with the longitudinal outcome data of the study. We are also collaborating with Kristina Coop Gordon’s lab to implement the Marriage Checkup (referred to in this case as a Relationship Checkup) in a community based integrative health-care facility in Tennessee.

Amanda Harp is loving the training (and weather) at Harbor-UCLA Medical Center while simultaneously preparing for the EPPP and job search in her home state of NC. Melinda Ippolito Morrill is currently applying for internship for the 2013-2014 year, as well as continuing to work on her dissertation about how the emotional tone in mothers' and fathers' relationships impacts their parenting. She is also completing practicum work at the UMass Memorial Outpatient Psychiatry Department. CJ Fleming is currently applying for internship and working on her dissertation, which focuses on the relationship between partner behaviors and alcohol-related help seeking in the context of intimate relationships. Ellen Darling has recently returned from maternity leave and is preparing her master's thesis, ‘A New Conception of Intimacy: Pathways via which mindfulness affects relationship satisfaction’. Julia Sollenberger is working on submitting a manuscript on how emotional skillfulness impacts the intimacy process and marital satisfaction. She is also starting her dissertation which focuses on how couples' narratives can be used to predict treatment outcomes. Tatiana Gray is writing her master’s thesis, which focuses on how couples transition out of conflict conversations. She is also completing practicum work at the UMass Memorial Outpatient Psychiatry Department. Finally, Matt Hawrilenko is working on validating a measure that assesses couples' collective financial efficacy, the sense that together, they can effectively accomplish money-related goals and navigate money-related hurdles.
HOT off the Press
In Press and Recently Published Literature


Lab Updates:

With all your new research ideas and grant proposals brewing, please start thinking about your updates for the Spring 2013 Newsletter. We’d love to hear from you!

Farewell from this Post
At last, we would like to thank you for all you’ve done to help us spread the news about the fascinating couples work being accomplished across the globe by our fellow SIGGers.

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

Cheers,

Tatiana & Judith

Markman/Stanley/Rhoades Lab
Department of Psychology
University of Denver

Howard Markman, Scott Stanley, and Galena Rhoades are collaborating on several projects in the Center for Marital and Family Studies at University of Denver. On the basic science side of research, funding from NICHD has just ended for our Relationship Development Study that followed 1600 unmarried individuals through relationship transitions and we are hoping to secure funding to follow them further. On the applied side, we’re continuing NICHD-funded two studies on the long-term effectiveness of PREP with couples -- one in a community sample and the other in the military. For the latter project, we happily get to borrow Dr. Beth Allen from her own lab at University of Colorado, Denver to work with us as a co-investigator. We’re also fortunate to report that Dr. Kristi Peterson joined our research team last spring as a post-doc and is working on several collaborations and grant writing. We have five current graduate students: Gretchen Kelmer recently defended her dissertation on Facebook and relationship quality and is on internship, Ben Loew is working on developing an online intervention for aging couples for his dissertation, Shelby Scott has begun her dissertation on relationship dynamics in lesbian couples, Aleja Parsons is finishing up her Master’s on attitudes toward marriage, divorce, and cohabitation and relationship outcomes, and Kayla Knopp just started our program, but has already prepared a manuscript on commitment and individual functioning. The newest member of our lab is Emmett Cameron Rhoades who began his “work” with us in March 2012, but has yet to publish anything…


Supplemental Table 1: College Informant Rated Correlates of Curiosity
Supplemental Table 2: Behavioral Correlates of Curiosity by Multiple Informants
Supplemental Table 3: Self Rated Correlates of Curiosity
Supplemental Table 4: Two Experts Predicted Behavioral Correlates of Curiosity


A Final Thank You and Goodbye to Alan Gurman

Kristina Coop Gordon
University of Tennessee

Our field lost a great man this year when we lost Alan Gurman. Al was a wonderful, brilliant, and exceedingly warm and joyful man who contributed in countless ways to our field. Many SIG members are probably most familiar with him through his important work editing the Clinical Handbook of Couple Therapy, perhaps the most influential and prestigious edited Handbook in our field. At the time of his death he was in the middle of editing the fifth edition and that number alone tells you how successful and highly valued this work was. Thankfully, Jay Lebow and Doug Snyder stepped in to ensure that the Clinical Handbook of Couple Therapy would still be finished as a way to honor Al’s work and contributions to this extremely influential project. However, Al accomplished much, much more than this handbook. He was on faculty in the Department of Psychiatry at the University of Wisconsin Medical School in Madison for over 38 years and at the time of his passing he was a Clinical Professor at the Family Institute at Northwestern and a Visiting Professor of Psychiatry at the Harvard Medical School/Cambridge Health Alliance. Over the course of his career, he edited the Journal of Marital and Family Therapy for a full decade, and authored/edited over 20 books on couple and family therapy and 97 peer-reviewed articles.

Al’s articles and books were invariably incisive, integrative, and inordinately intelligent commentaries on the state of research and therapy in the couple and family field. He continually pushed us all in his work and in his editing to be better than we were. Al was passionate about understanding couple and family therapy, but he also was dispassionate in that he was wedded to no particular model, only to what was most effective. He also was not in this field for his ego. This ability to stand somewhat outside of the fray enabled him to see it more clearly. Thus, he looked beyond the current “best practices” to see what was missing and what was coming next that might fill these gaps. As a result, his critiques made us all better and the field will be poorer in his loss. In response to his influential contributions, almost every existing family therapy organization honored him during his lifetime with distinguished achievement and service awards. A short list of these awards
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Letter from the Editors

Judith and I are pleased to bring you the Fall 2013 edition of the ABCT Couples SIG newsletter. We have so many wonderful contributions this time around. We are very appreciative to have an article by Sara Boeding, Christine Paprocki, Donald Baucom, Jonathan Abramowitz, Michael Wheaton, Laura Fabricant, and Melanie Fischer. They have submitted a shortened version of their recent publication “Let Me Check That for You: Symptom Accommodation in Romantic Partners of Adults with Obsessive-Compulsive Disorder.” You can find their report on page 6.

Additionally, we extend our extreme gratitude to Kristina Coop-Gordon, Ph.D. (and colleagues) for her beautiful and heartwarming tribute to Alan Gurman on page 1. Last but not least we’re pleased to present many fantastic Lab Updates. It looks like it’s been a busy and productive year for us SIGgers - keep up the good work!

Finally, Judith and I will be passing the torch to two new newsletter editors after this edition (and just when we were finally getting the hang of it)! It has truly been a pleasure to bring together all of your wonderful work for the past two years and we thank you for the amazing opportunity!

Thank you for making the Couples SIG Newsletter possible!

Tatiana Gray & Judith Biesen

include: Excellence in Internship Training Award for Distinguished Achievement in Teaching and Training from the Association of Psychology Postdoctoral and Internship Centers, Distinguished Contribution to Family Psychology Award from the Society for Family Psychology, Distinguished Contribution to Family Therapy Research Award from the American Association for Marriage and Family Therapy, and the Distinguished Achievement in Family Therapy Research Award from the American Family Therapy Academy (first recipient). Belatedly, in light of his immense role in shaping our field, the Couples SIG also will spend time honoring his life and contributions during our business meeting.

However, although we could fill pages of this newsletter with Al’s achievements, these professional contributions perhaps are surpassed by the kind of person that Al was. When we learned about his passing on Sept 7th of this year, there was an outpouring of grief and affection for Al on various listservs. It was clear that the loss was not just professional for people who had interacted with him; it also was deeply personal. So many people had warm memories of Al and wanted to share them with the community. Consequently, when I agreed to write this piece about Al, I also asked some of the people who knew him if they would be willing to contribute their recollections of him. Below are some of the wonderful remembrances shared with me; each of them capture an essential piece of Alan – his scholarship, his generosity, his warmth, and his mentorship.

- **From Jay Lebow:** Alan Gurman was a great human being, a wonderful friend, colleague, a family member. Generations of psychologists speak to his superb qualities as a mentor over a period of four decades. However, in this short piece, I want to speak to one aspect of Alan's career, his relationship to behavioral couple and family therapy. In a workshop Alan and I did at a conference earlier this year, Alan, when asked to give his work a label, described himself as a behavioral couple therapist. But what a behavior therapist! Alan laid the foundation in several early articles and books for evidence based couple and family therapy at a time when few others were attending to evidence. And Alan challenged the early mechanistic qualities of behavioral couple and family therapy, leading to one of the liveliest dialogues in academic history with Neil Jacobson and others. The synthesis which ensued left his fingerprints all over today's cognitive-behavioral couple therapy. What originally looked like doubt ultimately led to synergy and development. All couple and family therapists owe a great deal to Alan and he sorely will be missed.
- From Andy Christensen: Al and I had an electronic relationship. I don’t recall us ever meeting personally but we had many e-mail exchanges. I recall one series a few years ago with mixed feelings -- he pushed me to make revisions on a chapter that I really didn’t want to work on anymore. But of course, as a result of his pushing and direction, the article was substantially improved. One series of e-mails this year revealed Al’s intellectual spirit and generosity. He was an anonymous reviewer of an article whose senior author was one of my graduate students, Lisa Benson. Al liked the article even though one of the reviewers definitely did not, and he got permission from the editor to reveal his identity to us and write us about the article. His comments spurred the editor to publish our article as well as a series of comments about the article, including Al’s review, the very critical review of our paper, and our response. In his commentary Al quoted a favorite quotation of his from the late Frank Pittman: “None of us understands psychotherapy well enough to stop learning from all of us.” He was that kind of a scholar, going out of his way to encourage other scholars, never afraid of controversy, and, knowing acutely the limits of our knowledge, pushing for open dialogue. I will miss him.

- From Melinda Morrill: I knew Al Gurman only a bit – had co-authored a book chapter in his 2010 handbook with James Cordova, and enjoyed his kindness and whimsical e-mails. He gave generous compliments and a couple of times followed up with me about when I would be doing internship, etc. I met him in person at the Family Process celebration in 2011 and emailed with him afterwards, as well as while I was going through internship interviews last winter and he was telling me about helping with mock interviews at UW. He just seemed so full of life, his passing was really shocking and heartbreaking. I can only imagine how much that loss hurt to those who knew him very well, but clearly his legacy will live on strong.

- From Nadine Kaslow: What is most noteworthy about Alan were his qualities as a human being. The outpouring of love and support on the listservs after his death was shared, highlighted that for Alan his relationships were what was central in his life. Alan was universally liked, even loved, and respected. Everyone appreciated his great sense of humor and his joie de vivre. Down to earth and very genuine and trustworthy, he was always fair in his interpersonal dealings. Alan was an incredibly generous mentor and colleague and offered wonderful opportunities to his students and junior colleagues. He never sought glory for himself. There is no question that Al was incredibly devoted and loving toward his own family. Alan was one of my most significant clinical and clinical-research teachers and mentors and a very special friend. I credit him, along with David Rice, for teaching me to think and behave like an integrationist. I am grateful to him for inculcating in me a love for working with couples and for growing as a person while helping couples to flourish. He encouraged me (and so many others) to use my head and my heart in doing couples therapy. The first time I served on an editorial board was when he invited me to do so and he served as a great role model when it came to editing. He was one of my most significant mentors and I know this is true for many people over the generations. I trust that what Al would want would be for us to not mourn his passing, but to continue on his amazing work and his value of connections. We are all enriched by our interactions with him and his landmark contributions to our field.

As you can see, across all of these recollections, Al’s warmth, joy, passion for his work and his care for others are consistent threads. Al’s life was too short but he squeezed an enormous amount of joy and value out of it. It is difficult to believe that such a larger than life person is no longer with us. I feel privileged to have known him and I know my many interactions with him stretched me in ways that have made me a better scientist and practitioner. It is clear that he had that effect on many people who knew him well and on the field at large. We thank him and his big heart for all he did for us and we wish comfort for his wife Gerri, and his children, Jesse and Ted, as they cope with this tremendous loss. He will be missed.
Hello, everyone. We’re looking forward to the upcoming conference in Nashville and are very excited about a number of upcoming SIG conference activities.

We hope that you’ll be able to join us in kicking off the conference with the Couples SIG preconference event from 6:30-8:00 PM on Thursday, November 21 in Ryman Room N. For this year’s preconference event, we’re delighted to have a panel of distinguished researchers who will share with us their strategies for successfully securing grants for couple-based research. We’re fortunate to have on our panel the following investigators: Don Baucom, Ph.D., Distinguished Professor, Department of Psychology, University of North Carolina at Chapel Hill; Frank Fincham, Ph.D., Eminent Scholar and Director, Family Institute, The Florida State University; Kristi Gordon, Ph.D., Professor, Department of Psychology, University of Tennessee-Knoxville; Rick Heyman, Ph.D., Professor, Department of Cariology and Comprehensive Care, New York University; Howard Markman, Ph.D., Distinguished Professor, Department of Psychology, University of Denver; Keith Renshaw, Ph.D., Associate Professor, Department of Psychology, George Mason University; Galena Rhoades, Ph.D., Research Associate Professor, Department of Psychology, University of Denver, Amy Slep, Ph.D., Professor, Department of Cariology and Comprehensive Care, New York University; and, Scott Stanley, Ph.D., Research Professor, Department of Psychology, University of Denver. Following presentations by our panelists, audience members will have the opportunity to ask questions, share their own secrets of success, and discuss how SIG members can contribute to the important efforts of a Couples SIG working group advocating for more funding for couples research from the NIH. We look forward to what is sure to be a lively and informative discussion!

Our SIG Business Meeting will be from 2:45-4:15 pm on Friday, November 22 in Presidential Chamber A. We’ll be updating membership lists, seeking volunteers for the program committee, distributing awards for the Robert L. Weiss Student Research Award, and having elections for the positions of student co-presidents, newsletter co-editors, and media coordinators. Many thanks to Lisa Benson and Emily Georgia for their work as student co-presidents; Tatiana Gray and Judith Biesen for their work as newsletter co-editors; and Jill Logan and Roanne Millman for their work as media coordinators over the past two years. If you’re interested in serving on the program committee or being nominated for one of the SIG officer positions, please feel free to contact Steffany (sjf23@psu.edu) in advance or at the conference.

We will also be having a tribute to Dr. Alan Gurman, who passed away unexpectedly earlier this fall. Dr. Gurman was actually scheduled to attend his first ABCT conference this year and was looking forward to becoming an active member of our Couples SIG community. Shortly before his untimely death, Dr. Gurman generously volunteered his time to serve as a reviewer for abstracts for the SIG poster exposition, along with Dr. Brian Baucom and Dr. Mari Clements. We’re very appreciative of Dr. Kristi Gordon’s work in coordinating this opportunity to honor Dr. Gurman and his important contributions to the field of family psychology.

We look forward to seeing you all in Nashville and are sending our best wishes for a good fall.

Steffany & Robin
We’d like to celebrate these special events in the lives of the following Siggers. Congratulations to you!

😊 **Rosaura Orengo** , a graduate student working with Erika Lawrence at the University of Iowa (and the SIG’s Treasurer) recently received a dissertation grant from the Society for the Psychological Study of Social Issues (SPSSI). Her dissertation will test the effectiveness of an Acceptance and Commitment Therapy (ACT)-based skills group in reducing aggression, impulsivity, and in improving mental health outcomes among a high-risk, multi-problem sample of incarcerated domestic violence offenders.

😊 **Karen Prager** had her book “Dilemmas of Intimacy” published by Routledge. Click [here](#) to learn more.

😊 Congratulations to **Kristi Gordon** who was recently elected as president of Division 43 (Society of Family Psychology) of the American Psychological Association! She also was elected Fellow of this Division as well. Another congratulations to Kristi for receiving the Faculty Academic Outreach Award from the University of Tennessee College of Arts and Sciences.

😊 **Shelby Scott**, a graduate student at the University of Denver, was awarded the American Psychological Foundation’s Roy Scrivner Memorial Grant for 2013. This is for her dissertation project “Understanding Unique Challenges and Communication in Lesbian Romantic Relationships: Developing Guidelines for Practitioners.” The study is examining how three important issues to lesbian couples are related to their relationship functioning (satisfaction, adjustment, and commitment) including (1) gay-related stressors, (2) physical and emotional intimacy, and (3) communication styles.

😊 **Sarah Campbell**, a graduate student at George Mason University, has received three separate funding awards for her dissertation, which is a 2-week daily diary study of PTSD and interpersonal processes in military couples. A National Research Service Award (NRSA) from NIMH will provide her stipend and fund additional training, and other elements of the research project are being funded by the APF Randy Gerson Memorial Grant, and the ISTSS Frank W. Putnam Trauma Research Scholar Award.

😊 **Amy Holtzworth-Monroe**, together with **Connie Beck** from the University of Arizona, received a multi-year research award from the National Institute of Justice. The name of the project is: Intimate Partner Violence and Custody Decisions: A Randomized Controlled Trial of Outcomes from Family Court, Shuttle Mediation, and Videoconferencing Mediation.

😊 **Hannah Williamson**, a graduate student at UCLA, was awarded the APA/Psi Chi Edwin B. Newman Graduate Research Award for her paper ‘Does premarital education decrease or increase couples’ later help-seeking?’ (see ‘Hot of the Press’ section).
Let Me Check That for You: Symptom Accommodation in Romantic Partners of Adults with Obsessive-Compulsive Disorder

Brief Report

Sara E. Boeding, Christine M. Paprocki, Donald H. Baucom, Jonathan S. Abramowitz, Michael G. Wheaton, Laura E. Fabricant, and Melanie S. Fischer

University of North Carolina at Chapel Hill

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder that involves obsessions—recurrent and unwanted thoughts, images, or impulses that provoke anxiety—and compulsions—behavioral or mental or rituals which are performed to reduce the anxiety arising from the obsessions. Affecting 2.3% of the population in the United States, OCD can be a particularly disabling disorder associated with significant interference in social functioning, in the workplace, and at home. Although OCD is typically considered an individual phenomenon, it often occurs in an interpersonal context which can both impact and be impacted by obsessional fear and compulsive rituals. One important but understudied interpersonal phenomenon

Treasurer’s Update

Dear SIG Members,

I hope this message finds you well! It has been a pleasure serving as your treasurer thus far and I am looking forward to seeing many of you at ABCT in the fall.

Since the last update, 5 new student members and 2 new professional members have joined us! Welcome to our Couples SIG! Our dues-paying membership (members who have paid dues within the last 5 years) is currently at 179 (66 professionals and 113 students).

At the moment, our SIG balance is $1,230.30. Our balance at the last update was $1,170.08. This year (2013) our only expense has been $27.15 on our web domain. Thank you for your continued support!

As always, we will collect dues for 2014 at our SIG business meeting during the ABCT conference. If you are not attending the conference or would like to pre-pay your 2014 dues, please pay electronically via PayPal (go to www.paypal.com and send money to rosauraorengo@gmail.com) or by mailing a check to the address below. If you pay by paypal, it is important to designate the payment as a “gift” to avoid processing fees. Dues are $25 for professional members and $5 for students, post-docs, and retired members.

Please do not hesitate to contact me if you have questions or concerns about dues or membership.

Many thanks for your support of the SIG!

Best,

Rosaura

Send checks to: Rosaura Orengo-Aguayo, M.A.
which often arises in response to OCD, but which also negatively impacts OCD course and treatment, is family accommodation.

Accommodation refers to various behaviors that family members engage in either to prevent or alleviate the patient’s anxiety. For example, family members might assist with the patient’s rituals (e.g., agreeing to check locks and appliances for the patient), provide excessive reassurance regarding obsessional anxiety (e.g., answering frequent questions about the probability of harm), or aid the patient in avoiding obsessional stimuli (e.g., removing all “contaminated” work clothes before entering the home; Calvocoressi et al., 1995). Although clinical observation suggests that partners often engage in accommodation in order to express care and concern for (i.e., to “help”) their loved one with OCD, accommodation is actually associated with greater OCD symptom severity and functional impairment (e.g., Van Noppen & Steketee, 2009), greater distress for the caregiver (e.g., Amir, Freshman, & Foa, 2000), and attenuated treatment outcome (e.g., Garcia et al., 2010).

Overall, accommodation appears to be problematic for both patients and their caregivers. However, research regarding accommodation is limited, and to date the focus has either been on parental accommodation in pediatric OCD or caregiver accommodation in adult OCD, where “caregiver” might refer to any family member. Thus, the nature, extent, and correlates of accommodation within specific types of adult relationships are unclear. In the present study, we sought to extend the existing literature by examining accommodation in the context of solely adult romantic relationships. We specifically aimed to determine the extent of accommodation and determine associations between accommodation and patient functioning (global OCD symptom severity, specific OCD symptom dimensions, and impairment), and relationship functioning (relationship adjustment and perceived criticism). We also examined accommodation as a predictor of response to cognitive-behavioral therapy (CBT) for OCD.

