

A COMPARISON OF MARRIAGE EDUCATION
AND BRIEF COUPLES COUNSELING

by

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ABSTRACT

This study investigated marital adjustment for couples participating in one of two treatment groups; the Brief Integrative Couples Counseling model (Young & Long, 1998, 2007); and the PREPARE/ENRICH Empowering Couples marriage education weekend workshop (Olson & Olson, 2000). This study examined the following research questions: Do couples show a different level of marital adjustment following Brief Integrative Couples Counseling compared to those who receive a marriage education treatment?; Do couples show greater marital adjustment following Brief Integrative Couples Counseling compared to those who participated in a Marriage Education weekend workshop treatment over time?

This article presents an exploration of mean marital adjustment scores following participation in a Brief Integrative Couples Counseling treatment or a marriage education weekend workshop protocol. This study was a quasi-experimental design because participants were placed in pre-existing groups by self-selection. Following statistical analyses using repeated measures analysis of variance (ANOVA), the data suggest there is no difference in the level of change in marital adjustment scores between the two treatment groups. In addition, follow up analysis of covariance (ANCOVA's) was conducted on marital adjustment, using demographics as covariates.

For Jennifer, Andrea, and Matthew
May you continue to
Always
Follow your dreams.

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CHAPTER 1
INTRODUCTION

The current professional and public interest in stronger marriages is significant. Marriage is now on the public policy agenda (Goddard & Olsen, 2004; Horn, 2003; Milward, 1990; Ooms & Wilson, 2004; Levin-Epstein, Ooms, Parke, Roberts, & Turetsky, 2002), and there have been 1.5 billion dollars allocated toward the promotion of marriage through marriage education programs (Ooms, 2005; Pear & Kirkpatrick, 2004). Though massive efforts are underway at the federal and state government levels to provide marriage education, there is a deficit of empirical support evaluating the efficacy of such programs (Doherty & Anderson, 2004; McManus, 2003). Moreover, effectiveness studies that compare outcomes in marriage education programs to outcomes in couples counseling programs do not exist. In chapter one, we begin by reviewing public policy funding trends and the emergence of the marriage movement. In chapter two, we look at the literature on the efficacy of couples counseling as well as the research that supports the use of marriage education. Because both methods are widely used to treat distress in couple relationships, it is necessary to begin examining the conditions under which each is successful. The purpose of this study is to compare subject's marital satisfaction by means of marital adjustment scores for couples who have completed a marriage

education workshop treatment and couples who have participated in a Brief Integrative Couples Counseling protocol.

Social Significance

Most Americans want to marry; however, more than half of marriages either end in divorce or are operating in a distressed state (Milward, 1990; Notarius & Markman, 1994; United States Census Bureau, 2002). The national divorce rate is reported to be greater than fifty percent, and greater than sixty percent within the state of Florida (personal communication, Horne, W., March 2004). The rates have remained fairly constant for the past two decades and are still among the highest in the world, (Bumpass & Lu, 2000; Goldstein, 1999). The recognition that divorce is rampant has been the main impetus for state and federal marriage strengthening programs as well as the recognition that single-parent families often end up on welfare. The pressing goal of national and state marriage initiatives is to decrease the divorce rate and decrease welfare costs (Brotherson, & Duncan, 2004).

Unfortunately, the only treatment being promoted to address this significant social problem are marriage education programs such as: *Caring For My Family; Families Northwest; First Things First; Florida Extension Initiative; Healthy Marriage Grand Rapids; Marriage Savers; Oklahoma Marriage Initiative* (Doherty & Anderson, 2004). Because these programs are almost purely educational, they do not use couples counseling as part of the treatment. The

downfall of promoting solely educational programs are that traditional couples counseling treatments are not promoted as an alternative to healthy marriage formation.

Not all practitioners and researchers support a purely education approach. For example, Parrott and Parrott (1991) founded the Center for Relationship Development at Seattle Pacific University. This center supports teaching the basics of good relationships. Parrott and Parrott have spent a decade of research and writing in reference to the promotion of marriage education, the concept of mentor couples, and communication skills. Even though the psycho-educational piece is of great importance in their model, they mention that therapy is also needed. They go on to suggest that a combination of couples therapy and an education format would be ideal (Parrott & Parrott, 2003). Even though Parrott and Parrott are clinical practitioners, they recognize the value of marriage education as an adjunct to marital counseling.

There are other researchers and clinicians who also do not support a purely educational approach to working with couples (Gottman, 2004 as cited in Young, 2005; Lebow, 1997). Critics of marriage education programs argue that much of the empirical support for marriage education lies in pre-marital couples' research with couples who are young, white, middle class, and highly educated (Carroll & Doherty, 2003; Sayers, Kohn, & Heavy, 1998). Missing from marriage

education research are studies on marriage education programs that include *at risk* couples and families.

The efficacy of couples counseling has been extensively supported and reviewed in the literature over the past twenty five years (Baucom, Epstein, & Gordon, 2000; Friedlander & Tuason, 2000; Heatherington, Friedlander, & Greenberg, 2005; Sexton, Robbins, & Hollimon, 2003; Shadish & Baldwin, 2003). Research supports approaches such as behavioral couples counseling, cognitive behavioral couples counseling, solution focused couples counseling, emotion focused couples counseling, eclectic, and integrative couples counseling. Despite years of empirical support for the varied approaches to couples counseling, state and federal support has focused primarily on marriage education. In fact, many of the community based education initiatives have ten year strategic plans for marriage education implementation without evidence supporting this approach (Doherty & Anderson, 2004). With strategic plans already in place, the future of couples' research is restricted to include education based treatments.

The future of strengthening marriages through couples work probably lies neither in developing a new theory of couples counseling nor solely in marriage education programs. A different approach is called for that can make use of the best of both worlds. Sometimes this approach is called the promotion of best practices. Best practices for

working with couples are techniques and programs that actually reduce distress and decrease the likelihood of divorce (Olson, Ceballo, & Park, 2002; Ooms, Bouchet, & Parke, 2004; Ooms & Wilson, 2004). Researchers and clinicians will have to work collaboratively to establish what the best practices in working with couples are. Couples counseling may be one of these *best practices*, but a thorough comparison of educational and therapeutic methods for treating couples is needed. Researchers need to identify which treatment is best for which type of couple and which treatment is best suited for specifically defined couple issues, prior to making the assumption that one treatment type simply supersedes the other.

Although it is expected that the trend of marriage education will continue, the efficacy of such programs is basically unknown. In addition, researchers and clinicians should continue to question the exclusion of evidence based couples counseling as part of the marriage education protocol. Besides, marriage education programs in conjunction with couples therapy could possibly strengthen the field of couples work. However, more effectiveness research needs to emerge which looks at outcomes of marriage education programs, marriage enrichment programs, and the efficacy of multifaceted treatment programs (Christensen, Atkins, Berns, Wheeler, Baucom, & Simpson, 2004).

Rationale for the Study

Historically, marriage education initiatives fall under the umbrella of either pre-marital education programs or marriage enrichment programs. Still their goal remains the same, to work with couples before problems become too serious and entrenched while keeping a focus on educational and preventative perspectives rather than a remedial approach to helping couples (Bowling, Hill, & Jencius, 2005; Jakubowski, Milne, Brunner, & Miller, 2004). There is a strong national movement inside public policy and political agendas, with clinicians, researchers, and the general public to disseminate best practices in couples work (Markman, Whitton, Kline, Stanley, Thompson, Peters, Leber, Olmos-Gallo, Prado, Williams, Gilbert, Tonelli, Bobulinski, & Cordova, 2004). While 1.5 billion dollars is currently being allocated towards marriage education programs, virtually no emphasis is being placed on traditional couples counseling, which is a disservice to the profession (Gottman, 2003, as cited in Jencius & Duba, 2003; Ooms, 2002; Ooms, 2005). Before we abandon one approach in favor of another, more research is needed.

During the past decade there has been a growing awareness that no single approach has a monopoly on clinical effectiveness in working with couples (Baucom et al., 2000). In general the effectiveness of couples treatment and specific types of couple therapy are well established

(Baucom, Shoham, Meuser, Daiuto & Stickle, 1998; Baucom, Christensen, Baucom, Thuy-Anh Vu, & Stanton, 2005; Christensen & Heavey, 1999). Still, there has been a rapid shift of attention from evidence-based couples counseling interventions towards marriage education treatment, even though such programs lack the rigorous studies needed to support their efforts.

John Gottman is one of the most productive authors in the field of couples counseling and research over the past decade. He has authored the following works: *The Marriage Clinic: A Scientifically Based Marital Therapy*, 1999; *The Mathematics of Marriage*, 2002; *Meta-Emotion: How Families Communicate Emotionally*, 1997; *What Predicts Divorce: The Relationship Between Marital Process and Marital Outcomes*, 1994. In addition, he is known in the mainstream media through, *The Love Lab Video Series*, 2004, and *Seven Principles for Making Marriage Work*, 2000. Gottman (2003) indicates that the movement towards marriage education, such as the Smart Marriages organization, needs first to embrace empirically sound methodology. In addition, he indicates that those involved in the marriage education movement need to collaborate with clinicians working with couples to formulate best practices for couples work. Gottman does not support marriage education programs alone but states that greater couple satisfaction following couples treatment occurs when marriage education programs and couples' therapy

are combined (Gottman, 2003, as cited in Jencius & Duba, 2003).

As the professional and public interest in stronger marriages continues, marriage will continue to be on the public policy agenda. Though efforts are underway at the federal and state government levels to provide marriage education programs, empirical support for such programs needs to be explored. Furthermore, efficacy studies that compare outcomes in marriage education programs to outcomes in couples counseling programs have not been found in the literature. The goal of this study is to compare marital satisfaction for couples who have completed either a marriage education weekend workshop or a Brief Integrative couples counseling treatment. This comparison is one step in the direction of determining if marriage education, which is so widely supported, can be recommended over couples counseling or vice versa.

Definition of Terms

Counselors

Master's degree students enrolled in the master's level internship class or who are doctoral students in a counselor education program.

Couples

For this study, a couple is a composed of heterosexual persons married, engaged, or otherwise romantically paired with the intent to marry, who voluntarily asked for help as a couple at the University of Central Florida's Community Counseling Clinic.

Couples Counseling

The Brief Integrative Model of couples counseling (Young & Long, 1998, 2007).

Marriage Education

Information and skills-based group programs for the prevention and remediation of marital distress and those programs referred to as marriage enrichment (Larson, 2004).

Premarital Personal and Relationship Evaluation (PREPARE)

Pre-marital and marriage education and enrichment program utilized in partnership with the Empowering Couples Workshop for 16 hour treatment protocol (Fournier, 1979; Olson, Fournier, & Druckman, 1993; & Olson, 1997).

Enriching Relationship Issues, Communication, and Happiness (ENRICH)

Multidimensional inventory developed for both researchers and clinicians to use with couples, and assesses

the following areas: Communication; conflict resolution; personality issues; financial management; sexual expectations; marital satisfaction; leisure activities; children and parenting; family and friends; expectations/cohabitation issues; idealistic distortion; role relationships; and spiritual beliefs (Olson et al., 1993).

Marriage Education Weekend Workshop

Empowering Couples Program, which is a marriage education couples group program utilizing the PREPARE/ENRICH guidelines in a 16-hour weekend workshop format. The workshop addresses the following nine areas: Communication; conflict resolution; role relationship; managing finances; spiritual beliefs; sexual relationship; mapping your couple relationship; children and parenting; and personal, couple, and family goals (Olson & Olson, 2000)

Research Questions

Do couples show a different level of marital adjustment following Brief Integrative Couples Counseling compared to those who receive a marriage education treatment?; Do couples show greater marital adjustment following Brief Integrative couples counseling compared to those who participated in a marriage education weekend workshop treatment over time? The following hypotheses were formulated to investigate the research questions.

Null hypothesis

There is no difference in the amount of change in the average marital adjustment score from pre-test to the three month post test between the two treatment groups.

Hypothesis One

There will be a difference in the amount of change in the average marital adjustment score from pre-test to the three month post test between the two treatment groups.

Hypothesis Two

There will be a difference in marital adjustment scores between the Brief Integrative Couples Counseling treatment and the marriage education treatment group over time.

Research Design and Methodology

Couple participants in the study were assigned to one of two treatment groups, with one group utilizing the Brief Integrative Couples Counseling model (Young & Long, 1998, 2007), and a second group utilizing the PREPARE/ENRICH-Empowering couples program (ECP) developed by Olson and Olson (2000). Assignment was made based on the couple's choice; therefore this study follows a quasi-experimental format. The Empowering Couples program was utilized in a 16-hour educational weekend workshop format for the marriage education treatment group. Young and Long's Brief Integrative Couples Counseling model was the treatment for the participants in the counseling condition. A baseline

assessment was conducted for individual partners in each group at the onset of treatment. The purpose of the assessment was to measure the couples' marital adjustment before treatment. The individual couples were assessed a second time, three months following completion of their respective treatment, to evaluate the impact of the treatment program on marital adjustment.

The couples in this study voluntarily sought assistance for problems in their relationships at a university-based Community Counseling Clinic. Four master's level interns for the Stronger Marriages, Stronger Families internship site provided the treatment for both the marriage education and the couples counseling treatments. In addition, the program director provided direct clinical services at the marriage education weekend workshop and a second year doctoral student with a master's degree in marriage and family therapy provided direct clinical services for the brief couples counseling sessions. The total sample consisted of 58 participants, 28 who participated in the Brief Integrative Couples Counseling model and 30 who participated in the marriage education weekend workshop treatment.

Measures

Conflict Tactics Scale-Revised (CTS2): The Conflict Tactics Scale-Revised (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) is a self-report measure of physical attacks on a partner and the use of negotiation in a marital,

cohabitating, or dating relationship. The CTS2 was used to diagnose domestic violence, and scores were used to exclude them from treatment as specified by the federal grant guidelines. No data analysis was made of the CTS2 scores.

Demographic Questionnaire: Information obtained included referral source, relationship status, relationship history, total annual household income, ethnicity, education level, number of children, ages of children, and level of protective services involvement, if any. The Demographics Questionnaire was developed by the Florida Marriage and Family Research Institute with specific questions relating to potential violence, state department of children and family involvement, and whether or not participants had received any financial assistance from the state (e.g. food stamps, or welfare).

Marital Adjustment Test (MAT): The Marital Adjustment Test (Locke & Wallace, 1959) is a 15-item self-report measure designed to measure marital adjustment.

Marital Adjustment Brief Phone Version Test (MAT-Phone): The MAT-Brief Phone assessment is the original instrument developed by Locke and Wallace (1959). This instrument was later adapted for use as a brief telephone assessment of marital adjustment (Krokoff, 1989).

Limitations

Internal Validity: This study utilized a quasi-experimental design, where groups were not randomly assigned to either treatment group. The following threats to internal validity are limitations to this study: *history* as it relates to the possibility of other events that might have occurred between the pre-test and post-test that might account for the change, and *maturation* as the changes in marital adjustment scores may have had nothing to do with treatment but instead only reflected simple growth and development.

External Validity: This study is a nonequivalent group design in which comparisons were drawn between non-randomly assigned groups that voluntarily chose their treatment protocol. This study has the limitation of low statistical power (that is, concluding there is a relationship between marital adjustment score improvement and the treatment provided), which occurs with a small sample size.

Self-Report Measures: This study used self-report instruments, thereby introducing the possibility of self-reporting error. For example, participants might respond in a way that makes them look good, makes them appear either more distressed than they actually are, or perhaps in a more socially desirable way (Crowne & Marlow, 1964).

Sampling: The participating couples in this study were all seen at a university-based Community Counseling Clinic

in the Southeastern United States. As a result, the results may not be generalizable to a wider population. In addition, a more accurate understanding of marital adjustment might be gained from a study that draws participants from various regions.

Sample Size: This study is limited in its power by the small sample (N = 58). The small sample size has an impact upon external validity, or generalizability of the findings. If the sample size was to increase, so too would the statistical power of the results. To have sufficient power with the proposed analyses for this study and using an alpha level of .05, Cohen (1992) suggests that a sample size of 64 participants would be needed. Thus, power issues may be a concern for this study.

CHAPTER 2

REVIEW OF THE LITERATURE

The goal of this study was to determine if Brief Integrative Couples Counseling and a marriage education weekend workshop are comparable treatments for enhancing marital adjustment given the fact that they have different formats and purposes (Van Widenfelt, Markman, Guerney, Behrens, & Hosman, 1997). Marriage education programs offer information to couples in the form of skills based group programs for the prevention and remediation of marital distress (Larson, 2004). Typically couples counseling or treatment is a remedial method that aims to reduce relationship distress (De Maria, 2003). Couples counseling offers more insight oriented methods of relieving marital distress. Chapter two is a review of the related literature and is divided into six sections. The first section discusses the sociological and political context of the movement towards marriage education. The second section addresses the history of the marriage education movement. The third section reviews the PREPARE/ENRICH marriage education program, and Empowering Couples Program (ECP) utilized in this study. The empowering couples program developed from the PREPARE/Enrich program, and it was adapted for use in a group format (Olson & Olson, 2000). The

fourth section provides a brief history of traditional marriage counseling and further describes the differences between marriage counseling and marriage education. The fifth section discusses the trend towards brief couples counseling and Integrative couples counseling, and the sixth section outlines Young and Long's (1998, 2007) Brief Integrative Approach to couples counseling.

Sociological and Political Context

Roughly fifty percent of first marriages are projected to end in divorce (Kreider & Fields, 2002). However, the numbers could be much higher, as the National Center for Health Statistics no longer reports divorce data from the following states: California, Hawaii, Indiana, Louisiana, Minnesota, and Oklahoma (World Almanac, 2006). Moreover, the collection of detailed vital statistics data (e.g. marriage and divorce rates) was suspended in 1996 due to budgetary constraints (National Center for Health Statistics, 2006).

Regardless of the actual numbers, divorce comes at a high price for families and for society in general (Larson, Swyers, & Larson, 1995). Approximately sixty percent of all divorces involve children. More than one third of all children do not live with their biological fathers, and too many nonresident fathers neither support nor see their children. As a result of these trends, over fifty percent of all children can expect to live at least part of their life

in a single parent household (Amato, 2000; Ooms, 2002). Hence, society bears the costs of children on welfare and pays for their healthcare when the single parent is unable to do so.

President George W. Bush is a strong proponent of government involvement in the marriage movement. He declared that, "...my administration will give unprecedented support to strengthening marriages" (as quoted in Ooms, 2002, p. 1). In 1996 President Bush proposed 1.5 billion dollars in funds, to be disbursed over five years, towards pro-marriage initiatives (Ooms, 2002). The president's goal was to grant access to couples who have already committed to the institute of marriage, the ability to access marriage education services on a voluntary basis in order to promote his Healthy Marriage Initiative. (Ooms, 2005).

Healthy Marriage Initiative

The Healthy Marriage Initiative began as a means to promote and encourage strong marriages and was designed to stimulate research and literature that support the benefits of marriage (Ooms, 2002; Pardue & Rector, 2004). The initiative includes the following two major goals: (1) increase the number of two-parent families, and (2) decrease the number of childbirths outside of wedlock. Three interventions were promoted to bring about the desired change: (1) increase the availability of marriage education

that focuses on skills education; (2) explore innovative funding variations of the traditional welfare and Temporary Assistance for Needy Families (TANF) funding that previously penalized two-parent households; and (3) to bring forth educational information which outlines the benefits of marriage for couples and their children (The Heritage Foundation, 2005). In 1996, as part of the TANF legislation, the president proposed dedicating two hundred million dollars per year in federal funds to match one hundred million dollars per year in state funds, in order to support the his Healthy Marriage Initiative. During 2006, this funding was passed as part of the TANF reauthorization bill and will be providing 100 million dollars per year in federally funded healthy marriage grants to strengthen existing marriages and promote the formation of two-parent families.

Increase Two-Parent Families

Studies have shown that marriage education helps parents in two-parent households to provide more stability in a child's upbringing (Ooms & Wilson, 2004). Theodora Ooms is a senior policy writer for the Center for Law and Social Policies (CLASP), who has written about the efforts to strengthen marriages; in addition to exposing the workings of welfare and Temporary Assistance for Needy Families (TANF) reform. In her policy briefs, she discusses the

benefits children gain growing up in two-parent families. The research literature has shown that programs that support educating the public about skills to become better parents also support two-parent households, thus providing more stability in a child's upbringing (Ooms & Wilson, 2004). Single mothers are five times more likely to be in poverty than those in two-parent families. Children growing up in single parent families are twice as likely to drop out of school. Furthermore, children of divorced parents are twice as likely to suffer from serious psychological and/or emotional problems compared with children raised in two-parent families (Hetherington & Kelly, 2002; Ooms, 2002). While a majority of single parent homes include the child's mother, several fatherhood programs support the Healthy Marriage Initiative (Doherty, et al., 2004).

There is a large body of literature that indicates that the relationship between the custodial and non-custodial parent in single parent families can negatively affect the wellbeing of children (Doherty, Kouneski, & Erickson, 1998; Olson et al., 2002). Doherty et al. (1998) conclude that "...non-custodial fathers, who have a better relationship with their child's mother, will be more likely to be involved in the life of that child and subsequently more likely to participate in financial responsibility for their children" (Doherty et al., 1998, p. 280). Thus there is also

a case for relationship strengthening activities between parents even when they are divorced.

Decrease the Number of Childbirths out of Wedlock

The Center for Law and Social Policy (CLASP) was created for the sole intent of supporting and strengthening legislative policy for low-income families. CLASP offers a series of couples and marriage policy briefs, and provides a re-examination of historical programs used within the literature in examining how to treat distressed couples. CLASP reports on the wellbeing of children raised in one-parent households and focuses on children who do not thrive in one-parent households (Ooms, 2002; Ooms et al., 2004).

Authors in government and public policy are not alone in discussing the benefits children have growing up in two-parent households. The counseling literature generally agrees that children growing up in single parent homes face more obstacles than those growing up in a two-parent household (Achenbach, et al., 1991; Duncan, Brooks-Gunn, & Klebanov, 1994; Shaw, Winslow, & Flanagan, 1999). Thus, research supports healthy marriages for children's well being and benefits the larger culture through societal stability and economic advantage. Growing up in a single parent home, in poverty, can impede children's social, emotional, biological, and intellectual development (Brody, Flor, & Gibson, 1999; Sampson & Laub, 1994). Overall,

research findings suggest the value that healthy marriages have for children's well-being, in addition to the value and benefits towards family economic stability. Moreover, it is important to note there is societal and economic stability that arises when the government does not financially support *at risk* families (Amato & Booth, 1997; Waite & Gallagher, 2000). Therefore, it is crucial for scholars to continue investigating healthy marriage formation in order to reduce the likelihood that a child will be born into a single parent family.

Increase in Availability of Marriage Education

Although marriage education/enrichment programs have been well established since the work of the Catholic Church in the 1930's, it was not until the 1990's that marriage education hit mainstream popularity (Doherty & Anderson, 2004). More recently, there has been a surge of marriage education initiatives at both the state and federal levels (Ooms, 2004). In general, researchers and practitioners such as De Maria (2005) believe that marriage education programs have typically been designed for pre-marital couples, newly married couples, or couples seeking to build upon an already healthy marital relationship. Thus, there is a need for programs for couples with more diverse characteristics, such as couples from varied socioeconomic backgrounds, ethnically diverse backgrounds, and varied educational backgrounds.

In exploring evidence-based marriage education programs, ones that have led to positive couple outcomes, researchers note that studies have been largely performed on white, middle class, and highly educated couples (De Maria, 2005). This notion is clearly different than the aims of the Healthy Marriage Initiative, which focuses on low income couples or couples considered *at risk*. The government continues to explore proactive family formation, or the promotion of stable marriages, while at the same time trying to cut welfare dollars (Ooms & Wilson, 2004). In light of that, those who manage research funding opportunities under the Temporary Assistance for Needy Families (TANF) need studies that investigate couples education programs for *at risk* target populations and/or modify and adapt current marriage education programs to benefit high risk couples. Several marriage education programs, such as the Prevention and Relationship Enhancement program (PREP), are developing low-income programs specifically designed for this population (<http://www.prepinc.com/main/Articles.asp>).

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) replaced the principal government assistance program Aid to Families with Dependent Children (AFDC), and is commonly referred to as welfare. Historically, welfare did not provide financial assistance to two-parent families. Families who receive TANF

funds typically lost and/or received a severe cut in financial assistance when a single-parent household became a two-parent household (Ooms, Bouchet, & Parke, 2004). The end result was that single-parent households receiving TANF funding could find the idea of marriage economically discouraging. Several states are running pilot programs to remove the two-parent income stipulation, and are exploring creative funding options to support the formation of two-parent households through marriage education programs under the auspice of TANF (Ooms et al., 2004; Whitehead & Popenoe, 2005).

It is beyond the scope of this study to detail the various projects throughout the United States that scrutinize the disconnect between the government's tendency to both encourage and discourage marriage. There are many state initiatives exploring how TANF funding guidelines prohibit or discourage two-parent family formation. For a detailed review of the state programs, refer to Ooms et al., (2004). *Beyond Marriage Licenses: Efforts in States to Strengthen Marriage and Two-Parent Families*.

From a purely economical standpoint, the problem that continues to emerge is the controversy of government involvement in the promotion of marriage and the Healthy Marriage Initiative. By increasing the likelihood of children growing up in two-parent households, one increases the likelihood of greater family income potential and a

decrease in government subsidy. As a result, the government elicits a positive outcome in that they see decreasing financial assistance provided to families previously in need of government subsidy. More importantly, the societal implications tell us that children growing up in two-parent households have better emotional and psychological wellbeing (Achenback et al., 1991; Duncan et al., 1994; Ooms, et al, 2004; & Shaw et al., 1999).