Method

As part of our open-trial of couple-based cognitive-behavioral treatment for OCD, 20 couples were assessed for accommodation behaviors, OCD symptoms, and relationship functioning before and after 16-sessions of cognitive-behavioral treatment. The treatment included several components, such as psychoeducation, partner-assisted exposure and response prevention, identifying and altering accommodation behaviors, and addressing communication and broader relevant couple issues (see Abramowitz et al, 2013a for additional details)

Results

Descriptive Statistics

Pre-treatment means indicated that there were clinically significant and moderate to severe levels of OCD symptoms in this sample, along with moderate impairment in work and social functioning and severe impairment in family/home functioning. At pre-treatment, 100% of partners reported at least some accommodation behavior toward their loved one with OCD; there was a moderate degree of accommodation on average, with some couples scoring in the severe range. Our couples were not particularly relationally distressed on average, but not highly satisfied either. Patients perceived their partners as moderately critical of them in general, as they are of their partners. Patients also perceived their partners as moderately critical of patients regarding how the patients manage OCD-related matters specifically; similarly, patients are moderately critical of how their partners handles OCD specifically.

Correlations between Partner Accommodation and Study Measures

OCD symptoms. At pre-treatment, higher levels of partner accommodation (i.e., FAS scores) were associated with more severe OCD symptoms overall. However, whereas accommodation scores were significantly correlated with the severity of compulsions, there was no significant association between partner accommodation and obsessions. Correlations with various symptom dimensions (i.e., DOCs subscales) revealed that contamination was the only OCD symptom dimension significantly related to
partner accommodation, and this association was quite strong.

**Functional impairment.** Accommodation was not significantly related to any of the impairment subscales on the Sheehan Disability Scale. A non-significant trend, however, did emerge for the moderate relationship with family/home impairment ($p = .06$).

**Relationship functioning.** Finally, accommodation was significantly negatively correlated with the partner’s, but not the patient’s, rating of relationship functioning (i.e., DAS). Additionally, the degree of perceived criticism that the patient gives to, and receives from, his or her partner regarding OCD (but not other) was significantly and strongly associated with accommodation.

**Associations Between Partner Accommodation and Treatment Outcome**

Sixteen of the 20 couples completed the CBT program and their mean post-treatment Y-BOCS total score (OCD symptoms) indicated mild post-treatment OCD symptoms and substantial and statistically significant improvement from pre-treatment (55% Y-BOCS reduction). In step 1 of our regression model, pre-treatment Y-BOCS explained only 7% of the variance in post-treatment Y-BOCS scores, and this was not significant. Addition of the pre- and post-treatment accommodation scores (FAS) in step 2, however, explained significant additional variance (68%) in post-treatment Y-BOCS scores. The final model accounted for 75% of the variance and only the post-treatment FAS emerged as a significant individual predictor of Y-BOCS scores at post-treatment.

**Discussion**

Individuals with OCD often spend considerable time and energy structuring their environment to reduce or prevent anxiety, and we have observed that romantic partners tend to respond in kind through accommodation behaviors. Prior to treatment, all partners in the present sample reported at least some accommodation behavior, with partners reporting accommodating to a moderate degree on average. These findings are consistent with previous research on mixed caregiver samples, and suggest that accommodation is just as common, if not slightly more, among romantic couples in which one partner has OCD.

For most partners, accommodation is carried out with good intentions: partners do not like to see their loved ones in distress. Accordingly, they engage in activities that immediately reduce the patient’s obsessional distress. However, our findings are consistent with previous research and current conceptual models of OCD which indicate that despite these good intentions, accommodation is associated with greater symptom severity and impairment, poorer relationship functioning (i.e., lower relationship satisfaction and more perceived criticism), and attenuated treatment outcome (i.e., greater severity of post-treatment OCD symptoms).

Whereas accommodation might contribute to more severe OCD symptoms, the reverse might also be true. That is, when symptoms are less severe, the partner might be less likely to accommodate to them. However, when the patient experiences high levels of OCD, they might request more assistance from the partner to lower their anxiety, or the partner might be more aware of the patient’s distress. Interestingly, the association between higher accommodation and more severe and frequent compulsions was strongest for contamination-related OCD symptoms, perhaps because it might be easier for partners to accommodate such explicit and salient symptoms. Given that it can be painful to observe a loved one in distress, the partner’s accommodation might also be oriented to lowering their own distress, in addition to the patient’s.

In addition to being associated with poorer individual functioning, accommodation was associated with poorer relationship functioning. Specifically, greater partner accommodation was associated with lower relationship adjustment for partners, yet not for patients. This finding supports clinical observations that partners find accommodating a loved one’s OCD symptoms taxing and frustrating, and that this is linked to a broader frustration with the relationship itself. Moreover, our findings regarding perceived criticism suggest that patients are aware of their partner’s frustration and dissatisfaction. Indeed, on average, patients perceived partners who accommodated more as also being more...
critical about the patient’s OCD. Likewise, patients who report being more critical of their partners with regards to handling OCD-related matters also reported that their partners accommodated more. In concert, these findings suggest that a partner’s accommodation of symptoms is not experienced by the patient nor partner as occurring in a supportive context. Although accommodation might serve to alleviate patient distress momentarily, it does not do so within the framework of a positive, satisfying relationship.

Finally, greater engagement in accommodation by the partner at post-treatment was associated with greater OCD symptom severity for the patient at post-treatment. Indeed, the degree to which partners still engaged in accommodation following treatment explained nearly two-thirds of the variance in post-treatment Y-BOCS scores. The direction of causality is unclear. Continued accommodation from a partner might interfere with treatment gains, or individuals who continue to struggle with OCD after treatment might elicit more accommodation. In either case, the findings suggest that couple-based interventions for OCD would be fruitful. Unless couples learn how to change their interaction patterns that include accommodation, the long-term effectiveness of exposure-based CBT for OCD patients is likely to be limited. This finding is encouraging, however, because it suggests that CBT for OCD, which is high effective, can be enhanced even further for patients in such relationships by involving the partner in treatment and helping him or her to understand that while their attempts to “help” are understandable, they actually do not aid the patient in the long-run. The current investigators have developed such an intervention and the initial findings are quite promising (Abramowitz et al., 2013a and 2013b). Further research should continue to elucidate factors which contribute to accommodation behaviors and which may further enhance couple-based treatments.

References


Letter from the Student Co-Presidents
Lisa Benson¹ & Emily Georgia²

¹ University of California, Los Angeles, ² University of Miami

Are you ready for Nashville? We hope you’re as excited as we are! Here are a few of the exciting SIG events at this year’s ABCT:

The SIG Cocktail Party will be held in historic Printer’s Alley in downtown Nashville. We’re meeting at Fleet Street Pub, a British pub with some great beers on tap. We’ll have a spread of sliders, beet salad, deviled eggs, and more, so come have a light dinner on us (or stay and order one of the shepherd’s pies!).

- **When:** Saturday, November 23rd from 7:00pm to 9:00pm.
- **Where:** 207 Printer’s Alley, in the heart of downtown Nashville (www.fleetstreetpub.com).
- **Transportation:** We know many of you will be attending Dr. Hofmann’s Presidential Address until 6:30pm at the Gaylord. Downtown is about a 15 minute drive from there. If any SIG members want to share taxis, we can organize groups (during the SIG meeting on Friday) to leave from the Gaylord at 6:30pm and 6:45pm.

In accordance with tradition, the Student Cocktail Party will immediately follow the main event. Any undergraduate, post-bacc, or graduate students who want to stay longer at Fleet Street and get to know each other better are welcome!

We would also like to invite you to this year’s Student Symposium, entitled "Early, Preventative, and Low-Intensity Relationship Interventions."

- **When:** Friday, November 22nd, from 1:00 to 2:30pm (immediately prior to the SIG Business Meeting).
- **Where:** Presidential Chamber A.

Emily Georgia (University of Miami) will discuss the reach of a web-based relationship intervention program, Matt Hawrilenko (Clark University) will review the results of the two year follow-up of the Marriage Checkup program, Hannah Williamson (UCLA) will address predictors of success in PREP and CARE, Ellen Darling (Clark University) will present data suggesting the usefulness of mindfulness training in improving relationship quality, Kara Emery (Baylor) will describe an online motivational enhancement program aiming to help couples overcome barriers to couple interventions, and Dr. Galena Rhoades will be our discussant. We hope to see you all there!

We also want to remind you that in addition to our overall SIG listserv (couples-sig@sfu.ca), we have a Couples SIG Facebook group (http://www.facebook.com/group.php?gid=266082574771) and a student-specific facebook group (http://www.facebook.com/group.php?gid=82988514892). Feel free to email us if you would like to be added or removed from these groups.

Lastly, we will be ending our term as Student Co-Presidents this fall, so we encourage all student SIG members to start thinking about whether you would like to run for Co-President. It’s an amazing opportunity to get more involved with the SIG and get to know all the wonderful members. Elections will be held at the Business Meeting (Friday 11/2 at 2:45pm.) As always, please feel free to email us with any suggestions, questions, or concerns. See you in Nashville!

Sincerely,

Lisa Benson (lbenson1@ucla.edu) & Emily Georgia (egeorgia@psy.miami.edu)
Kristina Coop Gordon, PhD  
Professor of Psychology  
Department of Psychology  
University of Tennessee – Knoxville

We are currently involved in several ongoing projects here at the Gordon Couples Research Lab. One of our larger ongoing studies involves working with James Cordova’s lab to implement the Marriage Checkup (referred to here as Relationship Rx) in community based integrative health-care facilities in Tennessee and with a low-income population. In addition, we are currently analyzing data from Un Tiempo para Las Parejas (a couples-based intervention program that targeted Latino couples in which the males smoke) that was conducted in collaboration with researchers from the Cancer Prevention, Detection, & Control Research Program at Duke University Medical Center. Finally, we are also busy collecting data for the second wave of the Mindfulness and Relationship Health Study – a small-scale longitudinal study that examines relationship changes in couples undergoing a mindfulness-skills training course at the University of Tennessee.

We are excited to congratulate our lab members on a number of accomplishments. Sarah Gilbert is busy completing her internship at Columbia University Medical Center, and we are happy to report that she is enjoying her time in New York City. Maria Rowley is currently busy collecting and analyzing data for her doctoral dissertation which focuses on interdependent relational self-construal and relationship maintenance strategy differences between polyamorous vs. non-polyamorous individuals. Katie Wischkaemper successfully defended her master’s thesis project which focused on developing a relationship support scale for couples in which one partner had type II diabetes. Sarah Mauck is working on a project examining intimate partner violence with Todd Moore’s research lab. Jessica Hughes is working on her master’s thesis which examines the effects of relationship health and acculturation on post-partum depression in Latino couples, as well as working on a project with Dr. Mark Whisman at UC Boulder examining predictors of infidelity in Latino couples. Alex Khaddouma is currently working on his master’s thesis which focuses on the impact of relationship health on men’s motivation to quit smoking, as well as several projects that focus on the role of mindfulness in married and dating relationship health.

Brian Baucom, PhD  
Assistant Professor of Psychology  
Director: Couples Laboratory for Observatíonal StudiEs (CLOSE)  
Department of Psychology  
University of Utah

We are excited to begin our second year in the CLOSE lab and delighted to have two new graduate students, Jasara Hogan and Alex Crenshaw, join our team. Our current projects focus on understanding the dynamic interplay between behavior, emotion, and cognition across a range of interpersonal (e.g., empathy) and relational (e.g., demand-withdraw) processes.

Ambulatory Technology for Home-based Observational of Marriage and Emotion (AT-HOME)  
Our major current project is the AT-HOME study. The main aim of AT-HOME is to study physiological reactivity to marital conflict during daily life. In addition to completing a standard laboratory-based interaction protocol, couples wear a set of miniaturized biosensors to continuously record their cardiovascular and electrodermal functioning for about a week and provide EMA reports of stressors (including marital conflict) throughout the day. As part of the project, we are also working to develop computational and statistical methods for tackling this and related questions as “big data” problems.
Doug Snyder, Ph.D.
Professor of Psychology
Department of Psychology
Texas A&M University

Our happy lab family is growing! We’re thrilled to have welcomed two new students to the Snyder lab – Laura Osborne whom we recruited from Howard Markman’s lab and Kimberly Stanton whom we recruited from Brian Doss. We also have two “veterans” making their way out. Christina Balderrama-Durbin and Caitlin Fissette will be leaving for internship after this year. Our lab has had the privilege of hosting a visiting scholar from Asia University – Taiwan, Dr. Yu-Chiung Lou! She is completing work on the psychometric evaluation of a Chinese adaptation of the Marital Satisfaction Inventory (MSI-R).

Much has happened in the past year for the Snyder lab. We continue to focus much of our energy on military couples and couple assessment. The lab, in conjunction with our collaborators at New York University (Rick Heyman and Amy Slep Smith), has recently completed delivering a series of trainings in a newly developed relationship distress prevention/intervention program designed for service members and their partners. We’ve also continued to offer relationship enhancement workshops to Army couples at Fort Hood. Laura and Kim have made some initial efforts toward developing a military couple therapy specialty clinic at the Texas A&M Psychology Clinic. On the topic of military involvement, Caitlin has officially commissioned as a Second Lieutenant in the Air Force Reserves! We are so very proud. Here is hoping for another exciting and productive year!

Lab Updates:

With all your new research ideas and grant proposals brewing, please start thinking about your updates for the Spring 2014 Newsletter. We’d love to hear from you!
**Don Baucom, PhD**  
Professor of Psychology  
Department of Psychology  
UNC Chapel Hill

The couples lab at UNC continues to enjoy its many rewarding research experiences and collaborations with colleagues within the university, elsewhere in the United States, and in other countries. There are several themes that guide our work at present. First, we are heavily involved in attempting to integrate relationship and individual functioning, both in basic and treatment research. In doing so, we continue our commitment to couple-based intervention research, such as our current investigations focusing upon couple-based strategies to assist couples in which one partner has an eating disorder or has a child with cancer. We are in the midst of a large-scale couple treatment study for anorexia and currently are developing new couple-based interventions for bulimia and binge eating disorder. We continue our interest in couples and anxiety (outcome research on couples and OCD) and recently have developed and are evaluating a brief treatment for couples in which one partner has notable anxiety about the relationship itself. Whereas our previous couples and health investigations have focused upon the medical problems of one partner, we are expanding our treatment to focus upon couples who have a child with cancer.

In addition to our psychotherapy research, we continue our commitment to studying couples’ interaction. At present, this emphasizes communication and interaction patterns that are focal to one person’s disorder, such as OCD or anorexia, developing observational coding systems to explore disorder-specific communication. We also are collaborating with colleagues in Germany and elsewhere in the United States to understand emotional arousal during couples’ interactions as indicated through voice stress and how this differs across different disorders. We also are intrigued with strategies that couples employ to interact and attempt to maintain their relationships while living apart, so we are exploring the use of various media for communication in couples’ long distance relationships.

Of course, we continue to be intrigued and stimulated by new, creative ideas from current lab members and collaborators around the world on an ongoing basis. It is these relationships with each other that fuel our passion for addressing the relationship issues that couples present to us.

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**Richard Mattson, PhD**  
Associate Professor of Psychology  
Department of Psychology  
SUNY Binghamton

I’m glad to report that I’ve recently received a grant from the SUNY Research Foundation Collaborative Fund. The award is for $100,000 over a 2-year period. The Co-PIs include Matthew D. Johnson (SUNY Binghamton) and Joanne Davila (SUNY Stony Brook), as well as Nicole Cameron (Binghamton) and Frank Middleton (SUNY Upstate Medical University). The rather protracted title of the grant is: The Interplay of Genetic, Neurobiological, and Developmental Factors in the Association between Social Support in Marriage and Physical and Mental Health: Toward an Integrated Model”. Below is a blurb about the project.

Life stress has long-term physical and mental health consequences. Accordingly, pharmacological and psychosocial interventions for mitigating the negative health consequences of life stress are aggressively sought. Decades of research indicate that social support buffers the negative consequences of stress by down-regulating biological responses, and there is also promising research showing that biological interventions can increase the solicitation of social support in times of stress. Considered together, the modification of social support behavior through biology – or vice versa – is a promising avenue of health care for a host of stress-related problems. However, the full story – which likely involves interplaying genetic and developmental factors – is far from understood. The aim of the current project is to develop an integrative genetic, developmental, and psychosocial framework linking together social support and improved health outcomes in order to develop treatments targeting stress and its negative consequences.
We are currently in the process of analyzing and writing up our findings from the Marriage Checkup project at Clark University. We are also involved in multiple exciting collaborations. We are still working with Kristina Coop Gordon’s lab to implement the Marriage Checkup (referred to in this case as a Relationship Checkup) in a community-based integrative health-care facility in Tennessee. We are also working closely with Lt. Colonel Jeffrey Cigrang and his Air Force team to implement the Marriage Checkup for military couples in a primary care setting. We are also collaborating with Tea Trillingsgaard, Hanne Noer, Mattias Due, Signe Steenberger, and Soeren Marcussen of Aarhus University and The Center for Familiedevikling on an RCT of the Marriage Checkup in Denmark (called Par-tjek). In addition, we are currently working on the development of a website for use by individuals, couples, and therapists, to make the Marriage Checkup more widely accessible. Lastly, Dr. Cordova’s Treatment Manual “The Marriage Checkup Practitioner’s Guide: Promoting Lifelong Relationship Health” will be available for purchase from APA Press on December 15.

Melinda Ippolito Morrill is currently a predoctoral clinical psychology intern at the University of Massachusetts Medical Center/Worcester Recovery Center and Hospital. She will be defending her dissertation entitled Using Longitudinal Dyadic Multilevel Modeling to Investigate the Role of Couples’ Acceptance in Mothers’ and Fathers’ Positive Parenting this year. CJ is still on internship at the Durham VAMC in Durham, NC. She is looking forward to defending her dissertation in the spring. Ellen Darling is planning her dissertation research in the area of mindfulness, relationship satisfaction, and perinatal mental health. Julia Sollenberger is working on her dissertation examining the association between partners’ implicit theories of relationships and relationship satisfaction. She is also collaborating with Tatiana Gray on writing a paper on how couples’ strengths can be used as an assessment tool in therapy. In addition to the study on couples strengths, Tatiana is in the process of publishing a paper on how dating couples transition out of conflict conversations. She is also working closely with the lab to examine various health outcomes in the Marriage Checkup. Matt Hawrilenko is looking at mediators in the Marriage Checkup, trying to understand subgroups of participants with different types of treatment response. We would also like to congratulate Amanda Harp on the birth of her baby boy in September!


Garneau, C., Olmstead, S., Pasley, K., & Fincham, F. (in press). The role of family structure and attachment in college student hookups. *Archives of Sexual Behavior*.


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**Farewell from this Post**

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

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

Cheers,

Tatiana Gray & Judith Biesen
Greetings, all! We hope that the academic year has treated you well and that everyone is having a good summer so far.

We had great representation by SIG members at last year’s ABCT Convention in National Harbor, and we would like to offer a special thanks to Dr. Deborah Capaldi for her outstanding pre-conference presentation entitled “The Development and Dynamics of Intimate Partner Violence.” At the business meeting, we had the privilege of electing a new treasurer – Rosaura Orengo-Aguayo – and had a chance to thank Meghan McGinn for her dedication as treasurer for the previous two years. Many thanks to SIG poster reviewers Brian Doss, Nicole Pukay-Martin, and Steve Sayers and Weiss Award committee members Scott Braithwaite, Michelle Leonard, Laura Meis, and Ron Rogge for their efforts in support of last year’s conference. We also appreciate the many SIG members who generously volunteered to serve on this year’s program committee to help ensure the SIG’s representation at the conference.

We’re looking forward to the upcoming conference in Nashville this November. We are planning some exciting activities, including a moderated panel on applying for and securing grant funding for the preconference event and special interest breakout groups as part of the business meeting. Please send us your input regarding funding sources you would like to hear about at the preconference event and topics for breakout groups. We will soon ask you to cast your vote for the top 5 funding sources and breakout group topics! At the business meeting, we will also be holding elections for a number of offices, including student co-presidents, newsletter co-editors, and media managers. Many thanks to Lisa Benson and Emily Georgia for their work as student co-presidents; Tatiana Gray and Judith Biesen for their work as newsletter co-editors; and Jill Logan and Roanne Millman for their work as media coordinators over the past two years.

Stay tuned for emails encouraging submissions to the SIG poster exposition held at the annual Cocktail Party and submissions for the Robert L. Weiss Graduate Student Poster Awards. We look forward to your contributions!

In the meantime, we are sending our very best wishes for a relaxing and productive summer and look forward to seeing you all in Nashville!

Steffany & Robin
Letter from the Editors

Tatiana and I are pleased to bring you the Spring (or admittedly more Summer) 2013 edition of the ABCT Couples SIG newsletter. We have plenty of goodies this time around.

We are very appreciative to have an article by Jueng Eun Yoon and Erika Lawrence. They have submitted a shortened version of their recent publication on “Psychological Victimization as a Risk Factor for the Developmental Course of Marriage”. You can find their report on page 4.

Additionally, we extend our gratitude to Kimberly Stanton for her discerning and comprehensive review of Stumbling on Happiness by Dan Gilbert. See page 7.

Last but not least we’re pleased to report a record number of lab update submissions. It looks it’s been quite a busy year so far for us SIGgers - keep up the good work!

As always, we invite our fellow Couples SIG members to submit feedback and ideas for article topics for future newsletters. Please contact us directly with your suggestions and to discuss article contributions.

Thank you for making the Couples SIG Newsletter possible!

Tatiana Gray & Judith Biesen

ABCT Couples SIG Treasurer’s Update

Dear SIG Members,

I hope this message finds you well! It has been a pleasure serving as your treasurer thus far and I am looking forward to seeing many of you at ABCT in the fall.

We have added 11 new members since our last update, and our dues-paying membership (members who have paid dues within the last 5 years) is currently at 172 (64 professionals and 108 students). I would like to extend a very warm welcome to our newest members and encourage all of you to spread the word to your colleagues about the Couples SIG.

At the moment, our SIG balance is $1,170.08. Our balance at the last update was $648.10. Since the 2012 ABCT Conference we have collected $1,079.13 in dues and donations. This year (2013) we have spent $27.15 on our web domain. Thank you for your continued support!

As always, we will collect dues for 2013 at our SIG business meeting during the ABCT conference. If you are not attending the conference or would like to prepay your 2013 dues, please pay electronically via PayPal (go to www.paypal.com and send money to rosauraorengo@gmail.com) or by mailing a check to the address below. If you pay by paypal, it is important to designate the payment as a “gift” to avoid processing fees. Dues are $25 for professional members and $5 for students, post-docs, and retired members.

Please do not hesitate to contact me if you have questions or concerns about dues or membership.

Many thanks for your support of the SIG!

Respectfully,
Rosaura

Media Coordinators Update

Jill Logan, B.A. and Roanne Millman, B.A.

In June, we will be conducting a "Spring/Summer cleaning" of the listserv and website members page. If you have not yet paid your yearly dues and would like to continue receiving SIG related emails, and have the ability to email members of listserv and be listed on the members page of the website, please send your dues to Rosaura Orengo-Aguayo as soon as possible.

If you would like to have your name removed from the listserv or the members page, or if you would like to update your contact information, please email Jill Logan (jlogana@sfu.ca) and Roanne Millman (rmillman@sfu.ca).

Roanne and Jill
Letter from the Student Co-Presidents
Lisa Benson¹ & Emily Georgia²
¹ University of California, Los Angeles, ² University of Miami

We hope everyone enjoyed this past year's conference in National Harbor and are looking forward to Nashville! We have a just a few but important announcements to share with everyone:

Student Symposium:
- We are continuing the tradition of the student led symposium, and are very delighted to announce that this year's submission was accepted! This year's student symposium is titled "Early, Preventative, and Low-Intensity Relationship Interventions."
- Students involved and topics covered include myself (Emily Georgia) discussing the reach of a web-based relationship intervention program, Matt Hawrilenko (Clark University) reviewing the results of the two year follow-up of the Marriage Checkup program, Hannah Williamson (UCLA) addressing predictors of success in PREP and CARE, Ellen Darling (Clark University) presenting data suggesting the usefulness of mindfulness training in improving relationship quality, and finally Kara Emery (Baylor) describing an online motivational enhancement program aiming to help couples overcome barriers to couple interventions.
- We are also lucky to have Dr. Galena Rhoades as our discussant!

Plans for November:
- SIG Cocktail Party: We hope to find a location close to the conference hotel, as well as one that provides us our own space, as we did last year in National Harbor. If any SIG members have suggestions for locations in Nashville, please pass them along!
- Fortunately, it looks like the SIG has funds to help out with the cocktail party, which is great! We will pass along all details for the cocktail party in the Fall 2013 Newsletter.

Finally, let us remind you of the ways that you can be involved with the SIG! In addition to our strong overall SIG listserv (couples-sig@sfu.ca), we have a Couples SIG Facebook group (http://www.facebook.com/group.php?gid=266082574771). We also have a student-specific facebook group, (http://www.facebook.com/group.php?gid=82988514892). Feel free to email us if you would like to be added or removed from this group.

Please let us know if you have other feedback for us that you think would improve the experience for SIG members. And as always, please feel free to email us with any suggestions, questions, or concerns.

Sincerely,

Emily Georgia (egeorgia@psy.miami.edu) & Lisa Benson (lbenson1@ucla.edu)
Psychological Victimization as a Risk Factor for the Development Course of Marriage: Brief Report

Jeung Yoon, Erika Lawrence, PhD

Researchers have found a negative relation between psychological aggression and relationship satisfaction (e.g., Falconier & Epstein, 2010; Kim, Laurent, Capaldi, & Feingold, 2008; Taft et al., 2006), and between physical aggression and relationship satisfaction (Lawrence & Bradbury, 2001, 2007; O’Leary et al., 1989; Stith, Green, Smith, & Ward, 2008). A noticeable gap in this literature is the integration of research investigating the roles of psychological aggression and physical aggression on relationship outcomes.

Indeed, we know of only three published studies in which these types of aggression have been examined simultaneously. In the first study, Schumacher and Leonard (2005) assessed verbal aggression, physical aggression, and marital adjustment over the first two years of marriage. Husbands’ and wives’ verbal aggression at marriage predicted declines in their partners’ marital adjustment one year later. Notably, physical aggression did not predict marital decline, in contrast with previous research findings (e.g., Lawrence & Bradbury, 2007). In the second study, Shortt, Capaldi, Kim, and Owen (2006) examined the effects of psychological and physical aggression on relationship dissolution in a sample of high risk men (men with high rates of delinquency) and their female partners. Couple levels of physical aggression – but not psychological aggression -- significantly predicted relationship dissolution. Moreover, the adverse effects of physical aggression remained even after controlling for psychological aggression. In the third study, Rogge and Bradbury (1999) found that measures of aggression predicted relationship dissolution whereas measures of negative communication predicted relationship dissatisfaction.

Based on the studies conducted to date, negative communication/verbal aggression appears to be associated with relationship dissatisfaction whereas (primarily) physical aggression is associated with relationship dissolution. However, the question of whether psychological aggression and physical aggression are differentially associated with relationship outcomes – either relationship dissatisfaction or dissolution-- remains unanswered.

Summary of Present Study

The present study aimed to examine the longitudinal associations among psychological aggression, physical aggression, marital satisfaction and dissolution in a community sample (N=102 couples) over a seven-year period. Spouses participated in six waves of data collection. The prevalence rates of psychological aggression in the present sample ranged from 72% to 98% across time, consistent with the previous literature (e.g., Capaldi & Crosby, 1997; O’Leary & Williams, 2006). On average, husbands’ and wives’ psychological aggression declined over time, and mean levels of psychological aggression did not differ. Hostile withdrawal was the most frequently employed type of psychological aggression. Approximately one-third of couples engaged in physical aggression, which is consistent with previous research (O’Leary et al., 1989; Lawrence & Bradbury, 2007). The most frequently employed tactics were pushing, grabbing, and throwing something at one’s partner. On average, spouses’ physical aggression fluctuated over time without patterns of systematic increase or decrease.

**Effects on Marital Satisfaction:** The main question that the present study aspired to answer was whether psychological and physical aggression differentially impacted marital satisfaction/distress and dissolution. Trajectories of psychological aggression were associated with those of marital satisfaction; however, trajectories of physical aggression were not. Consistent with Schumacher and Leonard’s (2005) findings, psychological aggression was significantly more detrimental than physical aggression to marital satisfaction. Moreover, our results expand upon their findings in that we found (a) within-spouse and cross-spouse associations, (b) bidirectional associations between psychological aggression and marital satisfaction, and (c) associations over a longer time period (2 years versus 7 years; Schumacher & Leonard, 2005).

Trajectories of physical aggression were not significantly associated with trajectories of marital satisfaction. These findings are consistent with those of Schumacher and Leonard (2005), who suggested that previously reported effects of physical aggression on marital satisfaction might have been an artifact of the untested effects of psychological aggression on marital satisfaction. The detrimental effects of physical aggression in intimate relationships have been demonstrated in previous research (e.g., Lawrence & Bradbury, 2007; Shortt et al., 2006). However, those studies did not control for the effects of psychological aggression. The current findings offer a more comprehensive examination of the ways in which different types of aggression impacted the developmental course of marriage.

Continued on page 5
Although the findings of the present study demonstrate the predictive dominance of psychological aggression on marital outcomes, the presence and role of physical aggression should not be dismissed. Given that trajectories of physical aggression were associated with trajectories of psychological aggression, the presence of physical aggression might create a relationship context in which psychological aggression is more likely to occur, which then impacts marital outcomes.

**Effects on Marital Dissolution:** In line with prior research (e.g., Shortt et al., 2006), we expected physical aggression to adversely and uniquely affect relationship stability. However, only husbands’ initial levels of psychological aggression predicted marital dissolution in the current study. The different findings between our study and those of Shortt et al. (2006) are a function of several differences between the two samples. First, Shortt et al.’s sample comprised married, dating and cohabiting couples. Rates of dissolution are expected to be lower in our sample of married couples relative to samples of dating or cohabiting couples. Second, rates of physical aggression have been consistently found to be higher among younger couples and among dating and cohabiting couples relative to rates among older and married couples. Thus, rates of aggression are expected to be higher in Shortt et al.’s sample relative to our sample. Third, Shortt et al. recruited boys “at risk for juvenile delinquency (p.627)” and examined their romantic relationships whereas we recruited newly married couples restricted to both partners’ first marriages. In sum, there are many differences between the two samples such that the findings across the two studies cannot be directly compared.

Nonetheless, we were initially surprised that we did not find a link between physical aggression and dissolution. In addition to the sample differences between the two studies noted above, we believe that our examination of subtypes of psychological aggression is relevant. Of note, the Multidimensional Measure of Emotional Abuse (MMEA; Murphy and Hoover, 1999) was used to assess (subtypes of) psychological aggression in the present study. Subtypes of psychological aggression assessed in the MMEA include Dominance/Intimidation, Restrictive Engagement, Denigration, and Hostile Withdrawal. We found that husbands’ initial levels of psychological aggression were significantly associated with dissolution. We also found that husbands’ levels of Dominance/Intimidation were higher than wives’ levels at Time 1. The MMEA items representing Dominance/Intimidation (e.g., “Threatened to hit you,” “Drove recklessly to frighten you,” “Stood or hovered over you during a conflict or disagreement”) seem more likely to induce fear for one’s safety in its victims, just like physically aggressive behaviors are likely to induce fear. In contrast, behaviors representing Restrictive Engagement (e.g., “Secretly searched through your belongings”), Denigration (e.g., “Called you ugly”), or Hostile Withdrawal (e.g., “Acted cold or distant when angry”) seem far less likely to induce fear for physical safety.

In sum, although these remain empirical questions, it seems likely that Dominance/Intimidation tactics represent one end of a continuum of physical aggression, and that Dominance/Intimidation tactics in a community sample function similarly to the way that physically aggressive tactics might function in a clinical sample. Thus, it is possible that husbands’ Dominance/Intimidation tactics were associated with dissolution for the same reasons that other researchers have found links between physical aggression and dissolution.

**Types of Psychological Victimization and Marital Distress:** Although overall mean levels of psychological aggression did not differ between husbands and wives across time, husbands’ mean levels of perpetration of Dominance/Intimidation at Time 1 were significantly higher than that of wives. The results may indicate the significance of a certain type -- rather than the level -- of psychological aggression on marital dissolution in a non-clinical married sample.

Additionally, notable sex differences emerged when we examined the links between subtypes of psychological aggression and marital satisfaction trajectories. Husbands’ satisfaction was most strongly impacted by Restrictive Engagement, though wives’ satisfaction was not uniquely impacted by Dominance/Intimidation. More specifically, husbands’ marital satisfaction declined significantly more when they were the victims of Restrictive Engagement compared to Dominance/Intimidation, suggesting that husbands are more affected by having their social lives controlled than having their physical integrity threatened by women. In contrast, victimization by Denigration was more detrimental to wives’ marital satisfaction than was Restrictive Engagement. This finding is particularly interesting when we consider that wives’ mean levels of perpetration of Denigration were higher than husbands’ at Times 2 and 4. These sex differences highlight the need for researchers to move from examining levels of psychological aggression (frequencies) to investigating the true nature of psychological aggression (including the sex of the perpetrator and the type of aggression) to elucidate the impact of psychological aggression in romantic relationships.

**Implications of the Present Study**

The present study is one of the first to demonstrate the overwhelmingly detrimental effects of psychological aggression on marital outcomes over and above the effects of physical aggression. Additionally, multiple types of psychological aggression impacted marriages. Consequently, the effects of psychological aggression relative to physical aggression are not simply a function of the greater prevalence or frequency of psychological aggression. Rather, there is something about the nature of psychological aggression itself that is destructive.

Continued on page 6
Given the impact of psychological aggression on relationship satisfaction, we recommend that researchers routinely operationalize the construct of psychological aggression in a more nuanced way than it has been in many prior studies. Specifically, we call for researchers to attend to two key aspects of the assessment of psychological aggression. First, the construct should be assessed more thoroughly than most existing measures allow in order to elucidate the nature and effects of psychological aggression in romantic relationships. For example, the CTS-2 is one of the most widely used measures of assessing diverse aggressive behaviors (psychological aggression, physical assault, and sexual coercion) in romantic relationships (Straus et al., 1996). On one hand, because the CTS-2 encompasses such a broad range of behaviors, it has exceptional utility for screening couples’ levels of engagement in various forms of aggression. On the other hand, the breadth of the measure limits its ability to assess psychological aggression in depth. Specifically, compared to the MMEA, which has 28 items designed to assess psychological aggression multi-dimensionally, the CTS-2 has eight items on its Psychological Aggression Scale. Although each measure has its own purpose and strength, we urge researchers and clinicians to deliberately choose measures appropriate to their goals and contexts.

Second, across all published measures of psychological aggression, there is no clear distinction between the severity and frequency of psychologically aggressive behaviors. Using the MMEA or the CTS-2 as examples, if a participant endorses eight different behaviors, each of which occurred only once, his/her score would be an 8. If a participant endorses only one behavior but indicates that it occurred 10 times, his/her score would also be an 8. If one only looks at the numerical score, these two victims (or perpetrators) would be indistinguishable. Creating new measures (or new ways of scoring existing measures) would allow researchers to investigate whether the frequency, severity, and/or variability of psychologically aggressive tactics differently impact relationship outcomes or processes.

Of note, we are aware that the CTS-2 distinguishes between minor and severe psychologically aggressive behaviors (Straus et al., 1996). However, the authors made these distinctions based on whether each item predicted mild versus severe physical aggression. For example, an item on the Psychological Aggression Scale was classified as “severe” if it predicted an item on the Physical Assault Scale that was already classified as “severe” (Straus et al., 1996). Based on our findings that psychological and physical aggression differentially impact marital outcomes, and that different types of psychological aggression differentially impact husbands’ and wives’ marital satisfaction, we recommend that distinctions such as the severity of various psychologically aggressive tactics be determined based on a multi-dimensional assessment of psychological aggression in and of itself, rather than solely as they relate to physical aggression.

Finally, we recommend investigating the relationship context in which psychological aggression occurs rather than simply investigating the behaviors in isolation. Psychological aggression may have deleterious effects beyond those impacting marital distress and dissolution. For example, it may demonstrate insidious effects on dyadic processes (Sagrestano et al., 1999) and/or on spouses’ physical and mental health (see Lawrence et al., 2009.)

Lab Updates:

We had a record number of lab updates for this issue of the Newsletter! Please take some time to read about what all of the wonderful Couples Labs are up to. With all your new research ideas and grant proposals brewing, please start thinking about your updates for the Fall 2013 Newsletter. We always love to hear from you!

Jenny Langhinrichsen-Rohling, Ph.D.
Professor of Psychology
University of South Alabama
Mobile, AL

Dr. Jenny Langhinrichsen-Rohling has been actively developing and directing a brand new Center at the University of South Alabama; this center is called the Coastal Resource and Resiliency Center and is funded through the Gulf Region Health Outreach Program. Dr. L-R has been charged with enhancing the resiliency of people residing in lower Alabama (popularly referred to as LA). To accomplish this, she and her interdisciplinary team are increasing mental and behavioral health capacity while facilitating the ability of providers to provide evidence-based health services in public schools and Federally Qualified Health Centers. As part of this work, Dr. L-R and her doctoral graduate students (Aimee Var, Adrianne McCullars, Candice Selwyn, Becky Lecroix, Noelle Newhams, and Caitlin Wolford) have begun establishing a Marital and Family Resiliency Clinic within the Clinical and Counseling Psychology Doctoral Program at USA.
Stumbling on Happiness

Book Review by Kimberly Stanton, B.A.
University of Miami

Raising questions that afflict almost everyone, such as “What makes me happy?,” “Why am I not happier?,” or “How can I be happier?,” Stumbling on Happiness is intended for anyone who has ever wondered why we, as humans, are so bad at predicting our true sources of happiness. Packed with anecdotal evidence and wit, this book provides readers with a unique perspective on the essence of happiness and our own imagination often warps our perception of it.

The author, Daniel Gilbert, is a social psychologist known for his research on “affective forecasting,” or people’s ability to make predictions about how future events will impact their affect or emotional state. A Harvard College Professor of Psychology at Harvard University, Gilbert has been recognized with numerous awards for his work in teaching and research, such as the Guggenheim Fellowship and the American Psychological Association’s Distinguished Scientific Award for an Early Career Contribution to Psychology. His international bestseller, Stumbling Happiness, has been translated into over 25 languages and was awarded the 2007 Royal Society Prizes for Science Books.

Primarily drawing from studies in psychology and sociology, yet skillfully intertwining aspects of neuroscience, philosophy, and behavioral economics, Gilbert provides readers with a scientific explanation of how people’s imagination can often guide them in the wrong direction in their search for happiness by consistently repeating the same mistakes over and over again. In fact, according to Gilbert, neither personal nor cultural experience can compensate for these limitations in people’s imagination when predicting what makes them happy. Combining his expertise in cognitive biases in affective forecasting along with his quirky sense of humor, Gilbert is able to offer readers an easily accessible yet profound look into his take on how people’s minds often disrupt their ability to understand what happiness truly is and how to achieve it.

The book has twelve chapters which can be organized into six sections or parts, each addressing unique aspects of how and why people formulate flawed predictions about their future happiness. Part one focuses on people’s unique ability to look forward in time. Gilbert discusses two ways humans perceive the future: by making predictions about the immediate future, and by making plans for the future. He also provides two reasons why people think about the future: imagining the future is pleasant and even emotionally gratifying, and it provides people with a sense of control and ability to change what is coming.

Part two addresses the subjective nature of how happiness is defined and experienced. Gilbert argues that it is just as impossible to compare two different persons’ levels of happiness as it is to compare two kinds of happiness within the same person, the reason being that comparisons between present and past happiness are flawed due to errors in human memory. However, he suggests that happiness can be measured as long the following premises are accepted (1) measurements of happiness (although imperfect) are better than nothing, (2) real-time, present reports of happiness are the least flawed, and (3) imperfections in measurements can be detected, particularly when using large samples.

The following three sections, comprised of chapters four through nine, address the central thesis of the book by discussing three basic mistakes that people make when they try to imagine what will make them happy in their future. In part three, Gilbert suggests the first mistake is due to the process by which the human brain creates memories: store only important pieces of data and then make up for missing information by filling in the details. He argues that this same process occurs when people think ahead, resulting in erroneous expectations or predictions of what is going to happen in the future.

In part four, Gilbert explains that the second mistake in predicting future happiness occurs when people try to imagine how they would feel about a future situation based on how they would feel if it were to happen in the present. He argues that this way of thinking is
inadequate because of the great impact that present feelings have on the perception of future feelings. Drawing parallels between sensory and emotional imagination, Gilbert suggests that just as it is difficult to sense two things simultaneously, it is also difficult to feel two things simultaneously, and therefore nearly impossible to distinguish current feelings from future ones.

The third mistake that disrupts people’s ability to accurately imagine future happiness, as described in part five, is the tendency to rationalize toward positive feelings, which results in biased perceptions of the future. This subconscious effort to change one’s perceptions of the world in order to change one’s feelings about it, referred to Gilbert as the psychological immune system, often causes people to underestimate their future happiness or to do things that will attenuate it.

Lastly, part six focuses on how people can surpass the three basic mistakes outlined in the previous chapters in order to accurately predict future happiness. Rather than trying to imagine the future, Gilbert advises readers to base their predictions on other people’s actual experiences while avoiding the assumption that they’re own experience will be different or unique.

In conclusion, Stumbling on Happiness is well-written, thought-provoking, and entertaining. Gilbert’s witty sense of humor combined with his use of commonplace examples makes this book accessible and informative to the layperson. While not necessarily a self-help read, this book is a great resource for anyone seeking to learn more about overcoming basic flaws in predicting what their sources of happiness will be in the future.

Markman/Stanley/Rhoades Lab
Center for Marital and Family Studies
University of Denver

We have just begun a new study funded by NICHD to examine the impact of premarital training on children’s functioning. As part of this project, we are collecting DNA samples to examine GxE interactions.

Shelby Scott, a third year in our lab recently received a grant to fund her dissertation on women in same-sex relationships from the American Psychological Foundation (the Roy Scrivner Memorial Research Grant).

We are looking forward to welcoming Lane Nisbett to our lab as a new student in the fall. Around the same time, we’ll be saying sad goodbyes to Kristi Peterson, PhD, who completed a post-doc with us and is beginning a new Assistant Professor position at University of La Verne and to Laura Osborne, a post-baccalaureate research assistant, who will begin the Clinical Psychology Ph.D. program with Doug Snyder at Texas A&M in the fall.
Members of the Relationship and Psychotherapy lab are engaged in a number of empirical and psychotherapy projects.