Educational Information on the Benefits of Marriage

How did George W. Bush and the current government become focused on the promotion and enhancement of marriage? Although the origins of the marriage movement lie in a grassroots effort, when did the governments' involvement reach mainstream America? In 1996, the United States Congress began its exploration of a pro-marriage solution to poverty when it passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which was followed by the Personal Responsibility, Work, and Family Promotion Act (PRWFPA) of 2005, nearly ten years after the PROWA was established (Onwuachi-Willig, 2005). The rejuvenated focus on the issue came when Waite and Gallagher's (2000) *The Case for Marriage, Why Married People are Happier* was published. The Bush administration then became aware of the continuing decrease in national marriage rates and the increase in national divorce rates. For some years now, the United

States has experienced a decrease in marriage rates; and many of those that are recorded are, in fact, second marriages. Meanwhile, fifty percent to sixty percent of marriages continue to end in divorce (Brotherson & Duncan, 2004), which suggests the government's continued interest.

The governmental decision to intrude in such a personal arena may have been purely based on economics. It is reported that Americans spend thirty three million dollars annually on divorce (Whitehead & Popenoe, 2005). The bottom line, for the government at least, is money. While it can be argued that the best interests of the child and two-parent family formations are the goal; however, also with a part of that goal comes the understanding that with the achievement of a two-parent family formation, a decrease in governmental monies being paid to previously deemed high risk families would follow.

Arguments against the Marriage Initiative

There has been much controversy as to the governmental promotion of the Healthy Marriage Initiatives (Ooms, et al., 2004). Waite and Gallagher (2000) state that, "In America over the last thirty years, we've done something unprecedented. We have managed to transform marriage, the most basic universal of human institutions, into something controversial" (p. 1). The debate over governmental involvement in the marriage initiative exists because those

that oppose it argue that the institution of marriage is a part of one's personal value system. In addition, the National Organization for Women (NOW), and the Domestic Violence community have voiced some of the strongest objections to the Healthy Marriage Initiative, suggesting that the position of government's involvement in marriage stability encourages women to stay in potentially violent relationships (Onwuachi-Willig, 2005; Ooms et al., 2004). While the government continues to expand its interest in funding pro-marriage education programs, those that oppose it do so loudly (Rector & Purdue, 2004). The domestic violence community and supporting organizations could diminish further support in funding for programs that support the Healthy Marriage Initiative.

The Marriage Education Movement

Ooms (2005) indicated that "After decades of obscurity, marriage education has suddenly emerged into the national spotlight" (p. 1). The marriage education (ME) movement began to emerge in the 1960's and arose from a variety of sources. It is generally acknowledged that a priest by the name of Father Calvo, began the first marriage encounter weekends within the Roman Catholic Church in the early 1960's (Demarest, Sexton, & Sexton, 1977). Following Father Calvo's work, the Association of Couples for Marriage Enrichment (ACME) was founded by David and Vera Mace in

1973. ACME began with the following four principles: (1) encourage couples to seek growth and enrichment in their own marriages, (2) organize activities in which couples could help each other in their pursuit of marital enrichment, (3) promote effective community services designed to cultivate successful marriages; and lastly (4) improve the public image of marriage in order to make couples aware of the benefits both individually and in the marital relationship (Hunt, Hof, & DeMaria, 1998). Although marriage preparation programs have existed since the 1930's, it was not until the 1970's that such programs became widely offered to couples in the United States. Much of the emphasis has been on pre-marital couple's education (Carroll & Doherty, 2003).

In the literature marriage education is referred to as preventative in nature, generally addressing relationship choices and challenges before problems become well-established and destructive (Doherty & Anderson, 2004; Knutson & Olson, 2003). Marriage education provides information designed to assist couples in the achievement of happy, long lasting, and successful marriages. In addition, marriage education is defined in teaching didactic information on the benefits of marriage, skills training, and the behaviors needed to have successful couple relationships (Doherty & Anderson, 2004; Hahlweg, Markman, Thurmaier, Engle, & Eckert, 1998; Jakubowski, Milne, Brunner, & Miller, 2004).

Following the initial surge of the marriage education movement in the 1970's, the Coalition for Marriage, Family and Couples Education (CMFCE) was founded in 1996 to serve as a forum to publicize the emerging field of marriage education. In the literature, marriage enrichment and marriage education have been used somewhat interchangeably. Some authors also describe marriage enrichment as an educational approach or as an approach to help enhance couple relationships before relational problems turn to crisis (Knutson & Olson, 2003). They also suggest that, historically, marriage enrichment was to assist couples in becoming aware of themselves and their partners, to explore their partners' feelings and thoughts, to encourage empathy and intimacy, and finally to develop effective communication and problem-solving skills (Bowling, et al., 2005).

Marriage education programs typically employ a variety of teaching methods and programs typically including a mixture of didactic material and experiential exercises designed to teach specific communication and other relationship skills (Doherty & Anderson, 2004; Goddard & Olson, 2004; & Jakubowski et al., 2004). Marriage education programs are often delivered in group format, and frequently include video and movie clip illustrations, role-playing, workbook exercises, and practice assignments between sessions (Knutson & Olson, 2003). Marriage education programs tend to vary in duration and intensity from a

single afternoon to day long or weekend sessions (Olson & Olson, 2000; Sager & Sager, 2005).

Popular Marriage Education Programs

There are a few marriage education programs that are more commonly known and thus reported more in the literature.

- (1) PREPARE/ENRICH-Growing Together Workshop: Utilizes the PREPARE/Enrich inventories and a 25 page workbook entitled *Building a Strong Marriage* to facilitate the PREPARE program in a couples group format. The workbook addresses six content areas: building strengths and working on growth: communication, conflict resolution, family-of-origin topics, financial planning and budgeting, and goal setting (Olson, 2000; Olson & Olson, 2000).
- (2) Prevention and Relationship Enhancement Program (PREP): Is a twelve hour marriage education skills based program, more frequently held in a group setting, but can be done in a counseling setting, that teaches couples (married and unmarried) the following: effective communication, solving problems as a team, handling conflicts, and enhancing commitment (Hunt, et al., 1998).

- (3) PAIRS: Teaches practical skills for building and rebuilding intimacy in relationships (Durana, 1996; Gordon, 1975).
- (4) Relationship Enhancement (RE): Skills based program developed in the 1970's to use with either pre-marital or married couples. It is based on Rogerian concepts of empathy and is an adaptable program to fit a variety of marriage education formats. For example, groups, weekend workshop, or more traditional weekly session format (Accordino, Keat, & Guerney, 2003; Guerney, 1977).

The above-named marriage education programs are just a few of the myriad of programs that have been developed to support the growing interest in marriage education.

Marriage education is now at a crossroads, with federal funding gradually making educational services available to more diverse populations, including clients from low income families, a variety of ethnic backgrounds, diverse educational backgrounds, and those *at risk* families who receive government subsidy through the Temporary Assistance for Needy Families (TANF) funding. Marriage enrichment and marriage education provide avenues for couples to enhance their current relationships. Marriage enrichment appears to focus more on the emotional interaction of the couple and on providing a safe environment for couple communication,

whereas marriage education presents itself to be more of a skills-based format.

Premarital Personal and Relationship Evaluation
(*REPARE/ENRICH*)

This study utilized the Premarital Personal and Relationship Evaluation (REPARE/ENRICH) program version 2000 originally developed by David Olson (1979) in conjunction with the *Empowering Couples Program* (Olson & Olson, 2000) couples group format. The Empowering Couples Program was developed from the PREPARE/Enrich program to fit a couples group protocol. The goals of the program are: (1) To explore relationship strength and growth areas, (2) To learn assertiveness and active listening skills, (3) To learn how to resolve conflict using the 10 step model, (4) To help couples discuss their family of origin, and (5) To focus on personal, couple and family goals. The PREPARE/ENRICH instrument, a paper and pencil inventory, has five parts and is intended to provide a comprehensive assessment of relationship functioning.

According to Olson (2002), content or face validity for PREPARE was established by, first, conducting an extensive literature review to determine which areas were most often found to be problematic for couples. Subsequently, scales were developed to measure the identified categories. The completed inventory was then submitted to a group of

practicing counselors and psychologists who rated the relevance of the items for each of the subscales. Previous studies by Larson and Olson (1986) examined the test-retest reliability of PREPARE, using a sample of 693 couples. Fournier (1979) then published his findings where significant correlations were found between subscales of PREPARE and measures related to conflict, self-esteem, communication, empathy, equalitarianism, assertion, temperament, cohesion, and independence as they relate to marital happiness. A factor analysis was also conducted to examine PREPARE's construct validity and identified the above nine factors among the twelve assessed dimensions.

Two separate studies have evaluated PREPARE/ENRICH's ability to predict future marital happiness and stability. Fowers and Olson (1986) utilized a sample of 164 couples who had completed the PREPARE instrument. The couples were divided into four groups based upon marital satisfaction and marital status (e.g. married satisfied, married dissatisfied, cancelled marriage plans, and divorced or separated). Using discriminate analysis, it was found that PREPARE correctly discriminated between the married satisfied group and the other groups in 80%-90% of the cases. Larsen and Olson (1989) replicated this study with 179 couples, placed into the same four categories, and found the PREPARE/ENRICH could differentiate between the married satisfied group versus the remaining groups in over 80% of

the cases. PREPARE has been shown to correlate with the Locke-Wallace Marital Adjustment Test (MAT). Finally, the test-retest reliability of PREPARE/ENRICH was also examined using a sample of 693 couples (Larsen & Olson, 1986; Larson et al., 1995), and was found to be a reliable measurement.

History of Brief and Integrative Couples Counseling Brief Counseling.

We have long known that therapy is usually brief. According to Garfield (1978), the average duration of counseling sessions, in a variety of clinical settings, averaged five to six counseling sessions. We are not merely discussing the number of sessions in order for counseling to be brief, but the tendency to focus on a single problem. The focus on a single problem in counseling is the hallmark of brief therapy.

When the topic of brief counseling is discussed, many counselors and researchers think of the Palo Alto Group's *Brief Therapy Project* at the Mental Research Institute (MRI), which dates back to 1967. The work of the MRI was based on the work of Gregory Bateson, Don Jackson, Jay Haley, and Milton Erickson, and emphasized relieving symptoms and resolving problems (Rohrbaugh & Shoham, 2001). However, brief counseling actually goes back to the early Analytic work of Alexander and French (1946; as cited in Wallerstein, 1990). Other brief therapy theorists and

practitioners have been: Davanloo (1978, 1980), Sifneos (1979, 1981), Malan (1963, 1876, 1979), and Mann (1973, 1981) in the 1960s and 1970's; Gustafson (1981, 1984, 1986), Budman and Gurman (1988) [(as cited in Donovan, 1998)]. They set out to restructure historically long-term models of individual counseling to fit more brief interventions (Young, 1992).

A major innovation in brief therapy was Solution Focused Therapy which originated in the late 1970's with the work of Steve de Shazer and his colleagues. According to de Shazer (1988), goals are the central focus of brief therapy. For therapy to be effective and brief, both the client and the counselor need to know where they are going and how they are going to get there. De Jone and Hopwood (1996) evaluated 275 clients, at the Brief Family Center in Milwaukee, utilizing a case evaluation approach. Their findings indicate that 74% of the clients reported subjective improvement following brief treatment, and 70% maintained improvement in a twelve-month follow-up study. Rohrbaugh and Shoham (2001) also have reported the effectiveness of brief counseling in efficacy studies, where they found no significant difference between the improvements of clients at twelve sessions of counseling over those who received only six sessions of counseling. This and other brief therapy successes, along with economic forces such as managed care, made brief therapy popular with both

therapists and insurance companies. Yet, the work of the Brief Therapy Project continues to be the most historically recognized foundation for brief counseling in the counseling literature.

History of Couples Counseling

Researchers in the field of studying counseling clientele have discovered that the vast majority of people seeking treatment are doing so because of conflict in couple relationships. In fact, some authors report that over 40% of mental health referrals involve marital conflict (Budman & Gurman, 1995). If there were ever a time when counselors needed to expand their models of counseling to include brief work, it would be now, with couples work being at the forefront (Donovan, 1998)

Couples therapy remains the youngest of the four principal counseling types, with the other three being individual counseling, family counseling, and group counseling (Donovan, 1998). Authors such as Jacobson and Gurman, (1995) indicate that couples counseling has only had an identity of its own for the past fifteen years, noting that much of the earlier couples work stems from individual and/or family models of counseling. However, couples work began much earlier than often noted within the literature.

The first known professional center for marriage counseling was established around 1930 by Emily Mudd.

Members of this new profession began meeting annually in 1942 and later formed the American Association of Marriage and Family Counselors (AMFC) in 1945. At that time, couples counseling was initially referred to as conjoint marital therapy. Much of the early work in counseling couples was based on working with distressed couples in Britain who were referred to couples counseling from divorce courts for work on communication training.