**Couple Therapy and Commitment Uncertainty Projects**

We have an on-going couple therapy study examining couples’ commitment uncertainty, alliance, couple coping, and therapist interventions. From this project, several multiple case studies are underway (prior the assessment of the full sample). These case studies include: 1) examining the effects of couples’ commitment uncertainty on the couple dynamics in therapy, (2) therapist interventions for couples with high/low commitment uncertainty, (3) therapeutic processes associated with changes in partners’ attachment styles, and (4) therapeutic processes associated with dyadic coping when one partner is depressed. These case studies are part of multi-approach to examine commitment uncertainty, and we have several other projects examining commitment uncertainty for dating couples and couples who work together.

In addition to the commitment uncertainty project, Kelley Quirk and Dr. Owen have also published an article on the effect of heightening techniques in couple therapy (check it out in Psychotherapy). Along with our partners in Norway, Tyler Halford and Dr. Owen recently submitted a manuscript focused on pre-therapy relationship adjustment, gender, and the alliance in couple therapy.

**Relationship Education Projects**

We have conducted several relationship education studies. Recently, we published a dismantling study of PREP examining the effects of a structured communication intervention (check it out in J of Family Psych). With our partners at SGA Youth and Family services, we continue to examine the effects of PREP with lower income African American and Hispanic couples. For example, we are currently examining whether PREP is an effective intervention for couples who are experiencing more relationship distress. With our partners in the Social Work Dept here at the University of Louisville, we have also published an article examining group processes for Within My Reach (check it out in Family Process). Stemming from this project, Bethany Keller examined predictors of breaking up for individuals who attended WMR. Additionally, we are working compiling PREP studies in order to tackle a meta-analysis.

**Hooking Up/Friends with Benefits**

We have several projects examining hooking up and friends with benefits. Two recent studies have explored the aftermath of friends with benefits in regards to the friendship or the start of romantic relationships. Similar to our past work, it appears that most of the hype regarding the destructive elements of FWB relationship in the media seems to be overplayed. While there are some folks who do not have a good experience, FWB are not nearly as negative as one would think. Meg Manthos has also submitted a manuscript that examines hooking up reactions using a latent class regression analysis. Johanna Strokoff authored a paper on diverse reactions to casual sexual experiences and is awaiting the decision of her revise/resubmit.

**Individual Therapy**

Our work on individual therapy has been expanding with a focus on several therapeutic processes. In brief, we are charging ahead on examining multicultural processes in therapy. For example, Dr. Owen and Drinane are collecting data regarding therapists’ multicultural orientation. In the process, we have developed three new measures to explore different facets of this construct. Dr. Owen and LeKeldric Thomas co-authored an article stemming from a study exploring the role of social and self-stigma on psychotherapy processes (check it out in The Counseling Psychologist). This project is being extended for Keldric’s dissertation. In addition, lab members are working on a book chapter, which explores the unique experience of men in psychotherapy. We also have some unique looks at the role alliance and techniques coming out soon as well.

**More Good Stuff**

Lab members are also excitedly beginning new projects. Darren Turner and Anna Roeder are working on a project using thin slicing of moments in couple therapy to predict outcomes. Darren, Joanna Drinane, Anna Roeder, and Kelley Quirk are also serving as raters for a study on romantic relationship danger sign recognition. Johanna is also in the beginning phases of work on a study centered on parental influence on attraction. Kelley Quirk is working on the development of a measure of romantic relationship unawareness and a study exploring the associations between commitment uncertainty and serious monitoring of partner alternatives.

**Conference Presentations**

Lastly, several members of the lab have been accepted to present their research at regional and national conferences. Meg Manthos will be presenting her work at the Philadelphia Trans Health Conference. Joanna Drinane recently presented her work on the content validation of the cross-cultural counseling inventory and on therapists’ multicultural competence at the Kentucky Psychological Association Foundation’s Spring Academic Conference and at the University of Kentucky Spring Research Conference. Tyler Halford and Dr. Sandhu recently presented work on *The Seven Stages of Spiritual Development* and spirituality in the counseling process at the Annual Kentucky Counseling Association Conference. All lab members have been accepted to present their work, via symposia and posters, at the 2013 North American Society for Psychotherapy Research Conference in Memphis, TN.
Beth Allen, Ph.D.
Assistant Professor
Department of Psychology
University of Colorado Denver

Things have been busy in Beth Allen’s Relationship Studies Laboratory in the Clinical Health Psychology program at the University of Colorado Denver. Student CJ Kalinka has recently matched for internship at the University of Arizona's College of Medicine, located in Tucson, AZ. Christian Somoza has completed his first year in the program and was just selected for a 2013 APA Division 19 Student Research Grant. Lisa Betthauser has finished her fourth year and was awarded the Outstanding Professional Poster Award at the 2012 Colorado Psychological Association. Jessica Henritze-Hoye will be joining our program and lab in the Fall of 2013. Beth is happy to announce that she received tenure in the summer of 2012. She also received a Department of Defense grant to study military couples (with the collaboration of Keith Renshaw, Steffany Fredman, Scott Stanley, Galena Rhoades, Howard Markman, and Brett Litz) and is planning to launch recruitment in June 2013. Cathi Kern has been hired to help with the project, and Brian Hager and Danielle Glenn have been volunteering tons of hours. Questions about the project? Email Beth at Elizabeth.allen@ucdenver.edu.

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

😊 Congratulations to Dr. Annmarie Cano, who won the Wayne State University Graduate School's Outstanding Graduate Mentor Award this spring.

😊 Todd Kashdan received the American Psychological Association (APA) Distinguished Scientific Award for Early Career Contribution to Psychology (in the area of individual differences)

😊 Patrick Poyner-Del Vento welcomed baby boy Nathan, successfully defended his PhD thesis, and is heading to internship at the Portland VA this Fall!

😊 Jill Logan received the Joseph-Armand Bombardier PhD Scholarship, successfully defended her MA thesis, and is expecting a baby girl this summer.

😊 Congratulations to Molly Gasbarrini a graduate student in the lab of Douglas K. Snyder, Ph.D. at Texas A&M University. She is completing her internship at Northwestern University’s Feinberg School of Medicine and has successfully defended her dissertation. She has also accepted a clinical postdoctoral fellowship with a couples emphasis at the VA Palo Alto Health Care System/Stanford University for 2013-2014.

😊 Congratulations to Lt. Col. Cigrang and James Cordova for receiving a grant from the Department of Defense! The Clark team will be working with the Air Force team to implement the Marriage Checkup for military families in a primary care setting.

😊 Jared McShall, a graduate student of Matt Johnson at Binghamton University received a predoctoral National Research Service Award (NRSA) Fellowship from the NIH for his study titled “Intimate Relationships Moderate the Perceived Discrimination-Health Association.”

Picture below (with Denver skyline in background) L to R: CJ Kalinka, Cathi Kern, Beth Allen, Brian Hager, Lisa Betthauser, Christian Somoza, Danielle Glenn
Since we are finished seeing couples for the Marriage Checkup, we are currently deep in the throes of the data analysis process. We are also involved in multiple exciting collaborations. We are still working with Kristina Coop Gordon’s lab to implement the Marriage Checkup (referred to in this case as a Relationship Checkup) in a community based integrative health-care facility in Tennessee. We are also working closely with Lt. Colonel Jeffrey Cigrang and his Air Force team to implement the Marriage Checkup for military couples in a primary care setting.

Amanda Harp is busy completing her postdoctoral fellowship at Harbor-UCLA. With her first child due in September, she is frantically studying for the EPPP before the sleep deprivation begins. Melinda Ippolito Morrill successfully matched for pre-doctoral internship at the UMass Memorial Hospital/Worcester Recovery Center and Hospital and will begin this Fall 2013. In the meantime, she has been working on finishing her dissertation about the role of acceptance in couples’ positive parenting, and spending quality time with her almost 3-year-old daughter. CJ Fleming is excited to begin her internship at the Durham, NC VA Hospital! Ellen Darling is in the process of publishing her master’s thesis on how couples’ strengths can be used as an assessment tool in therapy. Tatiana received a fellowship to the Family Process Institute Craft of Scholarly Writing workshop for new writers and is in the process of publishing a paper on how dating couples transition out of conflict conversations. Matt Hawrilenko is working on a project trying to understand the different types of treatment response to the Marriage Checkup through two-year follow-up. He is using growth mixture modeling to examine the impact of the intervention on unobserved subgroups, where couples are characterized by their trajectories of relationship distress over time. We are also excited to welcome Robyn Arnette to our lab family in the Fall!

The group continues to be a primarily research-funded group. They currently have prevention and mechanism funded projects, including those with a civilian population, run by Drs. Danielle Mitnick and Michael Lorber, and military projects headed by Drs. Annie Eckardt Erlanger and John Nelson. Some of the current projects include a randomized controlled trial of Couple CARE for Parents, which recently concluded its fourth phase of data collection and was discussed at the Society for Prevention Research’s Annual Meeting; a clinical planning grant for an adaptation of Couple CARE for Parents to include more health-focused material; a community prevention initiative in two New York universities; several Air Force projects (e.g., developing and evaluating maltreatment training, community-based prevention, couples-based prevention); and a Department of Defense-wide project continuing our maltreatment definitions work.

During the past year, the group has had approximately 30 publications.

Five of the staff members (Drs. Heyma, Slep, Eckardt Erlanger, Mitnick, and Lorber) also have teaching responsibilities. They work with dental students on improving their interactions with patients through skills like motivational interviewing. The biggest news is that the lab is back in its home after Superstorm Sandy. The Manhattan VA, which houses FTRG, was closed for 5 months, during which FTRG was temporarily relocated, but they have returned to their space and resumed all normal activities.

If you’re in NYC, come over for a visit!
Sarah Whitton, Ph.D.
Assistant Professor
Psychology Department
University of Cincinnati

Here at the Today’s Couples and Families research program (TCF), we have continued our work aiming to better understand modern couples and families, and to help them build and maintain strong, stable relationships. Our research with same-sex couples has been particularly active this year. We recently completed data collection for the Same-Sex Relationship Development Study, a two-wave survey study designed to gather information about how same-sex relationships develop, how gay and lesbian partners symbolize their commitment to one another, and predictors of same-sex couple outcomes. In addition, our development and evaluation of relationship education for same-sex couples continues to be active. We are wrapping up a small waitlist controlled randomized clinical trial of our program for male same-sex couples. In March, we received a grant from the Lesbian Health Fund to deliver and evaluate a parallel program for female same-sex couples; our first group will be held in July.

The graduate student members of our lab have also been quite active. Eliza Weitbrecht received a University Research Fellowship to support her Master’s project, launched this May, examining the mental health implications of college “hook-ups.” Amanda Kuryluk received a fellowship to the Family Process Institute Craft of Scholarly Writing workshop for new writers. David Hutsell joined the lab in Fall 2012. Two of our other research assistants, John Fleming and Emily Jeffries, have been accepted into Clinical Psychology Ph.D. programs for this coming fall.

Kim Halford, Ph.D.
University of Queensland, Australia

We have received funding from the Australian Research Council and have started a randomized controlled trial evaluating the effects of different approaches to family mediation in helping recently separated parents negotiate co-parenting arrangements. There are two studies involved the first compares mediation as usual with mediation enhanced with motivational interviewing. The second compares mediation as usual with mediation plus a co-parenting skills training program. The co-parenting skills training program is essentially couple conflict management skills and parenting skills for couples who are no longer a couple. The project is being conducted in close collaboration with Relationships Australia (Queensland), the largest provider of family mediation services in Australia.

We also are conducting a trial of Couple CARE in Uniform, an adaptation of our couple relationship education program for military couples. Like the US, Australia has had and continues to have large numbers of troop on overseas deployments, and we are seeking to support members of our military and their spouses to enrich their relationships. This work is being done in collaboration with the Gallipolli Army Base, which is a large base in Brisbane.

We are doing long term follow up of a large sample of Brisbane based Chinese couples, Western couples, and intercultural couples with one Chinese and one Western partner. We are interested in how the relationship values and modes of couple communication associated with satisfaction differ across cultures, and how intercultural couples manage the differences effectively. We hope this research will inform a culturally sensitive version of relationship education targeted on minority and intercultural couples. Later this year we will begin a replication of the current study with couples residing in Hong Kong. We are interested in how the majority culture might moderate the way intercultural couples adapt.

Annmarie Cano, Ph.D.
Associate Professor
Department of Psychology
Wayne State University

We are continuing work on our NICHD-funded animal-assisted intervention for adjudicated youth and are in the process of resubmitting a proposal to NCCAM for the development of a mindfulness intervention for couples with chronic pain. Recent student accomplishments: Laura Leong is completing an internship at St. Elizabeths Hospital (D.C.) and has secured a post-doc at Ontario Shores Centre for Mental Health Sciences (Canada) which will allow her to continue her forensic work closer to home. Amy Williams won the WSU Norine Johnson Clinical Psychology Award and matched to the internship in adult health psychology at Geisinger Medical Center. Dana May is working on a dissertation proposal on emotional validation and invalidation expressed between adolescents with diabetes and their parents and the newest lab member, Angelia Castorena (U. Arizona), just finished her first year and is working on couple-based mindfulness projects.
Robin Barry, Ph.D.
Assistant Professor
University of Maryland Baltimore County
Psychology Department

Research in our Lab is broadly focused on understanding the reciprocal influences between couple and family relationships and personal and interpersonal well-being and distress. My team and I (currently comprised of two graduate students and 21 undergraduate research assistants) are collecting data for three studies.

UMBC Newlywed Marriage Study.
We have recently completed Time 1 of this 3-year longitudinal study. One hundred and fourteen couples came to our lab at UMBC, completed questionnaires, videotaped discussions, and structured interviews. The primary purpose of this study was to understand how avoidant and disengaged behavior during couple communication influences individual and relationship functioning both proximally and over time. The proximal influence we are examining at Time 1 is poorer memory for communication. Although I am interested in avoidant behavior, my students have distinct (albeit related) research questions. All of the students discussed will be presenting their research at ABCT in November. Graduate student Adam Hanna is examining the links between depressive symptoms disappointment and poorer memory for communication. Undergraduate research assistants (URA) Caitlin Rush and Megan Murduck helped to create the recall memory measure. URA Sam Kott is examining the extent to which couples and outside observers perceive couple communication behavior similarly. Sam is completing an Honors Thesis on the project and received an Undergraduate Research Award from UMBC to support the project. URA Karah Kuczarski is completing her Honors Thesis examining whether individuals with social anxiety perceive their own and their partners’ communication behavior with their spouse more negatively than their partner views them. URA Kate Bensen is interested whether personality moderates the influences of attachment style in predicting spouses’ safety being vulnerable with one another.

Time 2 of the Newlywed study began in October. We’re inviting couples to return to the lab to complete questionnaires and two 7-minute discussions of “trust-issues” with their partners.

Graduate student Chandra Edwards is using Time 2 data to examine the extent to which couples’ attachment style, level of personal mindfulness, and experience with the issue in question leads spouses to experience intimacy or distance during trust-issue discussions.

Couple Communication Study
Examines many of the same questions as Time 1 of NWS in a sample of cohabitating couples with the addition of an alternative measure of memory to provide evidence of the validity of the recall measure in T1 of the NWS.

Mood Disorders and Romantic Relationships
URA Casey Dubac spearheaded this online study that examines the extent to which specific mood disorder symptoms (e.g., anhedonia, irritability, mania) are related to specific romantic relationship functioning problems (e.g., lack of intimacy, increased argumentativeness, intimate partner violence).

Understanding Relationship Problems among Individuals with Posttraumatic Stress Disorder: Disengagement and Avoidance During Couple Problem Solving Interactions
I am collaborating with Drs. Chris Murphy (UMBC), Casey Taft and Robin Weatherill (Boston VA) to examine whether couples where one partner has PTSD enact increased avoidance and disengagement during their problem-solving interactions compared to couples where neither partner has PTSD. Prior research has robustly shown bidirectional influences between PTSD and romantic relationship distress. Several core symptoms of PTSD (e.g., emotional numbing, behavioral avoidance) may promote avoidance and disengagement in the context of intimate relationships, one potential pathway through which PTSD may contribute to relationship decline.
**HOT off the Press**

**In Press and Recently Published Literature**


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**Farewell from this Post**

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

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

Judith and I will be passing the torch to two eager new co-editors at the SIG meeting this Fall. Please let us know if you are interested in taking over this wonderful position!

Cheers,

Tatiana Gray & Judith Biesen
Letter from the Editors

The Fall 2014 ABCT Couples SIG newsletter is full of exciting information and we are delighted to compile this enlightening edition for all of our SIG members.

Along with updates from our SIG officers and a convenient schedule of student symposium presentations for this year’s upcoming convention, we are pleased to share a shortened version of the recently published article “Does Spousal Support Moderate the Association Between Perceived Racial Discrimination and Depressive Symptoms Among African American Couples?” by Sharde’ N. McNeil, Frank D. Fincham, and Steven R. H. Beach (pg. 5). Additionally, co-editor, Cherelle Carrington has provided a comprehensive review of Coming Back Together: A Guide to Successful Reintegration After Your Partner Returns From Military Deployment (pg. 8).

We were thrilled to receive exciting updates and celebratory notifications from so many couples SIG labs. Everyone is involved in important work and we’re elated to share your accomplishments with the SIG!

The editors welcome feedback, suggestions and ideas for article topics to be included in future newsletters. See you all in Philadelphia!

Thank you for making the Couples SIG Newsletter possible!

Cherelle Carrington, Aleja Parsons and Kim Pentel

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Letter from the SIG Co-Presidents

Robin Barry ¹ & Steffany Fredman ²

¹ University of Maryland Baltimore County, ² Pennsylvania State University

Greetings! We’re looking forward to the conference next month in Philadelphia and are very excited about a number of upcoming SIG conference activities.

We hope you will join us in celebrating Andy Christensen's contributions to the field as he moves into retirement! This event is being sponsored by "The Friends of Andy Christensen, Unlimited!" This is not an official ABCT Couples SIG event, but the SIG is collaborating on this venture, and this will replace the usual Thursday evening SIG preconference event. Please plan to join us for drinks and dinner at La Famiglia Ristorante (http://www.lafamiglia.com), which is located at 8 South Front Street (within walking distance from the hotel) on Thursday evening, November 20, 2014. We will have drinks (there will be a cash bar) beginning at 7:00 PM that evening, followed by dinner and entertainment at 8:00 PM. As a reminder, if you are planning to attend (and we hope that you are!), please send payment ($48/person) in advance by Thursday, November 13 to our treasurer, Rosaura Orengo-Aguayo, at 2147 10th Street, Coralville, IA 52241, or via PayPal.com (send payment to rosaurorengo@gmail.com). If you chose to pay via paypal, please select the option indicating "I am sending money to family and friends" so that paypal won't charge a convenience fee. If you are mailing a check, please make it payable to Rosaura Orengo-Aguayo, with "ABCT Couples SIG dinner" in the memo line.

Our SIG Business Meeting will be Saturday, November 22, from 11:00 - 12:00 PM in Franklin Hall 10. We’ll be updating membership lists, seeking volunteers for the program committee, distributing awards for the Robert L. Weiss Student Research Award, and having elections for the positions of co-presidents, and treasurer. Many thanks to Rosaura Orengo for her work as treasurer over the past three years. If you’re interested in serving on the program committee or being nominated for one of the SIG officer positions, please feel free to contact Robin (rbarry@umbc.edu) in advance or at the conference.

This is our last newsletter as SIG co-presidents. It was a pleasure to serve these past three years and to have the unique opportunities the position affords to work with and get to know so many wonderful SIG members!

We look forward to seeing you all in Philly!

Steffany & Robin
Hello from your Student Co-Presidents! We are gearing up for ABCT in Philadelphia and hope to see you all there! There are many exciting SIG and student SIG member events at this year’s ABCT conference:

There has been a change in venue for this year’s annual Couples SIG Cocktail Party. It will now take place at Tir Na Nog Irish Pub and Restaurant. As always, we will provide some light appetizers and there will be a cash bar. It is sure to be a fun evening!

When: Saturday, November 22nd from 6:00-9:00pm.  
Where: Tir Na Nog, 1600 Arch St, Philadelphia, PA 19103 [www.tirnanogphilly.com](http://www.tirnanogphilly.com)  
Transportation: The restaurant is about a 10 minute walk from the convention center. We can also organize taxi rides if necessary.

We realize the presidential address ends at 6:30pm, but we will have the space reserved beginning at 6:00pm. So please feel free to join us whenever you can!

In accordance with tradition, the Student Cocktail Party will immediately follow the main event. All undergraduate, post-baccalaureate, and graduate students are welcome to stay longer and have a chance to get to know each other better!

Please contact us at any time with comments, questions, or suggestions. We would particularly like to encourage students to join the [SIG listserv](http://www.facebook.com/group.php?gid=266082574771), [SIG Facebook group](http://www.facebook.com/group.php?gid=82988514892), and [student Google discussion group](https://groups.google.com/forum/#!forum/couples-sig-students).