For many years communication training maintained the focus of couples work, and currently communication skills is the focus of many counselors who work with couples (Parrott & Parrott, 2003), such as Parrott and Parrott's couples talk brief communication skills program. The goal of communication training was to prevent children from living in high conflict households. Thus, the couples counseling trend evolved into a focus on couples communication training, where much of it resides today (Hawkins, Carroll, Doherty & Willoughby, 2004; Markman et al., 2004)

The Rush to be Brief

According to Goldfried (2005), "Progress in science and practice is due not only to advancements that are made in the field but also to social, political, and economic forces that impinge on it from the outside" (p. 392). One of these forces is managed care. Managed care has shifted the mental healthcare delivery services to a more time-limited modal

and promoted brief therapy (Davidson & Horvath, 1997; Wells & Grenetti, 1990). Thus, in order to remain competitive and meet reimbursement criteria, many counselors have been forced into shortened approaches in counseling (Wells & Philps, 1990). The search for cost-effective health care delivery has heightened the need for efficacious brief therapies (Davidson & Horvath, 1997). This has been called the "rush to be brief" (Lipchick, 1993). The brief approach, as it applies to couples is discussed below.

History of Brief Couples Counseling

Although couples counseling has become a more popular, modality of treatment, there has not been a very theory developed specifically for working with couples (Patterson, 1989; Smith & Southern, 2005). Most theories utilized in couples work have roots within individual and family therapy theories and have then been adapted to work with couples (Long & Young, 2007).

However, Nahmias (1992) argues that counselors need to first receive better training in brief counseling models in order to further explore the connections of brief individual counseling to brief work with couples (Donovan, 1988). Young and Long (1998, 2007) indicate that, instead of referring to theories of couples therapy, it would be more appropriate to say that they are theories that have been adapted to couples work. Brief couples therapy stems from traditional family

theoreticians such as Carl Whitaker (Experiential), Salvador Minuchin (Structural), Murray Bowen (Systemic), and Jay Haley (Strategic). These family theories are said to have emerged in the 1950's, grew up in the 1960's and came into their own in the 1970's (Jacobson, Foller, & Reverstorf, 2000). Certainly, present day approaches to couples therapy were strongly influenced by schools of individual therapy such as cognitive behavioral marital therapy, object relations marital therapy, and emotionally focused therapy (Long & Young, 2007).

It would be a daunting task to evaluate all theories that have been adapted to couples work, and yet few have conducted empirical research to support their effectiveness (Markman et al., 2004). In the literature, the most widely studied work with couples has stemmed from cognitive-behavioral approaches. Techniques such as communication training and behavioral strategies (e.g. quid pro quo) are commonly described as having research backing. Many cognitive-behavioral studies have shown this approach to be effective; however, they lack long term follow-up. Gottman (2004) argues that long term follow-up in cognitive-behavioral approaches show a divorce rate in control groups equal to those in experimental groups. Thus, divorce prevention (marital stability) is not generally supported as an outcome of cognitive-behavioral treatment. Efficacy studies of insight-oriented therapies may show greater

clinical effectiveness in some outcome research, but yield greater effectiveness in some short term follow-up studies versus long term follow-up studies (Jacobson, 2002).

Brief Couples Counseling

Garfield (1978) reported that the average length of time couples participated in couples counseling was five to six sessions. One of the most important dimensions of brief counseling is treatment planning and the planning of treatment termination (Donovan, 1998). In brief counseling, counselors need to be intentional in their plan to end treatment with their clients. For example, Donovan (1998) employs an inflexible and definitive end to treatment, for practical reasons but more importantly for therapeutic reasons. He argues that there is a loss of power within the therapeutic relationship when the course of treatment is not discussed. This includes, but is not limited to, when treatment begins and when it ends. Counselors from a brief couples counseling perspective initiate client selection in conjunction with their theoretical orientation in order to develop a synchronized treatment plan in a timely fashion. In turn, brief therapy counselors explore a more intentional way of devising treatment because counseling session duration is limited by outside forces and because shorter durations are more popular with clients (Davidson & Horvath, 1997).

Research has indicated that over 40% of people seeking mental health treatment are doing so because of problems in their couple relationships (Budman & Gurman, 1988). When they participate in couples treatment, they find that it is generally brief (Donovan, 1998). While, many counselors may differ in the length of what they consider to be brief therapy or brief counseling; it continues to be an interest of investigation as the continuing shift in mental healthcare delivery services has moved to a more time limited modal (Davidson & Horvath, 1997).

The most widely researched form of brief couples work lies within traditional behavioral couples counseling, which is also known as behavioral marital therapy in the literature (Atkins, Berns, George, Doss, Gatts, & Christensen, 2005). This viewpoint however, integrates two major schools of therapy, traditional behavioral counseling with the humanistic approach, to provide brief work with couples. They believe that brief couples work is about change, and it is the role of the counselor to utilize education, modeling, and to aide in the facilitation of insight and skill acquisition (Magnuson & Norem, 1998). Although the most researched brief couples work continues to lie in behavioral couples therapy, one might argue that many of the behavioral approaches are integrative in nature (Jacobson & Christenson, 1998).

Integrative Couples Counseling

Authors note an increasing shift towards the Integrative and/or Eclectic theoretical orientations of counselors working with couples (Lebow, 1997; Nichols & Schwartz, 2004). A Delphi study by Norcross et al. (2002) found that technical eclecticism ranked fifth and theoretical integration ranked sixth by counselors as their preferred theoretical orientation. Integrative Couples Counseling dates back to the work of Jacobson and Christensen (1996), in their ground breaking book: *Integrative Couple Therapy*. An integrative model is more than a random compilation of what works in treatment but instead combines theory and practice through an intentional selection process (Young & Long, 1998, 2007).

Young & Long's Brief Integrative Couples Counseling

Young and Long's (1998, 2007) model offers the opportunity for counselor to draw upon and develop specific intervention techniques based on a synthesis of approaches (Long & Burnett, 2005). The approach incorporates elements of solution focused, narrative and cognitive therapy. A central focus is the development of an "interactive definition" of the problem that both members and the counselor can agree upon. The following stages define the Brief Integrative approach used for the treatment of couples in the study.

- (1) Assessment-The counselor asks each partner to define the "problem" from his or her point of view. The counselor may use assessment tools to obtain additional information that might help them to gain insight into the origins of the problem. The counselor then formulates an interactive definition of the problem, with which both parties agree. To assist in the formulation of the interactive definition, couples are encouraged to externalize the problem (a la narrative therapy), rather than making the partner the problem.
- (2) Goal Setting-The couple agrees on the desired outcome for counseling. It is important at this stage to set both behavioral and affective goals.
- (3) Interventions-The counselor explores the couples strengths and guides the couple into the belief that they have a solvable problem. The counselor then utilizes a variety of interventions from various theoretical orientations to help solve the couple's problem.
- (4) Maintenance-The counselor initiates a discussion about long-term commitment to change and continued growth. At this stage, the counselor recognizes that there will be relapses and helps the couple make a plan to maintain the positive changes and get back on track when relapses occur.

(5) Validation-The couple, with the guidance of the counselor, validates the changes the couple has made. In addition, the counselor reminds the couples to address issues in a positive manner, look at their common goals both behaviorally and affectively, and to make adjustments (Long & Burnett, 2005).

Summary

The national divorce rate is one of the largest in the world. The government's current answer is marriage education. With roughly 50% of first marriages projected to end in divorce (Dearing, McCartney, Weiss, Kreider & Simpkins, 2004), and 60% of all divorces involving children (Amato, 2002), the government's involvement in the institution of marriage will continue for at least the next few years. Even though efforts are underway at the state and federal levels to provide marriage education programs, there is little empirical support evaluating the effectiveness of such programs (Doherty & Anderson, 2004; McManus, 2003). Although we do not have studies showing clinical outcomes of popular marriage education programs, they are still being funded with millions of dollars while empirically sound couples counseling programs are not being supported. Therefore, the goal of this study is to examine the

effectiveness of a Brief Integrative Couples Counseling treatment and a marriage education treatment.

The foundation of the Healthy Marriage Initiative is to provide affordable couples education programs to *at risk* couples. Currently, *at risk* couples are believed to be those individuals who receive financial assistance within the Temporary Assistance for Needy Families (TANF) welfare program. Individuals involved with TANF tend to be from lower socioeconomic classes, from diverse ethnic groups, and have minimal education levels. Research tells us that most marriage education programs have been performed on participants who are white, highly educated, and earn more money than *at risk* families (Nelson & Smock, 2005). This raises the question of why marriage education programs are largely supported without supporting research.

CHAPTER 3

METHODOLOGY

The purpose of this study was to answer the following question: Do couples show a difference in marital adjustment following Brief Integrative Couples Counseling compared to those who receive a marriage education treatment? This study was conducted in three phases: Phase 1 consisted of initial participant intake and screening, Phase 2 was the pre-treatment data collection phase which assessed participant's individual marital adjustment, and Phase 3, which consisted of a mixed model analysis of variance (ANOVA) to compare the change in marital adjustment scores from pre-test to the three month post-test between the two treatment groups. Further analyses were run to examine the pre-test differences and post-test differences between the Brief Integrative Couples Counseling treatment group and the marriage education treatment group, through a series of independent *t*-tests.

Statement of the Problem

The focus of this study was to examine marital adjustment scores of individuals who completed either a Brief Integrative Couples Counseling protocol or a marriage education workshop protocol. The findings of this study are important for socio-political implications and for the

continued development of best practices in couples practice
and research.

General Research Hypotheses

Null Hypothesis

There will be no statistically significant difference in the amount of change in average marital adjustment score from pre-test to three month post test between the two treatment groups.

Hypothesis One

There is a difference in the amount of change in average marital adjustment score from pre-test to three month post-test between the two treatment groups.

A paired samples *t*-test was used to compare the mean differences in treatment outcomes.

Hypothesis Two

Participants will show greater marital adjustment following Brief Integrative Couples Counseling compared to those who participated in a weekend workshop treatment over time. A repeated measures analysis of variance was used to test the null hypothesis.

Phase 1: Participant Intake and Screening

Participants

The study participants sought voluntary assistance for problems in their relationships. Couples elected to either participate in a Brief Integrative Couples Counseling treatment protocol or the marriage education weekend

workshop. The participants were referrals from the Florida Department of Children and Families, the University-based Community Counseling Clinic, and from area community agencies. The participants were heterosexual couples who were married, cohabitating with the intent to marry, or dating with the intent to marry. Prior to intake and assessment screening, the sample consisted of 278 participants from a southeastern university counseling clinic which serves primarily a community clientele. After reliability checks were performed, 58 participants (29 couples) met the inclusion criteria for the study. For participants to meet inclusion criteria for the study there could be no reports of physical aggression to or from their partner within the past six months, on the self-report Conflict Tactics Scale (Strauss et al., 1996).

Marriage Education Weekend Workshop Participants

There were 30 participants (15 couples) who selected the marriage education weekend workshop treatment. Sixty percent of these participants ranged between the ages of 22 and 37 years of age, with a mean age of 36.3 (SD=11.3). Fifty-three percent of the marriage education sample were White, 10% were Black/Non-Hispanic, 33.3% Hispanic, and 3.3% were Asian/Pacific Islander. Thirty-three percent of the participants had completed some college, whereas only 12.5% had reported completing some high school or high school

equivalency (GED), and 54.2% had completed a bachelor's degree and/or advanced degrees.

Brief Integrative Couples Counseling Participants

There were 28 participants (14 couples) who elected to participate in the Brief Integrative couples counseling treatment. Sixty percent of the participants ranged between the ages of 22 and 36 years of age, with a mean age of 35 (SD=9.8). Eighty one percent of the Brief Integrative sample was White, 3.7% were Black/Non-Hispanic, and 14.8% were Hispanic. Forty-eight percent of the participants had completed some college, whereas 37% had reported completing some high school or high school equivalency (GED), and 14.8% had completed a bachelor's degree and/or advanced degrees. In summary, in both treatment groups the majority of participants were white (81% in the Brief Integrative Couples Counseling treatment and 53% in the marriage education treatment group). However, there were a significantly higher percentage of Hispanic participants in the marriage education treatment group (33.3%) compared to the Brief Integrative Couples Counseling treatment group (3.7%).

Procedures: Intake

All couples in this study had voluntarily initiated telephone contact with the University of Central Florida's Community Counseling Clinic for counseling. At the time of

telephone contact, the clinic staff read a detailed description of the two programs to the individual initiating the telephone contact. The person initiating the telephone call then provided brief intake information for the couple and the couple was either placed on the list to receive Brief Integrative couples counseling, or placed on the list for the next available marriage education weekend workshop based on the participant's choice.

All couples attended the University Community Counseling Clinic for their intake session, which lasted approximately two hours. Participants first provided consent (Appendix A), agreeing to participate in a research study on marital adjustment in couples. The informed consent stated that the purpose of this research project was to compare various methods for strengthening the relationship of distressed couples including either a marriage education treatment or a Brief Integrative Couples Counseling treatment.

Then, each couple completed the Locke and Wallace (1959) Marital Adjustment Test (Appendix D), which is a 15-question self-report assessment. All couples completed the following additional assessments: Outcome Questionnaire (Lambert, Hansen, Umphress, Lunnen, Okiishi, Burlingame, Huefner, & Reisinger & Burlingame, 1996) and the Conflict Tactics Scale (Straus, et al., 1996), as these instruments were required by the Florida Marriage and Family Research

Institute to participate in the study. Participants had the opportunity to address any questions they might have regarding the research study during this intake session.