We hope to see you soon!

Sincerely,

Christina Balderrama-Durbin (christina.balderramadurbin@gmail.com) and Shelby Scott (shelbybscott@gmail.com)
ABCT Couples SIG Treasurer’s Update

Dear SIG Members,

I hope that this message finds you well! It has been a pleasure serving as your treasurer for the past two years. We will be electing a new incoming treasurer at the ABCT Conference in Philadelphia so please consider nominating yourself!

Here is the latest update of our membership status and dues.

We have had 4 new students join our membership since my last update. Our dues-paying membership (members who have paid dues within the last 5 years) is currently at 191 (73 professionals and 118 students). For those of you joining us recently, welcome! We hope that you will find a home in this SIG and use it as an opportunity to network, contribute, collaborate, and exchange ideas. We are always happy to see our membership grow so please invite colleagues to join.

At the moment, our SIG balance is $1,993.26. Our balance at the last update was $1,718.71 and we have had no expenses since then. Thank you for your continued support!

As always, we will collect dues for 2014 at our Couples Research and Treatment SIG business meeting during the ABCT conference in Philadelphia. This year the meeting will be from **11am-12pm at Franklin Hall 10 (Level 4)**.

If you are not attending the conference or would like to pre-pay your 2014 dues, please pay electronically via PayPal (go to [www.paypal.com](http://www.paypal.com) and send money to rosauraorengo@gmail.com) or by mailing a check to the address below. If you pay by paypal, it is important to designate the payment as a “gift” to avoid processing fees. Dues are $25 for professional members and $5 for students, post-docs, and retired members.

Please do not hesitate to contact me if you have questions or concerns about dues or membership.

Many thanks for your support of the SIG!

Best,

Rosaura

Send checks to:
Rosaura Orengo-Aguayo, M.A.
2147 10th Street
Coralville, IA 52241

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Media Coordinators Update
Jenny Pink, M.Sc. and Krystal Cashen, B.A.

To update your contact information or have your name removed from the listserv or website member list, please email Jenny Pink (jcpink@sfu.ca) and Krystal Cashen (krystal.cashen@gmail.com). If you have any difficulties sending emails to the listserv, please contact Jenny for assistance.

We also encourage you to get in touch if there is any information you'd like to share with your fellow SIG members through our website (e.g., job postings, study recruitment, or things you think may be of interest).

Best,

Krystal and Jenny
Does Spousal Support Moderate the Association Between Perceived Racial Discrimination and Depressive Symptoms among African American Couples?*

SHARDE’ N. MCNEIL, FRANK D. FINCHAM, and STEVEN R. H. BEACH

*Full article published in Family Process

Mental health outcomes among African Americans have been associated with experiencing high amounts of stress resulting directly and indirectly from racial discrimination (Lincoln & Chae, 2010; Ong, Fuller-Rowell, & Burrow, 2009). African Americans who report experiencing racial discrimination have greater psychological distress (Brown, Williams, Jackson, et al., 2000; Murry, Brown, Brody, Cutrona, & Simons, 2001), lower self-esteem (Utsey, Ponterotto, Reynolds, & Cancelli, 2000), and greater symptoms of depression (Banks, Kohn-Wood, & Spencer, 2006; Watkins, Hudson, Howard-Caldwell, Siefert, & Jackson, 2011). Though there is ample evidence demonstrating the debilitating effects of racial discrimination on individual mental health (Pascoe & Richman, 2009; Broudy et al., 2007), less is known about its effects in the context of intimate partnership. Understanding these effects is important due to the interdependence of couples and the reciprocal associations of stress and mental health among those in close relationships (Benazon & Coyne, 2000; Bodenmann, 1997; Meyler, Stimpson, & Peek, 2007). With an increased risk of couple dissolution in the context of lowered mental health (Butterworth & Rodgers, 2008), it is essential to understand what may put partners at this risk, and conversely, what may function as buffering agents for this particular stressor.

The Present Study

Most studies on racial discrimination and mental health have focused on intra-individual effects or the relationship between one’s perceived racial discrimination and their own mental health outcomes (i.e., actor effects). In contrast, little is known about inter-personal effects or the relationship between one’s perceived racial discrimination and mental health outcomes for the partner in close relationships (i.e., partner effects). The present study addresses this gap by examining the actor and partner effects of perceived racial discrimination and depressive symptomology in a sample of African American couples. Furthermore, the buffering effects of spousal social support were also assessed. Three hypotheses were explored:

1. Based on prior findings, we hypothesized that there would be positive actor effects of perceived discrimination and depressive symptoms for both women and men.
2. We posited that there would be positive partner effects of perceived discrimination and depressive symptoms for both women and men.
3. We hypothesized that spousal support would buffer these relationships such that the strength of the relationships between perceived discrimination and depressive symptoms would decrease for those with high levels of spousal support.

Method

Sample and Procedure

A sample of 487 African American engaged or married couples from both rural and urban areas of the southeastern United States were recruited for the Program of Strong African American Marriages (ProSAAM), a preventive intervention designed to enhance relationship quality among African American couples. Couples were eligible for the study if they were at least twenty-one years of age, were either engaged to be married, or married at least one year prior to the recruitment period, and willing to pray and have others pray for them as a couple. All participants completed questionnaires before completing the program and the data reported here are from the pre-intervention assessment.

Results

Analytic Strategy

Due to the nonindependence of the data, we utilized the actor-partner interdependence model (APIM; Kenny & Ledermann, 2010) to test the hypotheses. The model was computed using Mplus software (Muthen & Muthen, 2010). Men- and women-reported perceived discrimination was correlated as well as the residual terms corresponding to women and men’s depressive symptoms. Actor effects were present when an individual’s
perceived discrimination was associated with a change in his or her depressive symptoms, and partner effects were present when an individual’s perceived discrimination was associated with a change in their partner’s depressive symptoms.

To test for moderation, all independent variables were mean-centered to reduce collinearity and for ease of interpretation. Interactions were created with the centered independent variables (women and men’s perceived discrimination) and the moderators (women and men’s spousal social support). Significant interactions indicated the presence of moderation and the results were graphed to depict the slopes at one standard deviation above and below the mean.

**Preliminary Analyses**

Couples in this study were married an average of 9.75 years ($SD = 9.26$) and earned on average $40,000 - $50,000 a year in household income. The more household income a couple earned, the greater experiences of racial discrimination both men and women tended to report. The longer the couple was married, the more experiences of discrimination women and men reported and the more depressive symptoms men tended to report. Women reported significantly lower levels of perceived discrimination, $t(486) = -3.52, p < .001$ and significantly more depressive symptoms than men, $t(486) = 4.82, p < .001$. In addition, men reported receiving significantly higher levels of spousal support than women, $t(486) = -3.68, p < .001$. Women’s and men’s perceived discrimination were positively associated with their depressive symptomology. On average, couples reported elevated levels of spousal support which were associated with both men and women’s depressive symptomology. There were no significant relationships between men and women’s reports of perceived discrimination and their partner’s depressive symptomology.

**Main Effects Model**

To test our first two hypotheses, we examined a model with the actor and partner effects of women and men’s perceived discrimination on depressive symptomology, controlling for household income and years married. There were positive and significant actor effects for women’s ($\beta = .13$, SE = .06, $p < .05$) and men’s ($\beta = .15$, SE = .05, $p < .01$) perceived discrimination and their depressive symptomology when controlling for partner effects, household income, and years married. No partner effects were present in the model.

**Moderation Analysis**

To test the moderation analysis, spousal support and two interaction terms were entered into the model: (1) women’s perceived discrimination and women’s perceived spousal support and (2) men’s perceived discrimination and men’s perceived spousal support. The interaction between men’s perceived discrimination and men’s spousal support was significantly associated with men’s depressive symptoms. This interaction was further examined by graphing spousal support at one standard deviation above the mean and one standard deviation below the mean. The results showed that higher levels of perceived discrimination were associated with more depressive symptoms for men with low spousal support ($B = .17$, SE = .02, $p < .001$); however, the discrimination-depressive symptoms link was not significant for men with high levels of spousal support ($B = .03$, SE = .03, $p > .05$). In other words, spousal support was shown to have a buffering effect for the effects of racial discrimination on depression for men in this sample.

**Discussion**

The first hypothesis regarding the presence of actor effects was supported. As expected, experiences with perceived discrimination did predict more depressive symptoms for both men and women. These results are consistent with previous research demonstrating a significant positive link between racial discrimination and own depressive symptoms (Banks, Kohn-Wood, & Spencer, 2006; Watkins, Hudson, Howard-Caldwell, Siefert, & Jackson, 2011). This finding suggests that discrimination as a social stressor has negative intrapersonal effects on mental health among African American couples.

Despite reporting more experiences with discrimination, the association between men’s perceived racial discrimination and depressive symptoms was more complex. At first glance, it appears that stress resulting from discrimination affects men’s mental health; however, results from the moderation analysis suggested otherwise. These analyses showed that at low levels, but not high levels of spousal support, racial discrimination was related to depressive symptoms for men. In other words, the relationship between discrimination and depressive symptomology existed only for those with less than adequate levels of spousal support.
Spousal support did not moderate this relationship for women. This non-significant finding has important implications given that levels of depressive symptoms remain salient with elevated levels of perceived discrimination despite the amount of spousal support available. This may indicate that other support systems are instrumental for buffering these effects or that the impact of discrimination on mental health is pervasive for these women.

Gender differences in the stress response may help explain some of these findings. According to Taylor and colleagues (2000), women are more likely to provide emotional support during stressful circumstances. As such, women may be more likely to provide support to their partners who experience racial discrimination and feel the need to protect them from such social injustices (Cowdery et al., 2009). Furthermore, women are more likely than men to display and report internalizing symptoms (Banks et al., 2006), whereas men’s responses may present itself in outward expressions (e.g., Goff, Di Leone, & Kahn, 2012; Riina & McHale, 2010). When female partners do not provide this support, men may internalize their stress either in place of or in conjunction with externalizing symptoms.

Interestingly, no partner effects were significant suggesting that men and women’s experiences with discrimination do not influence their partner’s depressive symptomology. This is contrary to our hypothesis as the impact of couples’ stress processes on one another’s well-being has been found in some studies (e.g., Benazon & Coyne, 2000; Bodenmann, 1997; Meyler, Stimpson, & Peek, 2007). This is not to say that there are no partner effects of discrimination, but that other causal mechanisms and buffering effects not examined here may better explain this process.

This study must be considered in light of several limitations. First, this study relied on cross-sectional data and therefore, causal inferences cannot be made. It is possible that depressive symptoms lead to a hypervigilance regarding unfair treatment. Longitudinal research assessing each of these constructs at different time points is needed to examine the predictive nature of perceived racial discrimination on mental health.

In addition, our investigation focused on a main effects model to assess the relationship between a sociocultural stressor and mental health. Additional research is needed to understand the different pathways by which perceived discrimination impacts depressive symptomology in the couple context. Due to variation of the stress process, there may be multiple pathways and these should be explored.

Despite these limitations, our findings are consistent with the variability of the stress process presented in social stress theory and support the need to examine the interdependence of the stress process among those in close relationships. Studies examining the effects of discrimination on mental health may need to consider these effects among those with varying levels of support. Although spousal support appears to have little influence on the discrimination-depressive symptomology link for African American women, this study revealed that it is influential for African American men. One explanation for this pattern of results is that wives are better at providing support than are husbands, suggesting that there is an opportunity to decrease wives' depression through marital interventions aimed at increasing husbands' ability to provide support more effectively. Further research is needed to continue to dissect these processes and to understand the mechanisms and moderators through which racial discrimination is related to mental health.
Coming Back Together
A Guide to Successful Reintegration After Your Partner Returns From Military Deployment

Book Review by:
Cherelle Carrington, MSW
Florida International University

After military deployment, reintegration can be very challenging for military personnel and their families. Upon their return, military personnel and their partners often experience conflicting emotions and wrestle with tough decisions, such as possible relocation, seeking employment, furthering one’s education, and having a child.

Steven L. Sayers, a nationally recognized expert in working with military couples and families, provides civilian partners with problem-resolution strategies and hope in their struggle to improve their own and their partner’s adjustment. Based on cognitive behavioral principles and delivered in easy-to-understand literary style, Coming Back Together should be an empowering resource for civilian partners and a significant contribution to the couples field.

In Chapters 1 and 2 Sayers presents strategies to cope with the stress of anticipating the partner’s return and welcoming them back. In Chapters 3 through 9 he addresses issues that often arise after their partners have been home for a year or more.

In Chapter 1 Sayers outlines actions to lower one’s stress level when preparing for the reunion. Civilian partners frequently feel that the period between getting orders to return from military deployment and the time of the reunion is somehow more dangerous than the rest of the deployment. One coping strategy is to remind oneself out loud that there is no logical reason why this time would be any more dangerous than the rest of the deployment.

Chapter 2 focuses on issues couples might face during the first few weeks and months after partners return. Sayers warns that problems previously experienced will likely recur after returning home. He underscores that expectations and thoughts couples have regarding why they might be experiencing difficulties influence feelings about how to deal with problems.

In Chapter 3, Sayers concentrates on rediscovering intimacy, emphasizing that reestablishing emotional and physical closeness with one’s partner are vital for successful reintegration. He states that for some, sharing thoughts and feelings and having them accepted by one’s partner increase sexual desire and heighten the sexual experience whereas others may feel more comfortable to share feelings after a sexual experience. Laughing, sharing humor, being playful, and hugging and kissing when leaving and returning home can enhance feelings of closeness. However, chronic pain from combat injuries is common and may interfere with sexual intimacy. Sayers also introduces a concept called “making a bid,” a verbal or nonverbal attempt to create intimacy with one’s partner. First, he suggests civilian partners present the acceptance of a bid as a choice. An example might be, “I’d love to go to the movies this weekend if you’re feeling up to it. If not, we can always go some other time.” Second, ensure that bids do not have threats or strings attached as this may create a sense of obligation or feelings of guilt. For example, try to avoid saying, “Let’s go out to dinner—I couldn’t tell when last we’ve gone anywhere.” Last, accept as many overtures as possible from one’s partner. However, when you cannot accept a specific bid, offer an alternative time. For example, if one’s partner makes an offer to go to the beach, a response might be, “I couldn’t tell we go tomorrow instead?” These strategies may improve one’s chances of gaining closeness.

Chapter 4 reviews factors that make dividing responsibilities challenging for couples reintegrating after deployment. To enhance couples’ ability to negotiate roles and routines and to help facilitate a constructive working partnership, Sayers recommends 20-30 minute weekly meetings. These should remain task oriented and incorporate respectful communication methods, like taking turns talking, acknowledging

Coming Back Together
By: Steven L. Sayers, Ph.D.
Pages: 200
List Price: $16.95
Publication Date: 2014
partner’s independence and autonomy, and avoiding name-calling or blaming.

Based on a program called Battlemind (Adler et al., 2009), Chapter 5 describes the impact of training and deployment on service members. After-effects of military deployment include communicating less, lack of emotion, except for more intense expressions of anger, and increased hypervigilance. Sayers provides specific guidelines to cope and work with veterans in their adjustment to civilian life. For example, if a civilian partner is concerned about their partner’s risky driving, one might say, “I understand you speed past tanker trucks because of the risk you see, but it really scares me. I am hoping there is another way to deal with the tankers that won’t scare me.” Sayers then recommends civilian partners voice their appreciation when they feel more comfortable with their partners’ driving.

In Chapter 6, Sayers applies skills introduced in previous chapters to develop a long-term strategy to help couples thrive during the adjustment period. He states that couples who deal with difficulties well during this period are ones who are highly committed to each other and do their best to avoid considering divorce. Although civilian partners may at times feel justified at being angry, recognizing aspects of problems that are under one’s control and replacing thoughts that foster anger with more realistic and calming thoughts can help to improve one’s relationship.

Chapter 7 considers a major concern couples face post-deployment—children’s adjustment to returning parents. The reactions of children often differ by age. Furthermore, the parent who was not deployed may struggle with giving up sole control of parenting. Nevertheless, Sayers argues that even with different approaches to parenting, partners can work together and handle problems that arise with their children.

In Chapter 8, Sayers presents techniques for dealing with partners who may not be willing to work through difficulties. He stresses the importance of taking care of oneself, of determining which concerns might be beyond one’s control, and of having enough support from others during this stage. Even if civilian partners are unable to alter their situation, understanding the cause of the problem may be beneficial.

In the final chapter, Sayers provides helpful suggestions to guide couples in determining whether professional help might be warranted, and to help them understand when and how to seek treatment. One guideline he offers is to consider whether certain symptoms, like feelings of anxiety or depression interfere with daily functioning. He identifies barriers to getting help, like stigma and denial, and lists resources where couples may obtain help for different problems.

One particular strategy which resonated with me was Sayers’ recommendation for civilian partners to say something complimentary to their returning partners after observing their positive behavior. He explains that verbally reinforcing partners’ desirable behaviors can change their perspectives as they desist from focusing on behaviors that upset them. On the other hand, although Sayers indicates that “suggestions in this book [...] are based on methods developed [...] with a wide range of couples” (p. 2), I felt that including specific case stories of struggles encountered by diverse couples could enhance the book’s inclusivity and relevance to couples in nontraditional close relationships and of varied racial and ethnic backgrounds.

In conclusion, Coming Back Together, written specifically for partners of deployed service members, would also be useful to extended family members, practitioners, and military service members. It offers a rare glimpse into the experiences of deployed service members from their partners’ perspectives. The takeaway message is that being dedicated to one’s partner—committed to working together as a team, goes a long way in ensuring happiness and helping couples stay together.

To purchase: http://comingbacktogether.com/.

About the author:

Steven L. Sayers, Ph.D., is Associate Professor of Psychology in the Department of Psychiatry, Perelman School of Medicine, at the University of Pennsylvania. He is director of the Advanced Fellowship Program in Mental Illness Research and Treatment at the Philadelphia Veterans Affairs Medical Center. For over 20 years, Dr. Sayers has trained psychology graduate students and interns to conduct couple therapy, most recently in the Philadelphia VA Medical Center. His research has focused on the role of family members and other social supports in mental and physical health. Dr. Sayers received his clinical and research training at the University of North Carolina in Chapel Hill, NC. His current research focus is the impact of post-traumatic stress and depression on family reintegration of military service members deployed to Iraq and Afghanistan. In 2008, he presented testimony to the U.S. Senate Committee on Veterans Affairs regarding his research with veterans and their family members. Dr. Sayers blogs at http://couplesstress.wordpress.com/
We’d like to celebrate these special events in the lives of the following SIG members. Congratulations to you!

☞ **Justin Lavner**, from the UCLA Marriage Lab, completed his clinical internship, earned his PhD, and in 2014 accepted a position as Assistant Professor at the University of Georgia.

☞ **Teresa Nguyen**, from the UCLA Marriage Lab, was awarded a Graduate Research Fellowship from the National Science Foundation.

☞ **Teresa Nguyen and Grace Jackson**, both from the UCLA Marriage Lab, were awarded Graduate Summer Research Mentorship Awards from UCLA.

☞ Research by **Hannah Williamson**, from the UCLA Marriage Lab, was acknowledged by the 2014 APA Anne Anastasi General Psychology Graduate Student Research Award – Recognition Award.

☞ From Dr. Cano’s Relationships and Health lab at Wayne State University, **Angelia Corley** got married, and **Dana May** got engaged this summer.

☞ From the SFU Close Relationships Lab, congratulations to **Patrick Poyner-Del Vento** for completing his internship at the Portland VA Medical Center, and beginning a one-year fellowship position at the Charleston VA/MUSC Consortium specializing in couples and family therapy. He is also conducting an effectiveness study on a group therapy for caregivers of patients with Parkinson's disease that he originally developed at the Portland VA.

☞ **CJ Fleming**, from Dr. Córdova’s lab at Clark University, finished her internship at the Durham VA Medical Center and is currently completing a research fellowship with Dr. Patricia Resick at Duke University.

☞ **Melinda Ippolito Morrill**, from Dr. Córdova’s lab at Clark University, has recently started her post-doc as a Research Fellow in the Laboratory of Adult Development at Massachusetts General Hospital.

☞ **Julia Sollenberger**, from Dr. Córdova’s lab at Clark University, is currently completing her predoctoral internship at Community Healthlink in Worcester, MA.

☞ **Dr. Joanne Davila**, director of the Relationship Development Center at Stony Brook University, was named a Fellow by the Association for Psychological Science.

☞ **Brian Feinstein** won the “Top Graduate Student Award” from the Stony Brook University Graduate School and the “Award for Excellence in Research” from the Stony Brook University Department of Psychology. He had his research funded by a Basic Psychological Science Research Grant from APAGS and the Grants-in-Aid Program of SPSSI, and he matched for internship at the University of Washington where he now working with Debra Kaysen and enjoying life in Seattle.
We’d like to celebrate these special events in the lives of the following SIG members. Congratulations to you!

◉ **Sara Boeding**, PhD, from Dr. Don Baucom’s UNC Couples Lab, graduated in December of 2013 with her PhD. She is currently a Staff Psychologist in the Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) clinic at the Durham VAMC. She completed her Trauma Recovery Fellowship at the Durham VAMC in July, 2014 and began her new position. There she specializes in evidence-based psychotherapies for PTSD, couples therapy, and DBT. She additionally is involved in the training and supervision of current psychology interns and postdoctoral fellows.

◉ **Christine Paprocki**, from Dr. Don Baucom’s UNC Couples Lab, has successfully defended her dissertation and has begun her internship at the Seattle VA in the fall. Christine also was recently awarded the Wallach Award for being an outstanding graduate student in the Clinical Psychology PhD program at UNC Chapel Hill.

◉ **Karen Aizaga**, from the Marriage and Family Studies Lab at Binghamton University, has accepted a position with Rutgers University Behavioral Health Care.

◉ **Lauren Fishbein**, from the Marriage and Family Studies Lab at Binghamton University, is currently on internship at the Indiana University School of Medicine, Clinical Psychology Internship Program.

◉ **Jared McShall**, from the Marriage and Family Studies Lab at Binghamton University, has accepted a position with University Behavioral Associates (UBA), which is affiliated with the Department of Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine and Montefiore Medical Center.

◉ **Cat Conroy** and **Sarah Urich**, from the Sayers Lab at the Philadelphia VA Medical Center, recently married.

◉ Congratulations to **Candice Selwyn**, **Keri Johns**, and **Adrienne McCullars**, from the Marriage and Family Resilience Lab, University of South Alabama, for successfully proposing their dissertations!

◉ Congratulations to **Aimee Var**, from the Marriage and Family Resilience Lab at University of South Alabama, who began her pre-doctoral internship at Georgia Southern University in August!

◉ Congratulations to former undergraduate laboratory members **Tyler Bell** and **Sydneyjane Varner** from the Marriage and Family Resilience Lab, University of South Alabama who both began their graduate school careers in Birmingham, AL and New York, NY in August!
We’d like to celebrate these special events in the lives of the following SIG members. Congratulations to you!

- Molly Gasbarrini, Ph.D., from the Texas A&M Couple Research Lab, has begun a tenure-track Assistant Professor position in the Family and Couple specialization area in the Clinical Ph.D. program at the California School of Professional Psychology. Molly is enjoying living in Los Angeles, and is starting the process of establishing a part-time private practice in Beverly Hills, specializing in the treatment of couples.

- Caitlin Fissette Eckert, from the Texas A&M Couple Research Lab, was appointed Captain in the US Air Force over the summer. She began her predoctoral internship this Fall at the Andrews Air Force Base Medical Center.

- Christina Balderrama-Durbin, from the Texas A&M Couple Research Lab, began her predoctoral internship this Fall at the Minneapolis VA Health Care System with a focus on trauma- and stressor-related disorders. We hope she survives the Minnesota winter! She was recently awarded the Saul B. Sells Research Excellence Award from Texas A&M University and a travel award from Military Psychology Division 19 to attend the APA convention in Washington D.C.

- Second-year graduate students, Kimberley Stanton and Laura Osborne, were awarded the Texas A&M College of Liberal Arts Professional Development Support Award to attend the conference sponsored by the Center for Deployment Psychology - entitled "Addressing the Psychological Health of Warriors and Their Families" - held in Washington, DC last Spring. Kimberley Stanton and Laura Osborne also successfully proposed their master’s theses this Fall.

- This year, Brian Buzzella, former graduate student from The Today’s couples and Families Research Program at University of Cincinnati, became Director of the Family Mental Health Program at the VA San Diego Healthcare System, as well as Assistant Professor of Psychiatry at the University of California, San Diego.

- Eliza Weitbrecht, M.A., from The Today’s couples and Families Research Program at University of Cincinnati received a $1600 Seeman Graduate Research Grant to support her project, “Investigating the ‘Hook Ups’ of Emerging Adult College Students.”
Note from: Christina Balderrama-Durbin (christina.balderramadurbin@gmail.com) and Shelby Scott (shelbybscott@gmail.com)

While we will not be holding a SIG student symposium this year, we are delighted to put the spotlight on the couples SIG student presenters contributing to other ABCT couples-related symposia. We hope you will consider attending the following student symposium presentations, and all the other wonderful contributions by SIG members to this year’s convention:

<table>
<thead>
<tr>
<th>Student Presenter</th>
<th>Paper Title</th>
<th>Day/Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Belus, University of North Carolina</td>
<td>Cross-partner influences on trajectories of relational factors in newlywed couples.</td>
<td>Saturday 11/22, 3:30-5:00PM</td>
<td>Franklin Hall 8</td>
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<tr>
<td>Erica Birkley, Purdue University</td>
<td>Enhancing assessment and treatment for perpetrators of intimate partner violence.</td>
<td>Friday 11/21, 12:00-1:30PM</td>
<td>Liberty A (Level 3)</td>
</tr>
<tr>
<td>Sarah Campbell, George Mason University</td>
<td>Distress in spouses of Vietnam veterans: The role of general vs. deployment-specific communication.</td>
<td>Friday 11/21, 10:45AM-12:15PM</td>
<td>Grand Ballroom E (Level 5)</td>
</tr>
<tr>
<td>Sarah Carter, George Mason University</td>
<td>Associations and moderations between military deployment communication and relationship satisfaction.</td>
<td>Saturday 11/22, 10:45AM-12:15PM</td>
<td>Grand Ballroom I (Level 5)</td>
</tr>
<tr>
<td>Larisa Cicilla, University of Miami</td>
<td>A randomized controlled trial of brief coparenting and relationship interventions during the transition to parenthood.</td>
<td>Friday 11/21, 9:00-10:30AM</td>
<td>Independence I (Level 3)</td>
</tr>
<tr>
<td>Dev Crasta, University of Rochester</td>
<td>When in Rome: Neighborhood context moderates the impact of alcohol use on relationship outcomes over time.</td>
<td>Friday 11/21, 2:00-3:30PM</td>
<td>Grand Ballroom H (Level 5)</td>
</tr>
<tr>
<td>Ellen Darling, Clark University</td>
<td>Assessing the needs of low-income couples: Specific areas of relationship concern and motivation for change.</td>
<td>Friday 11/21, 2:00-3:30PM</td>
<td>Grand Ballroom H (Level 5)</td>
</tr>
<tr>
<td>Emily Georgia, University of Miami</td>
<td>Couple therapy with African Americans.</td>
<td>Saturday 11/22, 1:45-3:15PM</td>
<td>Grand Ballroom G (Level 5)</td>
</tr>
<tr>
<td>Kayla Knopp, University of Denver</td>
<td>Fluctuations in commitment over time and relationship outcomes.</td>
<td>Saturday 11/22, 3:30-5:00PM</td>
<td>Franklin Hall 8</td>
</tr>
<tr>
<td>Aleja Parsons, University of Denver</td>
<td>Cultural considerations: The differential impact of family support on relationship processes and outcomes among Latinos and African Americans.</td>
<td>Friday 11/21, 2:00-3:30PM</td>
<td>Grand Ballroom H (Level 5)</td>
</tr>
<tr>
<td>Shelby Scott, University of Denver</td>
<td>Actor-partner effects of sexual minority stress and social support on relationship quality in female same-sex relationships.</td>
<td>Friday 11/21, 2:00-3:30PM</td>
<td>Grand Ballroom H (Level 5)</td>
</tr>
<tr>
<td>Shelby Scott, University of Denver</td>
<td>Developing evidenced-based preventative relationship intervention for female same-sex couples.</td>
<td>Saturday 11/22, 12:00-1:30PM</td>
<td>Independence I (Level 3)</td>
</tr>
<tr>
<td>Hannah Williamson, University of California, Los Angeles</td>
<td>Does relationship education improve outcomes in low-income couples? A randomized controlled trial.</td>
<td>Saturday 11/22, 1:45-3:15PM</td>
<td>Grand Ballroom G (Level 5)</td>
</tr>
<tr>
<td>Katie Wischkaemper, University of Tennessee Knoxville</td>
<td>Attitudes towards relationship treatment in a diverse sample.</td>
<td>Saturday 11/22, 1:45-3:15PM</td>
<td>Grand Ballroom G (Level 5)</td>
</tr>
</tbody>
</table>
Lab Updates

Please take some time to read about what all of the wonderful Couples Labs are up to.

With all your new research ideas and grant proposals brewing, please start thinking about your updates for the Spring 2015 Newsletter. We’d love to hear from you!

Greetings from sunny Utah! We’re enjoying the last gasps of Fall and looking forward to a (hopefully) good snow this Winter. Our main update since the last newsletter is that we’ve recently started two couple therapy studies. The first of these studies evaluates the efficacy of Integrative Behavioral Couple Therapy (IBCT) for relationship distress when delivered by novice therapists. The second is a pilot study of IBCT as an adjunctive treatment for co-morbid metabolic syndrome and relationship distress. We’re conducting this second study in collaboration with our U of U colleagues Tim Smith and Paula Williams.

In addition to these recent intervention studies, we’re wrapping up the first wave of our AT-HOME study, which focuses on spouses’ physiology and behavior during daily life. This project is designed to answer questions about how physiological reactivity to stressful relationship processes is intertwined with and distinct from other naturally occurring stressors, such as financial difficulties, problems at work or school, and injuries/illnesses. We’ll be presenting some initial findings from this project in Philadelphia.

Matthew Johnson, Ph.D.
Professor of Psychology
Director: Marriage and Family Studies Lab
Binghamton University

We are currently conducting two studies. The first is the Happy Responsible Children Study, in which we are exploring how children help families function. In particular, we are looking at families in which there is a child with an autism spectrum diagnosis and a child without such a diagnosis. The study is online and includes some feedback for the parents. To see if you qualify!, click here or email: hrp@binghamton.edu or call 607-777-6316.

The second study is called the Marriage and Individual Well-Being Study, and it is being conducted with Richard Mattson as the PI and Joanne Davila as a Co-I. In this we are recruiting couples in the Greater Binghamton, NY area.
Benjamin Karney, PhD., and Thomas Bradbury, Ph.D.
UCLA Marriage Lab
Department of Psychology
University of California, Los Angeles

Research in the UCLA Marriage Lab continues to use observational measures and multiwave assessments to clarify the longitudinal course of relationships, particularly among couples with limited financial resources. With the recent completion of a 5-wave study of more than 400 couples living in low-income neighborhoods in Los Angeles, we have initiated a series of analyses examining the interplay of communication and relationship over time, whether familiar effects in the couples literature are moderated by socioeconomic status, and whether social capital—represented by the duocentric social networks in which our spouses participate—affect relationship development.

With support from NIH, new data collection on 300 diverse newlywed couples living in low income neighborhoods will be used to explore similar questions, as well as whether the dynamic interplay between social networks and relationships itself changes over time. Finally, recent papers from our lab report results of a randomized trial comparing different forms of relationship education, indicating that brief, low-impact interventions without skills training produce results similar to skills-based interventions over three years and that interventions work better with those couples entering marriage with lower levels of commitment and satisfaction.

Annmarie Cano, Ph.D.
Professor and Associate Chair
Director: Relationships and Health Lab
Department of Psychology
Wayne State University

With funding from NIH/NCCAM, we are developing a couple-based mindfulness and acceptance intervention for chronic pain. We are in the early stages of the project but expect that this project will occupy our time for the next several years. With Annette Mahoney, Dr. Annmarie Cano co-edited two special sections on religion and spirituality in family life that will be published in the October and December 2014 issues of the Journal of Family Psychology. In September, Annmarie gave an invited address on her work on emotional validation in chronic pain couples at the Center for Health and Medical Psychology at Örebro University (Sweden). Welcome to Shannon Clark, who began the doctoral program in clinical psychology at WSU this fall (BA Truman State Univ., MA Eastern Michigan Univ)!}

Rebecca Cobb, Ph.D.
Director: SFU Close Relationships Lab
Department of Psychology
Simon Fraser University

We are excited to report that we have just completed the first wave of data collection for our one-year longitudinal study of communication and sexuality in cohabiting couples, funded by the Social Sciences and Humanities Research Council of Canada. Graduate students Roanne Millman and Jenny Pink, and post-doc Jennifer Trew, presented preliminary findings from this study in a symposium examining the role of sexual communication in sexual and relationship functioning at the annual Canadian Psychological Association Convention in June.
Joanne Davila, Ph.D.
Director: Relationship Development Center
Professor and Director of Clinical Training
Department of Psychology
Stony Brook University

The Relationship Development Center continues its work on adolescent and adult romantic relationships and well-being. We are conducting ongoing survey research on associations among quality of social networking relationships and mental health, as well as studies of romantic competence in emerging adults. The graduate students are all actively working on lab-based and individual projects, including studies of well-being among LGB individuals (Brian), studies on sexual violence and risky sexual outcomes (Jess), and studies on romantic competence and social support behavior (Vickie). Joanne continues to work on a book for emerging adult women on how to have healthy relationships, to be published by Guilford sometime soon. She’s also collaborating with her university to develop a brief educational program for students to help them make healthy relationship decisions.

Amy Holtzworth-Munroe, Ph.D.
Department of Psychological and Brain Sciences
Professor and Director of Graduate Studies
Indiana University, Bloomington

First, we have begun a four-year National Institute of Justice funded reach project to examine whether family mediation can be made safe and beneficial for divorcing or separating parents with high levels of intimate partner violence (IPV). Couples who, given concerns about violence, would not be offered joint mediation (and who agree to be in the study) will be randomly assigned to receive shuttle mediation, videoconferencing mediation, or return to court (traditional litigation or treatment as usual). The study is being conducted at a Washington DC court-affiliated mediation center.

Second, we are about to start a second randomized controlled trial of online parent education programs for unmarried separating parents in an Indianapolis paternity court. If all goes well, we are about to receive a second, state court grant for this work.

Third, we continue to test the structure, reliability, and validity of the Mediators’ Assessment of Safety Issues and Concerns (MASIC), an IPV screening measure for mediators. The two current graduate students in the lab, Fernanda Rossi and Brittany Rudd, were joined this fall by a new graduate student, Ani Poladian.

Douglas K. Snyder, Ph.D.
Director: Texas A&M Couple Research Lab
Department of Psychology
Texas A&M University

Doug Snyder, Kimberley Stanton, and Laura Osborne are developing a brief couple-relationship resilience program for Aggie student veterans. Other projects in progress include an examination of gender differences in physical and emotional intimacy using IRT, and an exploration of chronic pain in military populations.
Sarah Whitton, Ph.D.
Director: The Today’s Couples and Families Research Program
Assistant Professor
Department of Psychology
University of Cincinnati

We have just completed data collection for a small RCT evaluating a culturally-sensitive relationship education program for female same-sex couples (which I developed with Shelby Scott from the University of Denver and my former graduate student Brian Buzzella, now at the VA San Diego Healthcare System). In 2013-14, with funding from the Lesbian Health Fund, we conducted a two-site randomized waitlist control trial of the program (in Cincinnati and Denver) with 40 couples. This project adds to our growing body of work focused on promoting LGBT health via healthy relationship education, including a parallel program for male same-sex couples (Buzzella & Whitton, 2012) and an internet-based sex and relationship education curriculum for LGBT youth created in collaboration with Northwestern’s IMPACT program (Mustanski, Greene, Ryan, & Whitton, in press). We will be presenting data from each of these projects at ABCT this year, so come to our symposium if you’d like to hear about it!

Led by Eliza Weitbrecht, we also completed a prospective, two-wave online study investigating the "hook ups," or casual sexual encounters, of 540 college students. Results regarding students’ motivations for hooking up, as well as their expected, ideal, and actual outcomes of these encounters, comprised Eliza’s Master's thesis, which has been submitted for publication (Weitbrecht & Whitton, under review). We continue to use the data to investigate the mental health and sexual health implications of hooking up.

We are happy that Neslihan James-Kangal has entered our lab this fall as a graduate student, joining Eliza, Amanda Kuryluk, and David Hutsell.

Donald Baucom, Ph.D.
Distinguished Professor of Psychology
Director: UNC Couples Lab
Department of Psychology
University of North Carolina, Chapel Hill

Our lab has started a collaboration with Dr. Kevin Guskiewicz at the UNC Department of Exercise and Sport Science to develop and test a couple-based treatment for depression in couples where one member is a former NFL player. In addition, our clinical trial of our couple-based treatment for anorexia nervosa (Uniting Couples in the treatment of Anorexia Nervosa, UCAN) is still actively recruiting.

We are starting a new treatment research study called UNITE (UNiting couples In the Treatment of Eating disorders) which focuses on working with couples on one partner’s eating disorder. This project is part of our lab’s broader effort, in collaboration with the UNC Center for Excellence in Eating Disorders, to develop psychological interventions for couples around eating disorders.

Jareb Gleckel has joined the Baucom Lab as a first year graduate student in the clinical psychology PhD program. Jareb received B.A. in psychology in 2012 from Amherst College.
James V. Córdova, Ph.D.
Professor of Psychology
Director: The Marriage Checkup Project
Department of Psychology
Clark University

The longitudinal results of the Marriage Checkup were recently published in the Journal of Consulting and Clinical Psychology. Dr. Cordova and several of his graduate students also presented work from the Marriage Checkup at the International Association for Relationship Research in Melbourne, Australia this summer. The lab is currently involved in multiple exciting collaborations. We are still working with Kristina Coop Gordon’s lab to implement the Marriage Checkup (referred to as Relationship Rx) in a community based integrative health-care facility in Tennessee. We also worked closely with Lt. Colonel Jeffrey Cigrang and his Air Force team on a pilot study implementing the Marriage Checkup for military couples in a primary care setting. We are also collaborating with Tea Trillingsgaard, Hanne Noer, Mattias Due, Signe Steenberger, and Soeren Marcussen of Aarhus University and The Center for Familieudvikling on an RCT of the Marriage Checkup in Denmark (called Par-tejk). In addition, we are currently working on the development of a website for use by individuals, couples, and therapists, to make the Marriage Checkup more widely accessible.

Ellen Darling is engaged in her dissertation research, a pilot study of a brief couples-based preventative intervention for perinatal depression and anxiety co-located in obstetric clinics. She will be presenting findings related to areas unique to low-income couples of relationship concern, and socioeconomic status as a predictor of motivation for relationship change, at ABCT. Tatiana Gray is in the process of proposing her dissertation examining therapeutic mechanisms at the heart of the Marriage Checkup. She is also working on several manuscripts covering a wide range of relationship processes, including transitioning out of conflict, self-identified strengths, and how the MC affects both distal and specific outcomes for couples. Matt Hawrilenko recently started a clinical practicum at the Worcester VA and is preparing a manuscript on the Mediators of change in the Marriage Checkup. Liz Weber is currently working on two manuscripts on same-sex parenting and will be presenting at ABCT on how to address barriers to help-seeking for same-sex couples. She is also working on a collaborative symposium for the 2015 APA convention about the implications of policy on LGBT couples and families. Justin Laplante has recently joined the lab, and is working on proposing his dissertation investigating how mindfulness and meditation influence relationship processes and satisfaction. Lastly, we would like to welcome Emily Maher to our lab family.
Jennifer Langhinrichsen-Rohling, Ph.D. and Cory Wornell, M.S., MPH
Professor of Psychology
Director: Marriage and Family Resilience Lab
Department of Psychology
University of South Alabama

On December 25th, 2012 a tornado touched down in Mobile, AL causing significant damage, destroying one of the largest public high schools in the area. During the spring semester, all students at this school were temporarily located into the fields behind a middle school. The students spent the majority of their time in portables, completely separated from the younger students. As a result of this potentially traumatic event (PTE), the Marriage and Family Resiliency Lab began conducting an observational study to investigate family processes that might be associated with student resiliency. A variety of other studies are also underway. Many of these form the basis for student theses and dissertation. Broad themes include resiliency, aggression (including relationship violence, stalking), gender and adolescent romantic relationships.

Dr. L-R continues to serve as the Director of the Gulf Coast Behavioral Health and Resiliency Center. In this capacity, she and her students are providing clinical services and promoting integrated health in underserved populations who are receiving primary care treatment at a Federally Qualified Heath Center. Numerous research activities are connected to this work including outcome studies, process evaluations, and measures of system level change. Research findings have already been presented at the American Public Health Association, Gulf of Mexico Research Institute, Southeastern Psychological Association, the International Oil Spill Conference, and (our own!) ABCT.

Welcome to our new graduate student lab member, Caitlin and our three new undergraduate lab members, Tracy Weaver, Kali Thompson, and Tiffany Poole. We wish good luck to Candice Selwyn, Keri Johns, and Adrianne McCullars, from the Marriage and Family Resilience Lab, University of South Alabama with the internship application process, and to Selena on her thesis proposal scheduled for November 11, 2014!

Steven Sayers, Ph.D.
Philadelphia VA Medical Center

We are in the last year of our VA grant support project examining the impact of combat trauma on reintegration on Veterans from Iraq and Afghanistan; we are presenting preliminary findings on this project at ABCT this year. We hired new lab members, Cat Conroy, Sarah Urich, and Akeesh Washington to work on this grant.