Screening

The present research study was explained to the couples at their initial phone call. A clinical graduate assistant read a script describing the research study. Following the script, individual callers were given the choice of whether or not to participate in the study. They were asked to choose either the brief couples counseling or the marriage education group. If an individual caller or couple did not want to participate in the research study, they were placed on the *standard* wait list for the Community Counseling Clinic.

As a result of this initial screening procedure, the sample size for the two treatments groups differed due to the couples self selection process. A large number of couples (N=123) were forced out of the original participant sample (N = 246) due to attrition, incomplete assessment data, or were referred out due to reports of active physical aggression on the Conflict Tactics Scale Revised (Straus et al., 1996).

Exclusion Criteria

Exclusion criteria for participation in the study were individual reports of severe physical aggression [(a) beat

up, (b) choked, (c) threatened with knife or gun, (d) used a knife or fired a gun within the past year.] Participants who reported moderate aggression [(a) pushed, (b) threw something, (c) grabbed or shoved, (d) slapped, (e) kicked] were admitted into the study. Couples who reported an incident of violence on the severe physical violence or injury items scale of the Conflict Tactics Scale either to their partner or from their partner within the past year were excluded from this study. The exclusion of these couples was based on a pre-existing agreement between the funding source (Florida Department of Children and Families) and the Florida Marriage and Family Research Institute. Excluded couples were given referrals to community agencies for specific anger management programs or victim services and were told that they would be eligible for couples treatment upon completion of their recommended referral services. The instrument utilized for the screening process was the Conflict Tactics Scale (Straus et al., 1996).

Measures

1. *The Conflict Tactics Scale (CTS2)*. The CTS2 is a behavioral self-report measure which independently questions individuals about the frequency of their using reasoning, verbal aggression or physical aggression to solve conflicts. It was used in this study to eliminate individuals with significant violence in their relationship. On the CTS2

individuals report aggression inflicted upon, as well as aggression received, from their partner. The CTS2 is the most cited instrument used to investigate naturally occurring violence (Gully & Dengerink, 1983; Levine, 2004; McCarroll, Thayer, Ursano, Newby, Norwood, & Fullerton, 2000; & Szinovacz, 1983). The CTS2 provide researchers with the ability to assess the extent, frequency, and the intensity of marital violence. The items which measure violent acts against one's partner range from "minor" acts of physical aggression, such as "pushing or shoving", to severe physical abuse, such as "beating or use of a gun" (Straus et al, 1996). The frequency of aggressive acts on the CTS2 range from "never" to "more than 6 times" during the past year.

Phase 2: Pre-test Data Collection

Participants

After reliability checks were performed, 58 participants (29 couples) met the inclusion criteria for the study. Once participants were admitted into the study, they were asked to consent to receive counseling services at the Community Counseling Clinic (Appendix B). The study consisted of 58 clients (30 participants in the marriage education treatment group and 28 participants in the Brief Integrative Couples Counseling treatment group).

Pre-Test Treatment

Participants at the pre-test phase were asked to complete a Demographic Questionnaire (Appendix C) developed by the Florida Marriage and Family Research Institute for purposes of this research study. Clients then met with their assigned counselor where they were then asked to complete additional assessments required by the Stronger Marriages, Stronger Families program.

Participants in the Brief Integrative Couples Counseling model met with their assigned counselor at this phase of treatment. Couples who participated in the Brief Integrative Couples Counseling treatment then met for one hour thirty minutes for 8 consecutive weeks with their assigned counselor or 12 hours of treatment. The format of the treatment was explained to the couples (See Appendix E), and clients knew when their counseling services would be terminated.

Participants in the Marriage Education group participated in a 16-hour Empowering Couples weekend workshop. The weekend workshop was presented in a group format with 6-8 couples. After couples signed in with clinical staff, they participated in a workshop overview provided by the director of the Florida Marriage and Family Research Institute (FMFRI). Couples were then assigned a counselor to work with during the remainder of the weekend workshop (See Appendix F). During the course of the weekend

workshop, couples completed the following six assignments: finances, spiritual beliefs, sexual relationship, couple goals, active listening, and conflict resolution. Couples completed each assignment first as part of a group, then meet with their assigned counselor to process each activity.

Measures

The Marital Adjustment Test (MAT) was used to measure participant marital adjustment.

1. *Locke-Wallace Marital Adjustment Test (MAT; Locke & Wallace, 1959)*. The marital adjustment test (MAT) is a 15-item self-report instrument. Locke and Wallace (1959) stated that marital adjustment is the accommodation of partners to each other at a given point in time. The final scores are obtained by summing the indicated responses on all items. The items vary in their scoring weight, and range from 2 to 158. Scores of 100 or less are an indication of possible *maladjustment* in the marital relationship, and scores of 84 or less indicate that the couple is in *distress* (Locke & Wallace, 1959). Though the MAT was developed in 1959, since then, many studies have supported its reliability and compared it favorably with other instruments (Spanier, 1976). The initial reliability coefficients for the MAT range from .73 to .90, whereas internal consistency was found to be .83

(Cross & Sharply, 1981). The validity of the Marital Adjustment Test (MAT) was also examined in several studies. In one study, Haynes (1979) reported a 92% success rate in discriminating between clinically distressed and non-clinically distressed couples. Wackowiak and Bragy (1980) found that MAT correlated with scores on the Marital Contract Assessment Blank (MCAB), and Spanier (1976) reported the correlation with the Dyadic Adjustment Scale (DAS), a well known marital satisfaction test, to be .93.

Procedures

Participants were given an informed consent for treatment (Appendix B), followed by a battery of measures containing demographic information, scales to assess for active domestic violence, and additional marital inventories.

Phase 3: Post-Test Data Collection

Participants

All participant couples in both the Brief Integrative Couples Counseling model and the marriage education treatments were called and assessed by the Florida Marriage and Family Research Institute clinical staff using the MAT Phone version. Participants who could not be reached were excluded from the study. The resulting sample consisted of

58 respondents (29 couples) were those who responded to the final phone call assessment.

Measures

The Marital Adjustment Test Phone Version (MAT-Phone) was given to all couples three months after their completion of respective treatments. Couples were contacted individually by clinical staff and given the assessment over the telephone.

1. *Locke-Wallace Marital Adjustment Test-Phone version (MAT; Locke & Wallace, 1959; Krokoff, 1989)*. The marital adjustment-phone is simply the original Locke and Wallace (1959) Marital Adjustment Test (MAT) administered over the telephone. The MAT-Phone was designed by researchers to serve as a post-treatment follow-up. The MAT-Phone's initial reliability study was conducted by an Illinois Marketing Research Company which interviewed over 3,000 couples. The MAT-Phone assessment took 5 to 10 minutes, with an 88.57% cooperation rate (Krokoff, 1989). The results revealed no statistically significant ($P < .01$) differences in a 6 month MAT-Phone follow and a 12 month MAT-Phone follow-up. Reliability and validity of the instrument was studied using 120 couples, which included couples with varied demographic backgrounds, level of

marital adjustment, and social class (Krokoff, 1989). Furthermore, researchers such as Spanier (1976) reported that the brief telephone version correlated well with his marital satisfaction instrument, the Dyadic Adjustment Scale (DAS).

Procedures

Participants were given the MAT-Phone version three months following their respective treatments. Couples were contacted individually, and clinical staff administered the Marital Adjustment Test over the telephone. Each call was completed in approximately 10-minutes.

Counselors

Seventeen counselors (3 males and 14 females) conducted the counseling all the services provided in this study. Counselors were trained to facilitate both the Brief Integrative Couples Counseling model and the marriage education weekend workshop treatment. The counselors were masters level counselors (N =11), doctoral students (N = 4), and faculty in the department of counselor education (N = 2). The master's level counselors were in their final year of studies and were interns at the Florida Marriage and Family Research Institute at the University of Central Florida. Of the doctoral student counselors, one held a license in marriage and family therapy, and one had received a master's degree in marriage and family therapy. The final

two doctoral level counselors had received their masters in counselor education and were registered mental health counselor interns. The faculty counselors were two licensed mental health counselors, one of whom was dually licensed in mental health counseling and marriage and family therapy. All counselors providing services had received training in both treatment models, in addition to having had coursework in marriage and family therapy.

Treatment Assurance

Protocols for both treatment models were taught and reviewed with all participating counselors. Counselors were trained over a two-day period for each model, reviewing both the treatment model and the research protocol. Counselors were provided with literature to read for both treatments, and received weekly supervision (live, video, and consultation) on all cases to insure compliance with the treatment protocol. The weekend education treatment format followed the PREPARE/ENRICH Empowering couples curriculum (Olson, 2000; Olson & Olson, 2000).

Counselors provided services to participants in both treatment groups. However, only those counselors who completed the PREPARE/ENRICH training were allowed to facilitate the weekend workshop treatment. Counselors who provided services for the weekend workshop completed an 8 hour training in the PREPARE/ENRICH model by the director of

the Florida Marriage and Family Research Institute, who was a certified PREPARE/ENRICH trainer. Their training followed the training curriculum provided by David Olson and Life Innovations, his company. The training consisted of didactic training in addition to training with video vignettes. Upon completion of their training, counselors received certification from Life Innovations as a certified PREPARE/ENRICH provider.

Counselors who provided services for the Brief Integrative couples counseling model completed a 40 hour course in couples counseling (MHS 6440) at the University of Central Florida. In addition, counselors participated in a two-day workshop, using the Integrative model, facilitated by the Director of the Florida Marriage and Family Research Institute.

Research Design

This study was a quasi-experimental design, where participants selected either a marriage education treatment or a Brief Integrative Couples Counseling treatment. The overall goal of this study was to investigate if participants show a different level of clinical improvement (e.g., marital adjustment) following a Brief Integrative Couples Counseling treatment compared to a marriage education treatment. T-tests and a mixed measures analysis of variance were used to compare the change in marital adjustment scores from pre-test to three month post-test scores between the two treatment groups.

Variables

Variables for this study were selected based on a review of the literature in the areas of couples counseling, brief couples counseling, integrative counseling, marriage education, marriage enrichment, and integrative brief couples counseling.

Independent Variable

Brief Integrative Couples Counseling: The couples counseling participants attended six sessions of brief counseling following the Integrative Model (Young & Long, 1998, 2007). This treatment involves five stages:

Assessment, Goal Setting, Interventions, Maintenance, and Validation (See Appendix E)

Marriage Education: The couples who participated in the marriage education treatment attended a 16-hour workshop following the PREPARE/ENRICH (Olson, 1971, 2000) curriculum and the Empowering Couples (Olson & Olson, 2000) workshop. (See Appendix F)

Dependent Variables

Marital Adjustment: Marital Adjustment was defined as an individual's score on the Marital Adjustment Test (Locke & Wallace, 1959). The total score was obtained by adding the individuals score for each of the 15 items. This total score was the dependent variable that was used to test the research hypothesis. (Appendix D).

Data Analysis

All statistical analyses were conducted using the Statistical Package for the Social Sciences, Version 12.0 (SPSS, 2004). An alpha level of .05 was used for all analyses. To test the null hypothesis, a repeated measures analysis of variance (ANOVA) was used to determine if the amount of change from pre-test to three month post-test was different between the two treatment groups. The interactions term (time x treatment) in the repeated measures analysis of variance was the only effect of interest.

For exploratory purposes, paired sample *t*-tests were used to determine if there was a statistically significant difference in marital adjustment scores between pre-test and three month time points, separately for each treatment group. Descriptive statistics were used to summarize demographic variables (gender, education level, ethnicity and age) and marital adjustment scores.

Summary

This chapter describes the methodology applied to test the research hypothesis. This study was conducted in three phases: Phase 1 consisted of initial participant intake and screening; Phase 2 served as the pre-treatment data collection phase which assessed participant's individual marital adjustment; and Phase 3, which consisted of a repeated measures analysis of variance to compare the change in marital adjustment scores from pre-test to three month post-test between the two treatment groups. All data was collected during the three year period that the Florida Marriage and Family Research Institute provided services for the Stronger Marriages, Stronger Families program. The results of this study may provide valuable information for the public and private sector regarding best practices in marriage counseling and marriage education. The study explored marital adjustment outcomes of two methods of treating couples in distress. It was hoped that the findings

of this study might shed light on the increasing trend that favors marriage education modalities of treatment over couples counseling treatment modalities.

CHAPTER FOUR

RESULTS

This chapter presents the statistical procedures used, including a description of the study participants, describing their demographic profile, descriptive statistics, results of the data analyses, and testing of the research hypotheses. All statistical analyses were conducted using the Statistical Package for the Social Sciences, Version 12.0 (SPSS, 2004). An alpha level of .05 was used for all analyses unless otherwise specified.

The purpose of this research study was to examine the effectiveness of a marriage education workshop treatment and a Brief Integrative Couples Counseling treatment protocol. A mixed model analysis of variance was used to compare the change in marital adjustment scores from pre-test to three month post-test between the two treatment groups. In addition, follow up analysis of covariance (ANCOVA's) was conducted on the marital adjustment scores, using demographics as covariates. Finally, to examine the data further due to potential power concert, paired sample *t*-tests were used to determine if there was a statistically significant difference in marital adjustment scores between pre-test and three month time points, separately for each treatment group. Further independent *t*-tests were run to explore pre-test and post-test differences between the Brief

Integrative Couples Counseling treatment and the marriage education treatment.