We just took over a VA funded on a grant support project for Dr. Irene Hurford, who left VA this summer, Integrated cognitive behavior therapy to improve work outcomes in Schizophrenia (VA Rehabilitation Research and Development Grant, 2014-2018). This project examines the addition of Interated Cognitive Behavioral therapy and cognitive rehabilitation to outcomes in supported employment.
HOT off the Press

In Press and Recently Published Literature


Couples Research & Therapy

NEWSLETTER

The Newsletter of the Couples Research & Therapy ABCT–SIG, Spring 2014

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Letter from the Editors

Tatiana Gray and Judith Beisen have done an amazing job with the newsletter the past two years. Cherelle, Aleja, and Kim would like to thank our two previous co-editors for all their hard work!

We are delighted to bring you the Spring (or admittedly more Summer) 2014 edition of the ABCT Couples SIG newsletter. We are thrilled to have a newsletter jam-packed with a lot of exciting updates and information!

Along with updates from our SIG officers, we are pleased to share a shortened version of the recently published article “Relationship Education for Lesbian Couples: Perceived Barriers and Content Consideration” by Shelby Scott and Galena Rhoades (pg 5). Co-editor, Cherelle Carrington has also provided a lovely review of The Dilemmas of Intimacy (pg 7).

We were elated to receive so many lab updates and reasons for celebrations across couples SIG labs. Everyone is doing great work and we’re happy to share your accomplishments with the SIG!

We invite our fellow Couples SIG members to submit feedback and ideas for article topics for future newsletters. Please contact us directly with your suggestions and to discuss article contributions.

Thank you for making the Couples SIG Newsletter possible!

Cherelle Carrington, Aleja Parsons and Kim Pentel

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Greetings, all! We hope that everyone is having a good summer so far.

We had great representation by SIG members at last fall’s ABCT Convention in Nashville, and we would like to offer a special thanks to the following SIG members who served as panelists for our SIG preconference event focused on successful strategies for securing grants for couple-based research: Don Baucom, Ph.D., Distinguished Professor, Department of Psychology, University of North Carolina at Chapel Hill; Frank Fincham, Ph.D., Eminent Scholar and Director, Family Institute, The Florida State University; Kristi Gordon, Ph.D., Professor, Department of Psychology, University of Tennessee-Knoxville; Rick Heyman, Ph.D., Professor, Department of Cariology and Comprehensive Care, New York University; Howard Markman, Ph.D., Distinguished Professor, Department of Psychology, University of Denver; Keith Renshaw, Ph.D., Associate Professor, Department of Psychology, George Mason University; Galena Rhoades, Ph.D., Research Associate Professor, Department of Psychology, University of Denver, Amy Slep, Ph.D., Professor, Department of Cariology and Comprehensive Care, New York University; and, Scott Stanley, Ph.D., Research Professor, Department of Psychology, University of Denver. It was a lively and informative series of presentations, followed by group discussion, and the panelists have generously agreed to have the event recorded. For those of you who were unable to attend (or who attended and would like the benefit of hearing their sage words of advice again), you can link to an audio of the event through the couples SIG website (www.abctcouples.org) under “preconference events.”

At the business meeting, we had the privilege of electing new student co-presidents (Christina Balderrama-Durbin and Shelby Scott), newsletter editors (Cherelle Carrington, Aleja Parsons, and Kim Pentel), and media coordinators (Krystal Cashen and Jenny Pink). Many thanks to Lisa Benson and Emily Georgia for their work as student co-presidents; Tatiana Gray and Judith Biesen for their work as newsletter co-editors; and Jill Logan and Roanne Millman for their work as media coordinators during the previous two years. Special thanks to SIG poster reviewers Maria Clemens and Brian Baucom and Weiss Award committee members Scott Braithwaite, Michelle Leonard, Laura Meis, and Ron Rogge for their efforts in support of last year’s conference. We are also deeply touched by Kristi Gordon’s moving tribute to Al Gurman and Melinda Morrill’s kind words in honor of Al’s memory. Lastly, we wanted to express our appreciation to the many SIG members who generously volunteered to serve on this year’s program committee to help ensure the SIG’s representation at the conference.

We’re looking forward to the upcoming conference in Philadelphia this November. We are planning some exciting activities, including a preconference event to celebrate Andy Christensen’s many contributions to the field in advance of his retirement. At the business meeting, we’ll be holding elections for SIG co-presidents (a three-year term) and SIG treasurer (two-year term).

Please stay tuned for details regarding the preconference event as well as emails encouraging submissions to the SIG poster exposition held at the annual Cocktail Party and submissions for the Robert L. Weiss Graduate Student Poster Awards. We look forward to your contributions!

In the meantime, we are sending our very best wishes for a relaxing and productive summer and look forward to seeing you all in Philadelphia!

Steffany & Robin
Hello from your Student Co-Presidents! We hope everyone enjoyed this past year’s conference in Nashville. We are certainly looking forward to seeing everyone again in Philadelphia! We have a few important announcements to share with everyone:

**Student Symposium:**
- To showcase the talents of our fellow student members, we submitted a student led symposium entitled “Behind Closed Doors: Sexual Functioning and Extradadyadic Involvement in Intimate Relationships.” The papers in this symposium explore the relational context, antecedents, and consequences of extradyadic involvement and the utility of traditional couple therapy interventions in improving sexual satisfaction.
- Thank you to Jerika Norona (University of Tennessee, Knoxville), Amanda Shaw (University of Rochester), Shelby Scott (University of Denver), and Larisa Cicila (University of Miami) and their colleagues for your paper contributions to this symposium. We are also fortunate enough to have Kristi Gordon (University of Tennessee, Knoxville) serving as our esteemed discussant! We will keep our fingers crossed for good news regarding the decision!

**Plans for November:**
- **SIG Cocktail Party:** Plans are in their beginning stages of identifying a location for this year’s SIG Cocktail Party, we hope to find a location close to the conference hotel that is conducive to an evening of fun and fellowship. If you have any suggestions for locations in Philadelphia, please do pass them along!
- More details to follow in the Fall 2014 Newsletter.

**Students Applying for Graduate School or Internship:**
- For student SIG members applying to graduate programs and predoctoral internships this coming application cycle (2015-2016), be on the lookout for updates to the couple-focused graduate programs and internships resource list on the SIG website (www.abctcouple.org, click on “Training”). We will be soliciting SIG members for updates to these lists and posting the updated versions in the near future.

Please contact us at any time with comments, questions, or suggestions. We would particularly like to encourage students to join the **SIG listserv** (couples-sig@sfu.ca), **SIG Facebook group** (http://www.facebook.com/group.php?gid=266082574771), and **student-specific Facebook group** (http://www.facebook.com/group.php?gid=82988514892).

Sincerely,
Christina (christina.balderramadurbin@gmail.com) and Shelby (Shelby.Scott@du.edu)
Media Coordinators Update
Jenny Pink, M.Sc. and Krystal Cashen, B.A.

Since the annual convention in November, we have updated the Couples SIG listserve and website. To update your contact information, or have your name removed from the listserve or website members' page, please email Jenny Pink (jcpink@sfu.ca) and Krystal Cashen (kcashen@psy.miami.edu). Please also let us know if you have any information you’d like to share with your fellow SIG members through our website (e.g., job postings, study recruiting, or things you think may be of interest). We encourage you to browse the website for examples of what can be posted!

Krystal and Jenny
Relationship Education for Lesbian Couples: Perceived Barriers and Content Consideration: Brief Report

Shelby Scott, MA and Galena Rhoades, PhD

The number of female same-sex couple households in the United States is estimated to be over 330,000 and continues to grow (American Community Survey, 2012). Attitudes toward same-sex relationships have also dramatically changed in the past few decades with recent estimates suggesting that the majority of Americans now support marriage equality (Gallup, 2011). Despite these advances, lesbian couples continue to face additional challenges, including living within a broader context of heterosexism and sexism that significantly impacts individual psychological distress (Biaggio, Coan, & Adams, 2002; Szymanski & Owens, 2009) and relationship functioning (Mohr & Daly, 2008).

Despite these unique challenges, little research has investigated relationship dynamics in lesbian couples. Relationship education may be important to investigate because compared to therapy, more couples tend to receive relationship education and it is often lower in cost (Markman & Rhoades, 2012). Relationship education programs typically focus on teaching communication skills, ways to increase positive and decrease negative interactions, and how to maintain commitment over time. This approach differs from couples therapy in that these programs are often provided to groups of couples in a workshop format, provide skills to help couples work out general issues, and that the goal is to prevent distress and enhance the quality of the relationship rather than to ameliorate distress (Markman & Rhoades, 2012). The positive effects of relationship education programs have been demonstrated across populations and contexts, including with inmate populations (Einhorn et al., 2008), Army couples (Stanley, Allen, Markman, Rhoades, & Prentice, 2010), college students (Braithwaite & Fincham, 2009), and couples expecting their first child (Petch, Halford, Creedy, & Gamble, 2012). However, to our knowledge, no research has investigated how relationship education programs could best serve lesbian couples. Similar to couple therapy adaptations, it would be a mistake to assume programs designed within a heteronormative framework would entirely fit lesbian couples’ experiences.

The Current Study

Given the limited research on relationship education and lesbian couples, the current study sought to understand (1) what lesbian women perceive as potential barriers to relationship education services and (2) what competencies and content modifications relationship education facilitators may wish to consider in order to create more lesbian-affirming environments. Given the dearth of research in this area we used an inductive, qualitative methodology as this approach has been endorsed as a necessary first step in early research (Creswell, 2006).

Overview of Results:

Transcriptions from thirty-two women who participated in a semi-structured focus group were analyzed using grounded theory methodology through the constant comparative method (Creswell, 2006; Strauss & Corbin, 1998).

Three major themes were identified regarding barriers to relationship education programs including (1) a lack of available lesbian-affirming relationship education programs, (2) concerns about feeling comfortable and safe, and (3) skepticism of the leaders’ competence and content relevance. In addition, two major themes were identified for desired leaders’ competence and program content including (1) external relationship challenges lesbian couples may face from others (e.g., family, society) and (2) unique relationship dynamics within lesbian relationships (e.g., communication, intimacy). For each major theme, several subthemes were also identified. The following section provides an overview of each theme accompanied by representative quotations. Subthemes are presented in more detailed in the full version of the article.

Lack of available lesbian-affirming programs: Participants expressed that a common barrier to relationship education services included a lack of lesbian-affirming relationship education programs. Participants tended to say that (1) there was a lack of advertising in the LGBT community, (2) that language/visuals on relationship education materials tended to portray only opposite-sex couples, and (3) that
they believed most of these services took place through religious organizations. Many participants indicated that they would like the opportunity to participate in relationship education programs, but they would only do so if programs made direct outreach efforts to the LGBT community to clearly communicate that the programs were lesbian-affirming. Participants also explained that because marriage among same-sex couples was prohibited in the state that the research took place, terms such as “premarital” or “marriage” education indicated to them that these programs only targeted opposite-sex couples and were not inclusive toward lesbian couples. Some participants cited concerns of religious organizations as specific to possible discrimination toward same-sex relationships.

“I would assume that they would be so geared toward straight couples that they wouldn’t necessarily apply and that they wouldn’t be informed enough to help my situation.”

“Using ‘premarital’ or ‘marriage’ is so insensitive when I can’t even get married.”

“I know straight couples who have gone through that, primarily through their church, and that is one reason we didn’t go through that [...] because I would be wondering ‘What’s their view on that?’ and ‘Would they be accepting?’”

**Feeling comfortable and safe:** A commonly cited barrier to relationship education services was a concern about feeling uncomfortable in a mixed-group setting, particularly if the majority of the couples were opposite-sex. A range of concerns were presented regarding this theme, ranging from simply feeling uncomfortable or unsure of how opposite-sex couples and the relationship education leader may perceive their relationships, to the less commonly expressed concern of possibly experiencing overt expressions of discrimination. These concerns of experiencing discrimination or differential treatment in a program with opposite-sex couples was off-putting enough that many would not participate with opposite-sex couples unless the program reassured them that intolerance would not be accepted. Suggestions to overcoming their concerns in mixed-group settings included providing an inclusive or LGBT-friendly statement on a program’s webpage/advertisement and through direct statements of acceptance for LGBT couples from relationship education leaders. Many participants also expressed a preference for lesbian-only relationship education programs to overcome these concerns altogether. Of note, a small portion of participants expressed that they did not have such concerns and would participate in a program with opposite-sex couples without additional measures being taken.

“Being a lesbian couple just adds another layer to a potentially intimidating situation [...] I just want to walk in, no one bat an eye, and get down to business.”

“I would think that if a program advertised for all ethnicities and lesbian couples, then couples would expect that there would be all sorts of people there. So everyone would be open to [lesbian couples] when they came in if they read it on the advertisement.”

**Perceived leader competence and program content relevance:** Concerns regarding the competence of the relationship education leader and the relevance of the program content were emphasized by participants. These concerns included whether the relationship education leader would possess the appropriate skills, knowledge, and awareness necessary to address specific aspects of lesbian relationships. Some participants also preferred a relationship education leader who was lesbian, gay, or a woman; however most participants would participate with leaders from different identities if they could be reassured that the leader possessed the appropriate competencies.

“The thing that I am going to be concerned about [is] if the session leader is going to be coming in with their own biases.”

**Desired Program Content and Leader Competence:** Participants expressed a desire for relationship education leaders to gain awareness of specific issues relevant to lesbian relationships in order to create more lesbian-affirming environments. These issues are categorized into two major themes: (1) challenges related to experiences external to their relationships and (2) dynamics within lesbian relationships. In terms of relationship challenges related to external sources, several subthemes were identified including (1) discrimination, (2) legal issues, (3) relationship disclosure, (4) finding support, and (5) finding other competent resources for specific relationship issues.

Overall, participants expressed a desire for leaders to have a general awareness of how these subthemes affect lesbian couple functioning within the broader context of heterosexism. Some
subthemes were also discussed as potential topics that could be incorporated into specific modules tailored towards lesbian-specific needs, such as how to face discrimination as a couple and how to find community support for their relationships.

“My partner wasn’t really aware of the attitude of a guy that I felt was particularly discriminatory, so it [was] something we really had to talk about it.”

“My partner and I had to meet with a lawyer six different times just to protect ourselves financially and get a house together, and, geez, if we could just get married this would all be taken care of in one fell swoop.”

“People come out in different contexts at different paces and when they are not aligned or at the same rate than I think that can be a source of tension.”

“[Relationship education leaders] should be aware that everyone wants the acceptance of their parents and maybe their lesbian clients have to go through life without having that support fully.”

“Even the cops didn’t get the how extreme [the abuse] was […] they were looking at it like there were just two girls fighting and that we should both get in trouble and then made lesbian jokes walking down the hallway.”

Regarding the theme of dynamics within lesbian relationships, subthemes included (1) relationship development, (2) relationship roles, (3) family planning, (4) communication, and (5) intimacy/sexuality. Overall, participants expressed a desire for relationship education leaders to obtain a basic understanding of lesbian couple relationship dynamics, including how they may differ from relationship dynamics in other couples. This information could help relationship education leaders facilitate couple communication training and relationship education modules in a lesbian-affirming manner.

“Women develop intimacy quicker. Or at least we did. We were together all the time from the beginning.”

“It is an advantage to be able to create the relationship I want, to not feel pressured that I have to do something specific. If I was in a relationship with a man I may feel more pushed toward a specific role, to a degree.”

“Having kids is particularly more difficult. There is a perception from the outside community that it isn’t a good way to bring up kids, in a lesbian household.”

“Communication is huge […] I walked in with the expectation that we are both going to act very feminine in emotional situations when in reality […] one of us reacted more masculine emotionally, like shutting down or walking away.”

“I think the sexual component is a big part of your relationship and really changes over time. We are women and it is very different from a straight couple.”

Overview of Study Implications:

This study provided new information regarding barriers to relationship education services for female same-sex couples and possible ways to overcome them. This study also discussed recommendations regarding how to modify or create programs to best meet the needs of lesbian couples in relationship education settings. Future research may wish to evaluate how to implement the study’s recommendations. For example, will lesbian couples benefit most from novel programs designed specifically for lesbian couples or from adapting existing programs? In addition, given that lesbian couples have been shown to have better communication and higher satisfaction than other couples (Gottman et al., 2003; Kurdek, 2008), it is possible that some of these topics mentioned in this study (e.g., coping with stress, finding community support, discussing sexuality) could be beneficial to other couples, including heterosexual and gay male couples. Thus, future studies may wish to evaluate not only how these content areas may suit lesbian-specific needs, but also how these topics represent positive ideas to incorporate into healthy relationship programs more generally. Future research may also wish to evaluate these findings through other methodologies, such as testing whether each theme from this study is statistically associated with relationship satisfaction among lesbian couples. This information would help the field develop programs focused on the themes most important to lesbian couples’ relationship success.
The Dilemmas of Intimacy
Conceptualization, Assessment, and Treatment

Book Review by:
Cherelle Carrington, MSW
Florida International University

The Dilemmas of Intimacy is a timely and important contribution to the field of couple therapy. Written by Karen J. Prager, the book presents an in-depth examination of the intimate experience of couples and provides a distinctive, well-explained approach for assessing couples’ intimacy dilemmas. Throughout the book, the need for both partners to change is underscored and in each chapter, effective use of headings, tables and figures help to explain key concepts. It has a style that is easy to read, leading the reader through complex and essential steps involved in couple therapy when addressing these issues. One of the most useful recommendations that the author conveys for therapists to keep in mind while treating people with intimacy problems is that individual intimacy needs are only modestly malleable. Some features of personality are genetic and the probability of modification is limited. The author views partners as "package deals with good qualities having predictable downsides" (p. 276).

Humans yearn for intimacy. Prager suggests intimacy can refer to: (1) the quality of couple’s interactions and feelings of connection within a specific relationship domain; (2) a type of relationship that includes numerous and frequent intimate interactions and the warm, supportive relationship climate that permits such interactions to occur with safety; and (3) the personal, private information that is only shared with select others. Relationships that facilitate intimate connection provide us with some of the most gratifying experiences in life and buffer us from life’s most stressful encounters. Along with the joys and rewards of oneness and togetherness also comes awareness of our differences and the risks of intimacy. Herein lies the purpose of The Dilemmas of Intimacy according to Prager—to share a model of intervention that therapists might use as a tool for organizing treatment for couples struggling with intimacy problems.

Opposed to relying on a single theoretical orientation, the author reasons that the complexity of treating intimacy problems calls for using several perspectives. Prager draws primarily upon a cognitive-behavioral framework, but skillfully intertwines aspects of humanistic and family systems perspectives. She recommends that therapists incorporate developmental theories, such as attachment theory and Sullivan’s interpersonal theory, to better understand what resources people use to handle intimacy dilemmas.

Part one of the book provides readers with a conceptualization of intimacy and introduces the Intimacy Signature, an assessment packet that delineates the behavioral, cognitive, and affective aspects of how each couple deals with intimacy and its dilemmas. Part two is an interplay of interventions that address various obstacles to intimacy. In the final section the author offers a theoretical framework for understanding each of the three dilemmas. She clarifies procedures for evaluating the presence of these dilemmas in the relationship and stipulates recommendations for helping people to deal with each dilemma more effectively.

In the first chapter, Prager asserts intimacy problems result from the coexisting risks and rewards of intimate involvements. She contends they stem primarily from one of three dilemmas: (1) joy versus protection from hurt; (2) “I” versus “we;” and (3) the past lives in the present. The author elaborates on the Intimacy Signature in the second chapter. Each couple’s interaction processes and individual patterns of thinking and reacting are evaluated by a combination of self-report, interview and behavioral observational measures.
In chapter three, Prager specifies contraindications for addressing intimacy problems during therapy, including affairs, violence and substance abuse. Methods for establishing and maintaining the therapeutic alliance with couples are delineated where the therapist functions vicariously as a validating partner. The emphasis of chapter four is on techniques such as communication skill training, behavioral contracting, and intimate communication training that help to decrease defensiveness and enhance intimacy. Affectively oriented interventions, the focus of chapter five, specifically address the expression of affect that can stimulate both intimacy and discord. Individuals learn to become more aware of visceral sensations and of their own affect. Chapter six highlights methods that address couples’ self-defeating thinking patterns. Unrealistic assumptions about intimate relationships can cause one partner to overreact to the other’s behavior complicating people’s ability to deal with intimacy and its dilemmas. Individuals learn to accept their partner’s negative behavior patterns with more equanimity and desist from feeling accountable for them.

Chapter seven expounds on intimacy dilemma #1: joy versus protection from hurt. In spite of desiring and experiencing the joy associated with intimacy, individuals maintain a certain distance to protect themselves from being hurt—a process called intimacy-distance regulation. In order to help couples maintain intimacy homeostasis, interventions target ineffective attempts to regulate this distance and address cognitions that increase negative emotions and decrease positive feelings.

At times, needs for autonomy and separateness can interfere with needs for togetherness. Chapter eight presents intimacy dilemma #2: the aspect of how much “I” versus how much “we.” Treatment plans include psychological differentiation—a set of skills that help people take responsibility for their own problems. Prager contends the ability to assert oneself, and simultaneously maintain a respectful, loving, and understanding stance toward one’s partner is critical to sustaining an intimate connection.

Problems associated with two other aspects of psychological differentiation are examined in chapter nine: managing one’s emotions in order to accommodate one’s partner and maintaining an intimate relationship in spite of difficulties. Being more realistic about how often two people may actually think alike can alleviate some of the recriminations and power struggles that Prager argues are less about power and more about an idealistic notion that two can become one.