Demographic Profile of Each Treatment

The participants were referrals from the Florida Department of Children and Families, the university based Community Counseling Clinic, and from area community agencies. The study consisted of 58 participants: 30 who participated in the marriage education treatment group and 28 who participated in the Brief Integrative Couples Counseling treatment group. All participants attended an initial intake session at which time the participants were given a battery of assessments. While only 21% of the original population sample (N=278) completed treatment, sixty-three percent of the sample following reliability checks completed treatment. Forty-seven percent of original participants were dropped from the analysis: 6.3% referred out for domestic violence, 25.1% dropped out of the study, 2.5% couples separated, 2.5% were referred to individual counseling prior to couples treatment, and .6% were removed for other reasons.

Participants

Tables below show demographic categories, which include gender, ethnicity, educational background, family income, and State Department of Children and Family involvement.

Marriage Education Weekend Workshop Participants

There were 30 participants who elected to participate in the marriage education weekend workshop treatment. Sixty percent of the participants ranged in ages from 22 to 37 years, with a mean age of 36.3 years (SD=11.3). Fifty-three percent of the marriage education sample were White, 10% were Black/Non-Hispanic, 33.3% were Hispanic, and 3.3% were Asian/Pacific Islander. Thirty-three percent of the participants had completed some college, whereas only 12.5% had reported completing some high school or high school equivalency (GED), and 54.2% had completed a bachelor's degree and/or advanced degrees.

Descriptive Statistics were calculated separately for pre-test marital adjustment scores for men and women. The results indicate that there was a significant difference in marital adjustment scores between women and men $t(27)=64, p=53$ in the marriage education group. That is, the average pre-test marital adjustment scores of women (M=77, SD=28.22) were significantly different from that of men (M=84.10, SD=28.25).

Brief Integrative Couples Counseling Participants

There were 28 participants who elected to participate in the Brief Integrative Couples Counseling treatment. Sixty percent of the participants ranged in ages from 22 to 36 years, with a mean age of 35 years (SD=9.8). Eighty-one percent of the Brief Integrative sample was White, 3.7% were Black/Non-Hispanic, and 14.8% were Hispanic. Forty-eight

percent of the participants had completed some college, while 37% had reported completing some high school or high school equivalency (GED), and 14.8% had completed a bachelor's degree and/or advanced degrees. (In Table 1 below).

Descriptive Statistics were calculated separately for pre-test marital adjustment scores for men and women. The results of a *t*-test indicate that there was no significant difference in marital adjustment scores between women and men $t(28) = .091, p = .93$. That is, the average pre-test marital adjustment scores of women ($M = 99.76, SD = 23.31$) were not significantly different from that of men ($M = 100.54, SD = 22.86$) in the Brief Integrative Couples Counseling group.

Table 1: Summary of Original Participants

<i>Summary of Original Participants and Study Participants</i>			
Treatment	Original Sample	Study Sample	3-month N
Marriage Education	170	30	30
Brief Integrative	108	28	28
Total	278	58	58

Overall Demographic Profile

The table indicates that participants in the marriage education treatment group began with 170 participants, and ended with 30 participants. The table goes on to show that the participants in the Brief Integrative Couples Counseling treatment group began with 108 participants, and ended with 28 participants by posttest. In addition, 5.7% of the participants were referred out for domestic violence, while 24.8% of participants dropped out of the study. After accounting for those eliminated from the original sample, 63.7% of those who completed their treatment also completed the three month follow up MAT-Phone assessment.

The population sample represented participants from four categorically defined ethnicities (Table 2). The majority (66.7%) of participant couples were White, followed by Black/Non-Hispanic (7.0%). Hispanic participants

accounted for 24.6% of the sample, and Asian/Pacific islander accounted for the final 1.8% of the sample population.

Table 2: Summary of Ethnicity of Participants:

Summary of Ethnicity of Participants

Ethnicity	Marriage Education	Brief Integrative	% of Total
White	53.3%	81.5%	66.7
Black/Non-Hispanic	10%	3.7%	7.0
Hispanic	33.3%	14.8%	24.6
Asian/Pacific Islander	3.3%	0	1.8

A chi square test of independence was examined in participants from the Brief Integrative Couples Counseling treatment and the marriage education treatment to determine if the distribution of ethnicities in each of the treatment groups differed significantly. The Chi Square was calculated: χ^2 (df=2) =5.38, $p>.05$, which suggested that there were no differences in the distribution of ethnicities across groups.

The sample represented couple participants from several educational backgrounds (Table 3). The majority (41.2%) of the participants reported having *some* college, 25.5% of the participants reported a bachelor's degree, while 7.8% of participants reported an advanced degree. The minority of the sample were those participants who did not complete High School (15.7%), while 9.8% of couple participants reported completing High School or the High School equivalency (GED). There were seven participants in this study who omitted the educational background item on the demographic questionnaire. Thus, the total percentage listed in table 3 reflects an adjusted calculation of total percentage accounting for the participants who omitted this question on their demographic questionnaire.

Table 3: Summary of Participants Level of Education:

<i>Summary of Participants Level of Education</i>			
Education	Marriage Education	Brief Integrative	Total %
Some High School	4.2%	14.8%	9.8%
Completed High School or GED	8.3%	22.2%	15.7%
Some College	33.3%	48.1%	41.2%
Bachelors	41.7%	11.1%	25.5%
Advanced Degree	12.5	3.7%	7.8%
Missing	6	1	--

Note. Missing Data adjusted the valid %

A chi square test of independence was used to see if participants' education levels were distributed differently in the Brief Integrative Couples Counseling group versus the marriage education treatment. The result, χ^2 (df=2) = 9.62, $p < .05$, suggested that levels of education were distributed significantly differently across the two groups. The couples counseling group was less educated overall.

Fifty percent of participants who participated in the marriage education treatment group earned between \$25,000 and \$49,000 annually (Table 4). However, participants who participated in the Brief Integrative Couples Counseling treatment group earned under \$25,000 annually.

Table 4: Summary of Participants Income Level

Income	Marriage Education	Brief Integrative
0-\$25,000	0	40%
\$25,000- \$49,000	50%	44%
\$50,000-\$74,999	14.3%	16%
\$75,000 - \$99,000	17.9%	0
\$ > \$100,000	17.9%	0
Missing	2	3

A chi square test of independence was used to see if participants' income levels were distributed differently in

the Brief Integrative Couples Counseling group versus the marriage education treatment group. The result, χ^2 (df=3)= 20.25, $p < .001$), suggested that there was a statistically significant difference in the distribution of income levels across groups. Overall, the couples counseling group had a lower income level and no high income clients at all.

Statistical Analyses

The study met assumptions and conditions for the use of a mixed model analysis of variance. For a mixed model analysis of variance to be used, the dependent variable should have a roughly normal distribution and be measured at two or more time points (Figure 1). The mixed model analysis of variance may also include a categorical independent variable such as treatment group, as was the case in the study.

Hypotheses Test Results

Tables 5 and 6 show that there was not a statistically significant difference in the amount of change in marital adjustment scores from pre-test to three month post-test between the two treatment groups, $F=1.59$; $df=1,57$; $P=0.21$. Figure 1 graphically depicts the average marital adjustment score separately for each time point and each treatment group. The lines are virtually parallel to each other, indicating that the change from pre-test to three month post-test was nearly the same for both treatment groups.

Thus, the null hypothesis was not rejected and it was concluded that there is not a difference in the level of change in marital adjustment scores from pre-test to three month post-test between the two treatment groups.

Table 5: Descriptive statistics for marital adjustment scores by time and treatment group

	treatment	Mean	Std. Deviation	N
Pretest	ME	100.10	22.722	30
	BI	78.64	28.172	28
	Total	89.74	27.488	58
3 month	ME	120.67	23.042	30
	BI	106.14	28.581	28
	Total	113.66	26.658	58

Treatment ME = Marriage Education and Treatment BI = Brief Integrative Couples Counseling treatment.

Tables 6 and 7 show that there was not a statistically significant difference in the amount of change in marital adjustment scores from pre-test to three month post-test between the two treatment groups, $F=1.59$, $df=1,57$; $p=.21$.

Table 6: Repeated measures analysis of variance results

Source	Type III Sum of Squares	Mean Square	F	df	p
time *					
treatment	348.10	348.10	1.59	1.00	0.2127
Error(time)	12270.18	219.11		57.00	

Because there were significant differences in the distribution of the demographic variables for this sample, a second analysis, an analysis of covariance (ANCOVA) was run to control for the differences in demographic variables across the two groups.

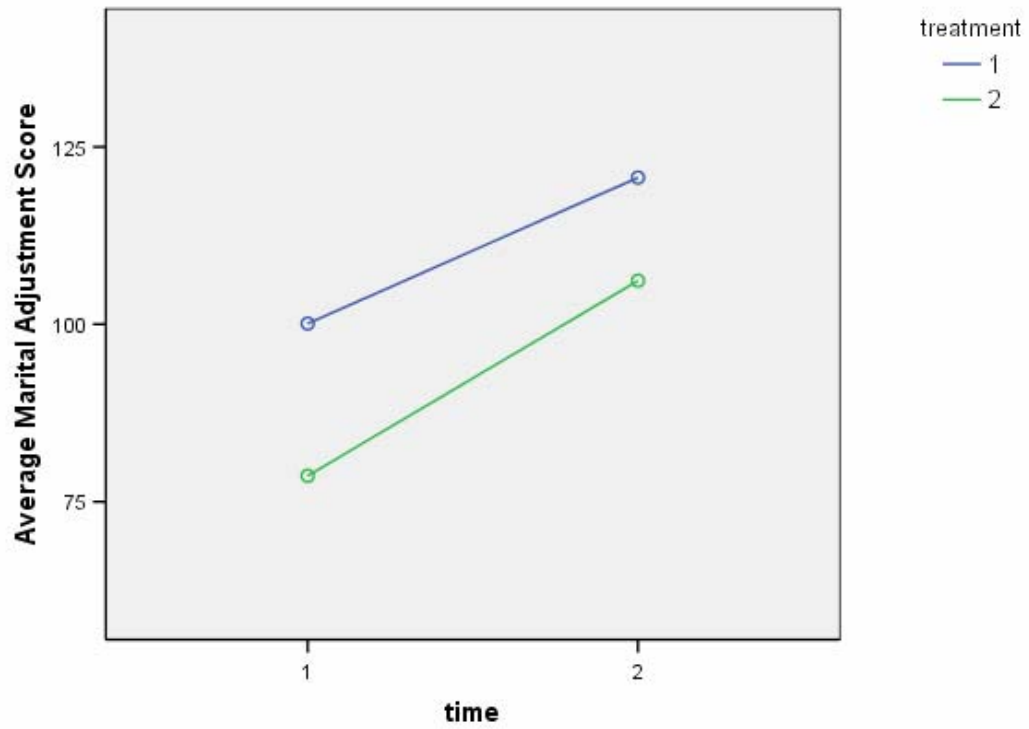


Figure 1: Average Marital Adjustment Scores by Time and Treatment Group (1= Marriage Education, 2= Brief Integrative Couples)

Table 7: Summary of analysis of covariance (ANCOVA)

Factor	Mean squared	F	p
Pre-Post	462.7	2.64	.061
Treatment	9.31	.53	.001
Ethnicity	70.48	.402	.010
Education	487.61	2.78	.064
Income	202.53	1.16	.027
Disposition	46.43	.27	.006
Gender	6.46	.037	.001

Note: Pre-Post was the within, treatment group was the between, covariates were ethnicity, education, income, disposition, and gender.

As can be seen from the table above, income level, disposition (which refers to those participants referred out due to active domestic violence), and gender covariance accounted for a significant amount of variance in the analysis. Further, the marital adjustment pre-post test differences were not significant. The Brief Integrative Couples Counseling treatment and the marriage education treatment show significant differences nonetheless.

In the Brief Integrative Couples Counseling treatment group participants marital adjustment scores were clinically significant for marital distress with a mean pre-test marital adjustment score of 80 (M=79.89). According to Locke and Wallace (1959) individuals who fall below a score of 85 on the marital adjustment test are in marital distress and are deemed to have clinically significant distress (Appendix D). Participants mean marital adjustment scores increased

over 20 points (M=107) following the Brief Integrative Couples Counseling treatment. Marital adjustment scores over 100 represent that subject self report high levels marital adjustment. In the marriage education treatment group participants pre-test mean marital adjustment scores did not reflect clinical levels of marital distress (M=100). In other words, those who chose marriage education, on the average, fell below the clinical line. In addition, marriage education participants mean marital adjustment scores three months following treatment showed even higher levels of marital adjustment (M=120).

Exploratory Analysis Results

To further explore the nature of the change in marital adjustment scores from pre-test to three month post-test, a paired *t*-test was performed separately for each treatment group. There was a statistically significant increase in marital adjustment (Table 8) for both groups.