The final chapter illustrates the use of behavioral rehearsal with clients struggling with intimacy dilemma #3: the past lives in the present. As the author aptly notes, dysfunctional mindsets or behaviors that developed in one’s formative years can contribute to an individual’s existing problems with intimacy. This leads Prager to propose strategies designed to help individuals examine past relationships for lessons learned that may hinder them from committing to long-term relationships.

In conclusion, ripe with case stories, clinical vignettes, and commentary, The Dilemmas of Intimacy gives rare and needed attention to the ubiquitous problem of couples attaining and maintaining intimacy. Prager’s delivery of her systematic conceptualization of intimacy is straightforward and in addition to incorporating knowledge gained from her clinical experience, the dilemmas and interventions addressed are well researched and thoughtfully presented. One of the strengths of the book is the transcripts of current, real-world therapeutic sessions provided, including interactions between the therapist and same-sex couples (although other types of diversity are not treated as extensively). With the current emphasis on providing evidence-based practice, The Dilemmas of Intimacy is a valuable resource for beginning as well as experienced clinicians and fills a void by offering easy-to-follow implementation guidelines for therapists to assess and treat even the most vituperative partners seeking joie de vivre.

About the author:
Dr. Karen J. Prager, A.B.P.P., began specializing in the treatment of couples during her internship at Ohio State University after receiving her Ph.D. at the University of Texas at Austin in 1977. She has subsequently published 24 articles and book chapters, and her first book, The Psychology of Intimacy (Guilford, 1995) reviewed and reconceptualized the research up to then. Dr. Prager is Board-certified in Couple and Family Psychology and has served on both the Boards of Couple and Family Psychology and the Academy of Couple and Family Psychology after receiving her Board certification in 2001. Along with offering supervision and continuing education for mental health professionals on couple therapy, Dr. Prager maintains a private practice. Finally, she is professor of psychology and program head for Gender Studies at the University of Texas at Dallas where she has been for thirty-five years.
We’d like to celebrate these special events in the lives of the following SIG members. Congratulations to you!

😊 Amanda Harp, from Dr. James Córdova’s lab at Clark University, had a baby boy in September.

😊 Melinda Ippolito Morrill, from Dr. James Córdova’s lab at Clark University, defended her dissertation in December, will complete internship at the UMass Medical School/Worcester Recovery Center & Hospital, and will begin a postdoctoral research fellowship with the Laboratory for Adult Development in the Department of Psychiatry at Massachusetts General Hospital/Harvard Medical School.

😊 Julia Sollenberger, from Dr. James Córdova’s lab at Clark University, is looking forward to starting her predoctoral internship at Community Healthlink in Worcester, MA.

😊 Capt. Caitlin Fissette, from Dr. Snyder’s lab at Texas A&M, will begin her internship in the fall at Andrews Air Force Base.

😊 Christina Balderrama-Durbin, from Dr. Snyder’s lab at Texas A&M, will be interning at the Minneapolis VA Healthcare System.

😊 Molly Gasbarrini, from Dr. Snyder’s lab at Texas A&M, just completed a post-doctoral fellowship at the Palo Alto VA and will begin a tenure-track appointment as an Assistant Professor in the doctoral Clinical Psychology program at the California School of Professional Psychology in Los Angeles.

😊 Congratulations to Caitlin Fissette and Dave Eckert who tied the knot in May 2014, from Dr. Snyder’s lab at Texas A&M.

😊 Amy Williams (Ph.D. 2014), from Dr. Cano’s lab at Wayne State University, has begun a post-doctoral fellowship at Geisinger Medical Center, where she also interned.

😊 Laura Leong (Ph.D. 2013), from Dr. Cano’s lab at Wayne State University, secured a position as Clinical and Forensic Psychologist at Ontario Shores Centre for Mental Health Sciences (Canada).

😊 Dr. Annmarie Cano was promoted to Professor and is now the Associate Chair of the department of psychology at Wayne State University.

😊 Jared Herman, from Dr. Fincham’s lab at Florida State University, won the Student Grant Competition from the Association for Psychological Science.
We’d like to celebrate these special events in the lives of the following SIG members. Congratulations to you!

😊 Nate Lambert (since graduated) and undergraduate Marlea Gwinn at Florida State University served as first two authors on a paper that won best article award from the International Association for Relationship Research.

😊 Dr. Kim Halford, from University of Queensland in Australia, is presenting invited keynote addresses on couple relationship education to the World Congress of Cognitive Therapy to be held in Hong Kong in June, and the International Association for Relationship Research Convention to be held in Melbourne, Australian in July.

😊 Dr. Chris Pepping, from the University of Queensland in Australia recently completed a post-doctoral fellowship in our lab and has accepted a position as lecturer in Clinical Psychology at Griffith University in Brisbane Australia. Chris will continue his research collaboration with Dr. Halford’s lab.

😊 Ben Loew, from the Markman/Stanley/Rhoades Lab at the University of Denver, matched at the Southwest Consortium Predoctoral Psychology Internship.

😊 Lane Nesbitt, from the Markman/Stanley/Rhoades Lab at the University of Denver, received the Family Process New Writers Fellowship, which supports participation in the fall 2014 Craft of Scholarly Writing in Family Therapy workshop in San Francisco, CA.

😊 Sarah Gilbert, a previous graduate student in Dr. Gordon’s lab at University of Tennessee, just finished her clinical psychology internship at Columbia University Medical Center and will be beginning a postdoctoral fellowship at Columbia University Medical Center this summer.

😊 Maria Rowley, a current 5th year student in Dr. Gordon’s lab at University of Tennessee, matched to the Greater Hartford Clinical Psychology Internship Consortium in Newington, Connecticut.

😊 Katie Wischkaemper, a current 4th year student in Dr. Gordon’s lab at University of Tennessee, is serving as Student Representative for APA’s Division 43: Society for Family and Couple Psychology during the 2014-2015 year. Katie also received approval on her Practice Research Integration Project (PRIP), a case study entitled Integration of Cognitive Behavioral and Interpersonal Therapy in Treating Depression with Concurrent Relational Distress and Chronic Pain.
We’d like to celebrate these special events in the lives of the following SIG members. Congratulations to you!

😊 Jessica Hughes, a current 3rd year student in Dr. Gordon’s lab at University of Tennessee, successfully completed her thesis defense for her project titled *Examining the Effects of Communication and Acculturation on Relationship Satisfaction and Postpartum Depressive Symptomatology in Latino Couples*.

😊 Darren Garcia, a student in Dr. Gordon’s lab at University of Tennessee was awarded the Graduate Diversity Enhancement Fellowship from the University of Tennessee for the 2014-2015 academic year.

😊 Amber Belcher, from Dr. Laurenceau’s lab at University of Delaware, is currently completing a postdoc at Geisinger Medical Center.

😊 Elana Szczesny, from Dr. Laurenceau’s lab at University of Delaware, is finishing her internship at the Philadelphia VA, where she will soon start a postdoc.

😊 Brendt Parrish, from Dr. Laurenceau’s lab at University of Delaware, is finishing his internship at the Orlando VA, and he will soon start a postdoc at the Milwaukee VA.

😊 Stefanie LoSavio, from Dr. Laurenceau’s lab at University of Delaware, will begin her internship at the Edward Hines, Jr. VA Hospital in Hines, IL, this summer.
Lab Updates

Please take some time to read about what all of the wonderful Couples Labs are up to.

With all your new research ideas and grant proposals brewing, please start thinking about your updates for the Fall 2014 Newsletter. We’d love to hear from you!

Brian Baucom, PhD
Assistant Professor of Psychology
Director: Couples Laboratory for Observational StudiEs (CLOSE)
Department of Psychology
University of Utah

We are excited to finish our second year in the CLOSE lab and delighted to have two graduate students, Jasara Hogan and Alex Crenshaw, join our team this past Fall. Our current projects focus on understanding the dynamic interplay between behavior, emotion, and cognition across a range of interpersonal (e.g., empathy) and relational (e.g., demand-withdraw) processes. Our work seeks to understand how these processes impact individual and relational well-being as well as how these processes can be modified by couple therapy for relationship distress and couple-based therapies for psychopathology, such as Anorexia Nervosa, and physical health conditions, such as breast cancer.

Our main current study, the AT-HOME study, focuses on studying couples during their daily lives. We use recently developed biosensors to continuously record cardiovascular and electrodermal activity over the course of a week and pair that data with reports of stressors as they occur throughout the day. This project will help us understand how physiological reactivity to stressful relationship processes is intertwined with and distinct from other naturally occurring stressors, such as financial difficulties, problems at work or school, and injuries/illnesses.

Front row: Nicolette Perez, Rachel Goethe, Emily Ziegenfuss, Christopher Montague, Alejandra Pardo, Adam Stoker, Taylor Bess; Back row: Alex Crenshaw, Joe Harris, Brian Baucom, Katie Baucom, Juan Reyna, Lauren Moore, Nate Kramer, Jasara Hogan; Not pictured: Stacia Bourne, Jake Simmons, Becky Erickson
Frank Fincham, Ph.D.
Director: FSU Family Institute
Department of Psychology
Florida State University

We are currently completing a prayer intervention conducted daily over 21 days with married couples in community that involves lab based cardiac and hemodynamic assessment as well as field based cortisol, continuous cardiac and blood pressure assessments.

Our lab currently has two grant proposals under review: Fincham, F. (PI), May, R., (co-PI) & Sanchez-Gonzalez, M. (co-PI). Developing a National Model to Enhance Health, Academic Success and Retention of Undergraduate Students, and Fincham.F.D. (PI.) & May, R.W (co-PI) God concepts in families.

Kristina Coop Gordon, PhD
Professor of Psychology
Department of Psychology
University of Tennessee – Knoxville

We are currently involved in several ongoing projects here at the Gordon Couples Research Lab. One of our larger ongoing studies involves working with James Cordova’s lab to implement the Marriage Checkup (referred to here as Relationship Rx) in community based integrative health-care facilities in Tennessee and with a low-income population. In addition, we are currently analyzing data from Un Tiempo para Las Parejas (a couples-based intervention program that targeted Latino couples in which the males smoke) that was conducted in collaboration with researchers from the Cancer Prevention, Detection, and Control Research Program at Duke University Medical Center. We also just completed data collection from the third wave of the Mindfulness and Relationship Health Study – a small-scale longitudinal study that examines relationship changes in couples undergoing a mindfulness-skills training course at the University of Tennessee. We are also pleased to welcome our new incoming clinical psychology doctoral student, Darren Garcia, to our lab in the fall.

Anmarie Cano, Ph.D.
Associate Professor
Director: Relationships and Health Lab
Department of Psychology
Wayne State University

We are in the data analysis phase of our NICHD study on an animal-intervention for adjudicated adolescents. This project was conducted in collaboration with Teacher’s Pet, a non-profit organization that teaches humane education skills to children and adolescents. Welcome to Shannon Clark, who is entering the lab and the doctoral program in clinical psychology (BA Truman State Univ., MA Eastern Michigan Univ). We have just received funding from NIH/NCCAM to develop and test a couple-based mindfulness intervention for chronic pain.
We are currently collecting data for a longitudinal study funded by NICHD to evaluate the impact of premarital relationship education on children’s functioning, and we recently received funding for a new arm of this study that collects DNA samples to examine GxE interactions. We have submitted a grant to continue this study for another five-year period, with an emphasis on aging and health.

We also received a grant from the National Marriage Project to follow up on participants who got married during the course of the Relationship Development Study—a survey-based study that collected eleven waves of data as participants transitioned into and out of relationships.

We continue to collaborate with Beth Allen at the University of Colorado, Denver on the Relationships Among Military Personnel project as well as the Army Marriage Project.

Ben Loew recently matched for internship and has an upcoming publication on military beliefs and PTSD in active-duty U.S. Army soldiers in *Traumatology*. Shelby Scott is completing recruitment for her dissertation that focuses on understanding communication and the effects of gay-related stressors on female same-sex couples (funded by the Roy Scrivner Memorial Grant through the American Psychological Foundation) and has also partnered with Dr. Sarah Whitton to co-create a relationship education program for female same-sex couples that is currently being piloted in both Cincinnati and Denver (funded by a grant awarded to Dr. Whitton by the Lesbian Health Fund through the Gay and Lesbian Medical Association). Aleja Parsons successfully defended her Master’s thesis and will be starting an externship at the Veteran’s Affairs Family Program this summer. Kayla Knopp has a new article in press at the *Journal of Social and Personal Relationships*. Lane Nesbitt recently joined the lab as a first-year graduate student. Her Master’s thesis focuses on factors affecting children’s attitudes toward relationships and confidence in having healthy relationships, and an additional project considers number of sexual partners as a predictor of several relationship outcomes. Aleja and Lane look forward to attending statistics workshops for dyadic data analysis this summer.
**Doug Snyder, Ph.D.**  
Professor of Psychology  
Department of Psychology  
Texas A&M University  

As a lab we are continuing to examine individual and relationship issues in military couples across the deployment cycle. We are also studying service members’ identification with military culture as well as cross-cultural applications of the Marital Satisfaction Inventory.

Our lab has received several awards this year. Christina Balderrama-Durbin received a travel grant from APA Division 19 (Military Psychology) to participate in APA’s annual meeting this August. Laura Osborne received a Summer Fellowship through the Department of Psychology at TAMU to develop a campus-based program for student veteran couples. Kim Stanton and Laura Osborne just returned from a week-long training in Washington, DC hosted by the Center for Deployment Psychology with funding awarded to each from a competitive professional development grant from TAMU.

Additionally, Christina Balderrama-Durbin received the TAMU Saul Sells Research Excellence Award. Christina also received the Clinical Psychology program’s Distinguished Research Award, and Caitlin Fissette earned the Distinguished Service Award, in part based on their work with US Air Force personnel over the past two years.

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**Steven Sayers, Ph.D.**  
Center for Couples and Adult Families  
Philadelphia VA Medical Center  

We are in the last year of a study on couple family reintegration of Veterans of the Iraq and Afghanistan wars, which involves Veterans and their intimate partners. We continue to direct the Coaching Into Care call center from the Philadelphia site, which is a VA call center for family members concerned about a Veteran who may need mental health care (www.va.gov/coachingintocare), now celebrating our 3rd full year of being a national call center.

Former psych technician Andy McCabe just received his MSW. Current psych technician Jenna Haywood will receive her MSW at the end of the summer.

First row:  
Dr. Tanya Hess, Erma Funtanilla,  
Jenna Haywood;  
Second (top) row:  
Ryan Haith, Anne Hoedeman, Cassandra Ogbevire, Dr. Steven Sayers.
Jennifer Langhinrichsen-Rohling, Ph.D.
Professor of Psychology
Department of Psychology
University of South Alabama

We have a bustling lab that includes both graduate and undergraduate students: Aimee Var, Adrianne McCullars, Candice Selwyn, Noelle Vann, Selena Jackson (graduate students), Tyler Bell and Sydney Jane Varner (undergraduate students). Our two undergraduates shared winning the top Undergraduate Psychology Student award; both have been accepted into top graduate programs starting in the fall of 2014. Also, our one 4th year student successfully matched her top choice internship site!

We have a number of exciting studies in progress including: A study of the relationships and parenting practices of teen moms receiving pregnancy and education related services; a study of relationships dissolved via FACEBOOK; and a study of family resiliency following a tornado disaster.

Our grant support continues as we are in the second year of a five year project, funded at $8,273,000 through the Deepwater Horizon Class action settlement, to improve the mental and behavioral health capacity of lower Alabama. This project is one component of the Gulf Region Health Outreach Program.

Dr. L-R continues to direct and develop the Gulf Coast Behavioral Health and Resiliency Center at the University of South Alabama (come visit our website at http://www.southalabama.edu/gcbhrc/) In this capacity, she serves as a consultant on several grants including an Emerging Scholars Grant with Dr. Ishara Ramkisson, USA Speech Pathology and Audiology. This grant works with talented and under-resourced high schools students who might have an interest in environmental and/or human health related to disasters.

In May, a poster from our lab won the Best Poster in the Restoration Category at the International Oil Spill Conference! See reference below: Langhinrichsen-Rohling, J., Kahn, M., Selwyn, C.*, McCullars, A., Var, M., & Smith, P. (2014, May). A longitudinal study of the mental and behavioral health effects expressed in areas affected by the Deepwater Horizon Oil Spill. Poster presented at the 2014 International Oil Spill Conference, Savannah, GA.

Our five year old Combined Clinical and Counseling Psychology Doctoral Program received seven years of accreditation from the American Psychological Association! We have a 93% acceptance rate to internship and this is prior to us receiving accreditation.

Jean-Philippe Laurenceau, Ph.D.
Professor of Psychology
Laboratory of Interpersonal Functioning and Experiences (LIFE)
University of Delaware

We are very sad to report that Dr. Lawrence Cohen, who co-directed the LIFE lab with Dr. Laurenceau, passed away in April 2012.

Our current major project, in collaboration with Dr. Scott Siegel at the Helen F. Graham Cancer, is an intensive longitudinal investigation into the temporal course, contextual influences, and consequences of fear of recurrence in the everyday lives of breast cancer patients and their spouses/partners during their first year post-diagnosis. We are currently in the recruitment and data collection stage.

We are excited to welcome a new graduate student to our lab in June, Emily Soriano, from Matthias Mehl’s lab at the University of Arizona.
We are delighted to report that the positive results of longitudinal data analysis examining the efficacy of the Marriage Check-Up in improving relationship health will be published in a forthcoming issue of the Journal of Consulting and Clinical Psychology. Our team remains engaged in dissemination efforts and to this end are involved in multiple collaborations both in the U.S. and abroad. We continue to work closely with Kristina Cooper Gordon’s lab to implement the Marriage Checkup (referred to in this case as a Relationship Checkup) in a community based integrative health-care facility in Tennessee. We are also collaborating with Lt. Colonel Jeffrey Cigrang and his Air Force team to implement the Marriage Checkup for Air Force couples in a primary care setting. Abroad, our team has partnered with researchers Tea Trillingsgaard, Hanne Noer, Mattias Due, Signe Steenberger, and Soeren Marcussen of Aarhus University and The Center for Familieudvikling in Denmark on a RCT of the Marriage Checkup in Denmark (called Par-tjek). Additionally, the development of a Marriage Check-Up website for use by individuals, couples, and therapists, is near finalized and we anticipate it going live by September.

Finally, Dr. Cordova’s Treatment Manual “The Marriage Checkup Practitioner’s Guide: Promoting Lifelong Relationship Health” is now available for purchase from APA Press.

After completing her dissertation and internship, Melinda Ippolito Morrill is excited to begin a postdoctoral research fellowship in the Department of Psychiatry at Massachusetts General Hospital/Harvard Medical School in September. Julia Sollenberger is looking forward to starting her predoctoral internship at Community Healthlink in Worcester, MA. Tatiana Gray is working on multiple manuscripts exploring a wide range of relationship factors, including how couples' strengths can be used as an assessment tool in therapy, how dating couples transition out of conflict conversations, and outcomes and mechanisms of change within the Marriage Checkup. Ellen Darling is engaged in dissertation research examining the role of relationship factors in perinatal mood disorders and investigating how expectant couples’ relationships may be leveraged to support maternal mental health. Matt Hawrilenko is completing a manuscript looking at longitudinal processes of change in the Marriage Checkup, and working on a paper with CJ Fleming looking at the role of homework in treatment response. Liz Weber will be presenting a poster at the annual APA convention on adapting the MC for same sex couples.
Kim Halford, Ph.D.
University of Queensland, Australia

A key focus of our research this year has been on a randomized controlled trial of family mediation for recently separated parents. In the trial we are comparing mediation as usual with mediation enhanced with motivational interviewing. Families presenting to Relationships Australia (RA), who are the largest provider of mediation services in Australia are invited to participate in the research. Mediators were recruited to participate and randomly assigned to continue their current practice or were trained and are supervised in delivery of motivational interviewing (MI). We record all sessions and code them for MI adherence. Families are assessed on interparental conflict, adult and child individual adjustment, and agreement by the parents on the co-parenting arrangements. Assessment is done on presentation, after mediation, and at 3 and 12 month follow up. We have nearly completed the recruitment of the targeted 160 families, and hope to have preliminary pre- and post-mediation results by the end of the year.

Cagla Sangri joined our lab this past year. Her focus is on the nature of flourishing couples relationships. Flourishing relationships refers to relationships that go beyond being satisfying and that actively nurture the well-being of the partners, and those around them. She is in the early stages of developing a measure of relationship flourishing, and the4n seeking to test ideas about what contributes to relationship flourishing.

We have an ongoing study of intercultural Chinese-Western couples. A sample of 130 couples, including 30 Western – Western, 30 Chinese-Chinese and 50 Chinese-Western couples were recruited and assessed on couple communication and relationships standards. We have been following these couples for the last two years. Papers reporting on our cross-sectional findings are currently under review.

HOT off the Press

In Press and Recently Published Literature


Owen, J., Quirk, K., & Fincham, F.D. (in press). Towards a more complete understanding of reactions to hooking up among college women. *Journal of Sex and Marital Therapy*.