Because of the small sample size, there were some concerns about power in this study. Other follow-up analyses were used to examine if there were disguised statistically significant difference between the mean pre-test and post-test marital adjustment scores across treatment groups. Participants' pre-test scores from the Brief Integrative Couples Counseling group versus the marriage education treatment group were significantly different

($t=3.01$, $p < .05$). This finding indicates there was a statistically significant difference in mean pre-test marital adjustment scores for the Brief Integrative Couples Counseling group (79.89) compared to the marriage education treatment group (100.10). However, a statistically significant difference in mean post-test marital adjustment scores ($t=1.98$, $p>.05$), for the Brief Integrative Couples Counseling group (107.07) and the marriage education treatment group (120.67) was not found.

Table 8: Summary of paired sample t-test:

Treatment	Pre-Test	Post-Test	t	p
Brief				
Integrative	79.89	107.07	-6.51	.000
Marriage				
Education	100.10	120.37	-5.49	.000

Summary

A sample of 58 participants volunteered to participate in the research study comparing marital adjustment between couple participants completing either a Brief Integrative Couples Counseling treatment or a marriage education weekend workshop treatment. A mixed model analysis of variance was used to compare the change in marital adjustment scores from pre-test to the three month post-test between the two

treatment groups. There was no statistically significant difference in the amount of change in the marital adjustment scores from pre-test to the three month post-test between the two treatment groups over time.

Exploratory analyses (*t*-test) revealed that both treatment groups showed a statistically significant increase in the average marital adjustment scores from pre-test to the post-test three months following treatment. Thus, this study showed that both treatment methods were effective at increasing marital adjustment scores although no evidence was found that one treatment method produces a greater change than the other. Finally, because of pre-test differences between groups in demographic data, exploratory statistics were run to determine if these demographics could account for the change in marital adjustment. None of these variables were considered to be significant.

CHAPTER FIVE

DISCUSSION

The purpose of this research study was to examine the clinical effectiveness of two couples treatment programs aimed at increasing marital adjustment. Participants in a Brief Integrative Couples Counseling treatment, which is a therapeutic approach to working with couples, were compared to participants who participated in a marriage education, which is a psychoeducation approach to working with couples, weekend workshop. This study sought to examine if Brief Integrative Couples Counseling and a marriage education weekend workshop format are comparable treatments for enhancing marital satisfaction and marital adjustment given the fact that they have different formats; and because marriage education has supplanted marriage counseling as the most popular treatment both in the lay and counseling community. If Brief Integrative couples counseling and marriage education treatments are equally effective, then it follows that they might be used interchangeably. The chapter will conclude with recommendations for practitioners and researchers.

Discussion of Findings

Massive efforts are underway at the state and federal levels to provide marriage education programs to families at risk (receiving government subsidy through Temporary

Assistance for Needy Families; TANF); however, there has been a deficit of empirical support describing the efficacy of such programs (Doherty & Anderson, 2004; McManus, 2003). In addition, John Gottman, who is one of the decade's most prolific marital researchers, argues that we need to be mindful not to exclude empirically sound couples counseling treatments until marriage education programs can provide equally sound empirical support (Gottman, 2004).

The purpose of this research study was to examine empirical outcomes of two couples treatments. The research question was stated as follows: Do couples show a different level of marital adjustment following Brief Integrative Couples Counseling compared to those who receive a marriage education treatment?; Do couples show greater marital adjustment over time following Brief Integrative Couples Counseling compared to those who participated in a marriage education treatment over time?

The study finds statistically significant improvement in mean marital adjustment scores for participants in both the Brief Integrative Couples Counseling treatment and the marriage education weekend workshop treatment. However, the participants differed sharply in their mean marital adjustment scores at pre-treatment levels. Although participants who participated in the marriage education treatment showed higher mean marital adjustment scores three months following treatment, their pre-treatment marital

adjustment scores were significantly higher (higher MAT scores suggest greater marital adjustment) from the onset of treatment. This finding was interesting in that couples who selected the marriage education treatment over the Brief Integrative Couples Counseling treatment were couples who reported non-distressed levels of marital adjustment prior to treatment participation. In fact, there was a significant mean difference in pre-treatment marital adjustment scores (reporting less marital distress) for couples who chose the marriage education weekend workshop format. That finding suggests that couples who are seeking out marriage education programs may not be those who fit the criteria for being an *at risk* couple. In addition, participants who participated in the Brief Integrative treatment showed significant clinical improvement three months following treatment, reporting a statistically significant increase in mean marital adjustment scores. In addition, participants who participated in the marriage education workshop treatment showed significant clinical improvement, neither group showed significantly greater clinical improvement over the other.

In exploring evidence-based marriage education programs, ones that have led to positive couple outcomes, researchers note that studies are largely performed on white, middle class, and highly educated couples (De Maria, 2005). This notion is clearly different than the aims of

President Bush and his Healthy Marriage Initiative. The initiative focuses on low income couples or couples and families considered *at risk*. In this study, it appears that *at risk* couples are more likely to choose traditional couples counseling than a psychoeducational procedure.

Additional findings of interest in the present study are participants' income level. It was interesting to note that participants from lower socioeconomic classes elected to participate in the Brief Integrative Couples Counseling model over the marriage education weekend workshop treatment. Over fifty percent of couples counseling participants report earning under \$25,000 annually, whereas 50% of participants who participated in the marriage education treatment group report a higher yearly income that ranged between \$25,000 and \$49,000 annually (Table 5).

Marriage education is now at a crossroads with government funding, gradually making educational services available to more diverse target populations, including clients from low income families, a variety of ethnic backgrounds, diverse educational backgrounds, and those *at risk* families who receive government financial assistance. However, it is important to note that in the current study, low income and clinically distressed couples did not select the marriage education program, suggesting that traditional couples counseling was preferred.

Limitations in the study

The findings of this study had several limitations to internal and external validity discussed hereafter. First off, the findings of this study need to be interpreted with caution because the sample size was small and may not be representative of the general population, and because it was geographically located in the Southeastern United States.

Internal Validity

This study used self-report instruments as the dependent variables thereby introducing the possibility of self-reporting error. For example, participants might respond in a way that makes them look good, makes them appear more distressed than they actually are, or in a more socially desirable way (Crowne & Marlow, 1964). In addition, one must consider order effects, in that change in participants may/not occur because participants become familiar and/or bored with the marital adjustment test.

The original sample of participants was 278, with a final study sample of 58, suggesting that attrition is a limitation in this study. Attrition is the rate at which individuals drop out of treatment: however, attrition in this study refers to those participants who completed treatment but whom we were unable to reach at the three month follow-up. Further, since participants are initially screened for potential violence by use of the Conflict

Tactics Scale (Strauss et al., 1996), a large number of participants were excluded from the initial participant pool. The second form of attrition lies within those that dropped out of the study due to couple separation. Finally, more participants could drop out of a study, from a particular group, such as those who are less committed to their couple relationship or participants of lower intelligence. Thus, this study really looks at couples who stay together and are less violent compared to the population of individuals who request couples treatment.

Selection bias is also a limitation in the study. Selection bias is related to those participants who completed the study by completing the three month follow up marital adjustment test (MAT-Phone). Thus, the participants who followed through with the study participation might be quite different than participants who did not follow through with the originally agreed upon study participation requirements, which indicated a three month follow up telephone assessment.

Participants who had events happen during the course of their treatment were not accounted for. Thus, history effects could be a threat to internal validity. History effects are those events that are not accounted for that participants experience during the course of treatment. For example medical issues, death in the family, a job loss, etc., would serve as history effects.

Power issues may be a concern for these statistical analyses in this study. Power is the ability of statistics to detect a pattern in data. However, with a small sample size there may be insufficient power to detect a statistically significant difference in pre-post marital adjustment scores between the two treatment groups that we might detect if the sample size were larger. To have sufficient power with the proposed analyses for this study, Cohen (1992) suggests that a sample size of 64 participants would be needed.

External Validity

The sample size of this study (N=58) is a limitation. With such a small sample size, it is difficult to generalize the results to the larger population. Further, this study was geographically located in the Southeastern United States. Therefore, future research could do well to replicate the study with larger sample sizes in an expanded geographical area.

The study was a quasi-experimental design. Singleton and Strauts (1999) indicate that a *quasi-experimental design* attempts to incorporate elements of an experiment design without maintaining the same level of experimental control, for example not using randomization. Because a control group was not used, there is a threat to external validity. Without a control group, it is not possible to ascertain

what change might have occurred in a group which received no treatment over the same time period. Further, because this study did not randomly assign participants to either the Brief Integrative Couples Counseling treatment or the marriage education treatment, one cannot confirm the significance of the statistical results, as they could be skewed because those who chose one treatment over the other might be different in some unsystematic way.

Finally, because those participants who reported active domestic violence to or from their partner in the past 6 months were eliminated from the population sample, the final sample might be less violent or less self-disclosing than the general population. Those participants who were eliminated may be more representative of the *at risk* population.

Implications for Practice

The professional and public interest in strengthening marriage is high. Although efforts have been underway at government levels to provide marriage education programs, there are few outcome studies comparing them to empirically sound couples counseling modalities (McManus, 2003). The purpose of this study was to compare a Brief Integrative Couples Counseling treatment to a marriage education weekend workshop treatment and assess their effectiveness by way of pre-test mean marital adjustment scores and post-test mean

marital adjustment scores three months following completion of their respective treatment.

The government's involvement in the pro-marriage initiative will continue to increase, as there are numerous five and ten year strategic plans to promote the Healthy Marriage Initiative (Ooms, 2005). Further, with the continuing shift in mental healthcare delivery services to more time-limited approaches (Davidson & Horvath, 1997), clinicians need to integrate empirically sound brief methods of working with couples to meet the current need.

In addition, as stated earlier, it is important to note that couples who reported greater levels of marital distress initially requested a more traditional approach -couples counseling. Those participants who chose the psychoeducational marriage education format did not report clinical levels of marital distress at the time of pre-test measures. Perhaps lower income, *at risk* couples are not as familiar with group educational formats or distrust them. Future research should look at couples' attitudes about various treatments to answer this question.

Implications for Research

Given the fact that millions of dollars are being spent in marriage education programs (Ooms & Wilson, 2004), further research is needed to compare studies of marriage education programs and other treatments in couples

counseling. This study investigated the effectiveness of two such programs aimed at increasing marital satisfaction. Based on a literature review, this study appears to be one of the first to compare a marriage education treatment to couples counseling.

The current study was limited in its sample size. Thus, it would be beneficial for the study to be replicated with a larger sample size of couples in both treatment protocols. In addition, it would be beneficial to have a sample chosen from a wider geographical area and from a wider variety of clinics. A research study with a control group and random assignment would provide additional insight into the factors that contribute to which couples treatment fits which type of individual to enhance marital adjustment.

This study used a quasi-experimental design and participants were not randomly assigned to treatments but were assigned based on their preference. This means that groups differed at the outset because the individuals chose their treatment. On the other hand, Kruskal and Mosteller (1979) discuss in length about the "good enough" principle which stipulates that non-random samples can have characteristics such that generalization to a certain population is reasonable. By examining the demographic data, the couples in this study are not that different than the wider community. In addition, by allowing couples to choose treatment, we were able to discover that more highly

distressed, lower income couples choose a couples counseling format, a finding we would not have identified had they been randomly assigned.

Conclusion

As stated earlier, overall pre-post test differences in marital adjustment between the Brief Integrative Couples Counseling group and the marriage education treatment were not statistically significant. Both groups did show significant improvement in marital adjustment at the three month follow-up.

Although the Federal Healthy Marriage Initiative is trying to target *at risk* couples, the study found that couples who would be identified *at risk*, reporting greater levels of marital distress, and who have lower educational levels, are apparently not choosing to participate in the educational programs to which we are allocating millions of dollars. Further research in this area would significantly contribute to a greater understanding of which couples treatments are best for which types of couples and on what these couples based their choice of treatment. Further research is needed to study *at risk* couples participation, or lack thereof, in marriage education programs. Controlled studies are also needed which compare couples counseling and marriage education programs, and identify best practices in couples work.

APPENDIX A: Consent for Research Study

University of Central Florida
College of Education – Counselor Education Program
Informed Consent Form

Project Title: Stronger Marriages, Stronger Families

Principal Investigators: Mark E. Young, Ph.D. and Andrew P. Daire, Ph.D.

Purpose of Survey: The purpose of this research project is to compare various methods for strengthening the relationships of distressed couples including couples groups, psycho-educational procedures, and couples counseling.

I understand I will be asked to complete some counseling assessment forms including the OQ-45.2 (measures treatment outcome in relation to symptom distress, interpersonal relations, and social roles), Conflict Tactics Scale (measures partner to partner interactions along with conflict and potential violence within the family), WEL Inventory (measures physical and psychological health such as coping, spirituality, and social support), Weiss-Cerreto Marital Status Inventory (measures relationship break-up potential), the Locke-Wallace Marital Adjustment Test (measures marital adjustment), and a brief demographic questionnaire. These forms will take approximately 50-60 minutes to complete. In addition, I will be participating in intervention services, which may include the Stronger Marriage, Stronger Couples Workshop, Brief Couples Counseling, Premarital Counseling, or Couples Counseling. I understand my participation is totally voluntary, and I may refuse to answer any question or withdraw from participating in the project at any time without penalty.

If you choose not to participate in this study, you may still receive counseling from the University of Central Florida Community Counseling Clinic without a delay in scheduling. Clients whose needs exceed the expertise of the staff at the clinic will be referred to outside agencies for appropriate treatment.

As per Florida Statutes, client information is confidential and cannot be released without your written authorization. The only exceptions to this are the following:

1. If you are likely to do harm to yourself;
2. If you are likely to do harm to others;
3. If you report or exhibit behaviors of suspected abuse or neglect of a child, elderly person, resident of an institution, or a disabled person; and/or
4. If the court orders release of such information.

My identity will be kept confidential. Any data that results from this study will be reported in group format only. No names will appear on any of the results.

I understand there is a possibility of benefits and anticipated risks. Possible benefits include greater relationship harmony, decreased individual psychological distress, and decrease in divorce proneness. Potential risks include the possibility of separation or relationship break-up and emotional discomfort when participating in couples workshops or couples counseling.

prone. Potential risks include the possibility of separation or relationship break-up and emotional discomfort when participating in couples workshops or couples counseling.

For questions related to this study and/or to obtain a copy of the results of this study, please contact:

Andrew P. Daire, Ph.D., LMHC, NCC
Assistant Professor
Child Family and Community Sciences
University of Central Florida
P.O. Box 161250
Orlando, FL 32816-1250
Phone: (407) 823-0385
Fax: (407) 823-1749

If you believe you have been injured during participation in this research project, you may file a claim against the State of Florida by filing a claim with the University of Central Florida's Insurance Coordinator, Purchasing Department, 4000 Central Florida Boulevard, Suite 360, Orlando, FL 32816, (407) 823-2661. University of Central Florida is an agency of the State of Florida and the university's and the state's liability for personal injury or property damage is extremely limited under Florida law. Accordingly, the university's and the state's ability to compensate you for any personal injury or property damage suffered during this research project is very limited.

Information regarding your rights as a research volunteer may be obtained from the following contact person:

Chris Grayson
Institutional Review Board (IRB)
University of Central Florida (UCF)
12443 Research Parkway, Suite 207
Orlando, Florida 32826-3252
Telephone: (407) 823-2901

I have read and understand this consent form.

Name

Date

Counselor Signature

Date

APPENDIX B: Consent for Clinical Treatment

2

COMMUNITY COUNSELING CLINIC
University of Central Florida – College of Education

CLIENT INFORMATION and CONSENT for TREATMENT

Thank you for selecting the University of Central Florida (UCF) Community Counseling Clinic for your present counseling needs. We offer free individual, couple, and family counseling sessions. On occasion, we also offer group-counseling programs. With the exception of short semester breaks, the Community Counseling Clinic (CCC) operates weekdays and evenings throughout the year. Counseling sessions are usually 45-50 minutes in length. You are welcome to attend as long as you and your counselor agree that the services are of mutual benefit. If you continue for longer than one semester, a different counselor may see you.

Graduate students from the Counselor Education and Clinical Psychology Programs staff the CCC. All sessions are videotaped and monitored by closed circuit TV. A faculty member and/or advanced graduate student learning clinical supervision skills observes the counseling session. Your counselor (a graduate student) receives consultation and suggestions from the supervisor(s) reviewing these tapes. In some instances, other graduate students-in-training or professionals will participate in these conferences. These activities are intended to ensure you that you are receiving the highest quality service. You have the right to request the name of the supervisor. In addition, you may be asked to fill out counseling outcome measures (Outcome Questionnaire (OQ-45.2), Clinic Satisfaction Questionnaire (CSQ-8), State-Trait Anxiety Inventory for Children (STAIC), Child Behavior Checklist (CBCL), or other questionnaires) which are used for research purposes to evaluate aspects of our program. The CCC adheres to the ethical standards of the American Counseling Association and/or the American Psychological Association. Please refer to the Notice of Privacy Practices for information about the confidentiality of your records.

Clients are accepted on first come, first served basis. Referrals are made to outside sources when necessary. The CCC maintains a waiting list and frequently contains more clients than available staff. If for any reason you wish to discontinue, postpone, or cancel your sessions, please call as soon as possible at (407) 823-2052 so that another person on the waiting list can be accommodated. This courtesy is greatly appreciated. Generally, the CCC does not reschedule someone who fails to keep an appointment without phoning to cancel in advance or who repeatedly cancels appointments.

I acknowledge that I have received, read and understand the CLIENT INFORMATION and CONSENT for TREATMENT form. I have had an opportunity to ask questions and receive answers. I do hereby seek and consent to take part in treatment by the Counselor named below. I understand that developing a treatment plan with this Counselor and regularly reviewing our work toward meeting the treatment goals are in my best interests. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this Counselor. I am aware that I may stop my treatment with this Counselor at any time. I know I must call to cancel or reschedule an appointment at least 24 hours in advance. I know I may receive confirmation calls or letters of follow-up on missed appointments. I acknowledge that this Clinic is a training facility and give my permission to have my Counselor's supervisors review all aspects of my treatment

My signature on this document shows that I understand and agree with the above conditions and statements.

Client Signature _____	Date _____
Residential Parent/Guardian Signature _____	Date _____
2 nd Parent/Guardian Signature _____	Date _____
Counselor Signature _____	Date _____

Revised 5/12/03

NOTICE OF PRIVACY PRACTICES – BRIEF VERSION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This information is a shorter version of the full, legally required NPP which you may request along with this and refer to it for more information. However, we can't cover all possible situations so please talk to our Privacy Officer (see the end of this pamphlet) about any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with treatment and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this.

Of course we will keep your health information private but there are some times when the laws require us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Suspected abuse or neglect of a child, elderly person, resident of an institution, or a disabled person.
3. Some lawsuits and legal or court proceedings.
4. If a law enforcement official requires to do so.
5. For Workers Compensation and similar benefit programs.

There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you. You can even get a summary copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Leila Roach and can be reached by phone at 407-823-2052.

The effective date of this notice is April 14, 2003

APPENDIX C: IRB Human Participants Approval



THE UNIVERSITY OF CENTRAL FLORIDA
INSTITUTIONAL REVIEW BOARD (IRB)

IRB Committee Approval Form

PRINCIPAL INVESTIGATOR(S): Tina M. Livingston IRB #: 05-2950
(Supervisor: Mark E. Young)

PROJECT TITLE: An Investigation of Treatment Outcomes for Couples who Complete either a Couples Weekend Workshop or Brief Couples Counseling

- New project submission Resubmission of lapsed project #
- Continuing review of lapsed project # _____ Continuing review of #
- Study expires: Initial submission was approved by expedited review
- Initial submission was approved by full board review but continuing review can be expedited
- Suspension of enrollment email sent to PI, entered on spreadsheet, administration notified _____

Chair

IRB Reviewers:

Expedited Approval

Dated: _____
Cite how qualifies for expedited review: minimal risk and _____

Signed: _____
Dr. Sophia Dziegielewski, Vice-Chair

Exempt

Signed: _____
Dr. Jacqueline Byers, Chair

Dated: 12/1/05
Cite how qualifies for exempt status: minimal risk and 3c

Signed: Tracy Dietz
Dr. Tracy Dietz, Designated Reviewer

Expiration

Complete reverse side of expedited or exempt form

Date: _____

- Waiver of documentation of consent approved
- Waiver of consent approved
- Waiver of HIPAA Authorization approved

NOTES FROM IRB CHAIR (IF APPLICABLE): _____

Chairman of the IRB has reviewed this project and has approved it for expedited review. The project meets the criteria for expedited review as it involves minimal risk and is a research project that is not more than a minor change from a previously approved project.

I have reviewed the project and have approved it for expedited review.

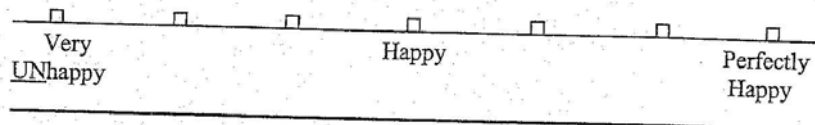
APPENDIX D: Instrumentation

Locke-Wallace Relationship Measure

Date: _____

Sex: Male Female

1. On the scale below, please check the dot that best describes the degree of happiness, everything considered, of your present relationship. The middle point, "Happy," represents the degree of happiness which most people get from their relationships, and the scale gradually ranges on one side to those few who are very unhappy in their relationships, to those few who experience extreme joy or felicity in their relationships.



On the following items, please state the approximate extent of agreement or disagreement between you and your partner. Please check one column for each item.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
2. Handling finances						
3. Matters of recreation						
4. Demonstrations of affection						
5. Friends						
6. Sex relations						
7. Conventionality (right, good, or proper conduct)						
8. Philosophy of life						
9. Ways of dealing with relatives						

(Please go to the next page)

For the following items, please CIRCLE the response which best answers the question.

10. When disagreements arise, they usually result in:
- (a) You giving in
 - (b) Your partner giving in
 - (c) Agreement by mutual give and take
11. Do you and your partner engage in outside interests together?
- (a) All of them
 - (b) Some of them
 - (c) Very few of them
 - (d) None of them
12. In leisure time, do you generally prefer:
- (a) To be "on the go"
 - (b) To stay at home
- Does your partner generally prefer:
- (a) To be "on the go"
 - (b) To stay at home
13. Do you confide in your partner?
- (a) Almost never
 - (b) Rarely
 - (c) In most things
 - (d) In everything

Answer the following questions only if you are married to, or planning to marry, your partner.

14. Do you ever wish you had not married your partner (or planned marriage)?
- (a) Frequently
 - (b) Occasionally
 - (c) Rarely
 - (e) Never
15. If you had your life to live over, do you think you would:
- (a) Marry (or plan to marry) your current partner
 - (b) Marry (or plan to marry) a different person
 - (c) Not marry (or plan to marry) at all

No matter how well a couple gets along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or are upset for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Some questions are about you, and others are about your partner. Please circle the response that describes how many times these things happened in the past year. If one of these things did not happen in the past year, but it happened before that, circle "7".

CTS2 Relationship Behaviors

AutoScore™ Form

M. A. Straus, Ph.D., S. L. Hamby, Ph.D., S. Boney-McCoy, Ph.D., and D. Sugarman, Ph.D.

Client ID: _____ Partner ID: _____
 Date: _____ Age: _____ Gender: Male Female
 Education (highest grade completed): <12 12 13 14 15 16 >16
 Race/Ethnicity: American Indian/Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian/Pacific Islander White Other

Please press hard when marking responses.

How often did this happen in the past year?

	Once	Twice	3-5 times	6-10 times	11-20 times	More than 20 times	Not in the past year but it happened before
1. I showed my partner I cared even though we disagreed.	1	2	3	4	5	6	7
2. My partner showed care for me even though we disagreed.	1	2	3	4	5	6	7
3. I explained my side of a disagreement to my partner.	1	2	3	4	5	6	7
4. My partner explained his or her side of a disagreement to me.	1	2	3	4	5	6	7
5. I insulted or swore at my partner.	1	2	3	4	5	6	7
6. My partner insulted or swore at me.	1	2	3	4	5	6	7
7. I threw something at my partner that could hurt.	1	2	3	4	5	6	7
8. My partner threw something at me that could hurt.	1	2	3	4	5	6	7
9. I twisted my partner's arm or hair.	1	2	3	4	5	6	7
10. My partner twisted my arm or hair.	1	2	3	4	5	6	7
11. I had a sprain, bruise, or small cut because of a fight with my partner.	1	2	3	4	5	6	7
12. My partner had a sprain, bruise, or small cut because of a fight with me.	1	2	3	4	5	6	7
13. I showed respect for my partner's feelings about an issue.	1	2	3	4	5	6	7
14. My partner showed respect for my feelings about an issue.	1	2	3	4	5	6	7
15. I made my partner have sex without a condom.	1	2	3	4	5	6	7
16. My partner made me have sex without a condom.	1	2	3	4	5	6	7
17. I pushed or shoved my partner.	1	2	3	4	5	6	7
18. My partner pushed or shoved me.	1	2	3	4	5	6	7
19. I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	1	2	3	4	5	6	7
20. My partner used force to make me have oral or anal sex.	1	2	3	4	5	6	7
21. I used a knife or gun on my partner.	1	2	3	4	5	6	7
22. My partner used a knife or gun on me.	1	2	3	4	5	6	7
23. I passed out from being hit on the head by my partner in a fight.	1	2	3	4	5	6	7
24. My partner passed out from being hit on the head by me in a fight.	1	2	3	4	5	6	7
25. I called my partner fat or ugly.	1	2	3	4	5	6	7
26. My partner called me fat or ugly.	1	2	3	4	5	6	7
27. I punched or hit my partner with something that could hurt.	1	2	3	4	5	6	7
28. My partner punched or hit me with something that could hurt.	1	2	3	4	5	6	7
29. I destroyed something belonging to my partner.	1	2	3	4	5	6	7
30. My partner destroyed something that belonged to me.	1	2	3	4	5	6	7
31. I went to a doctor because of a fight with my partner.	1	2	3	4	5	6	7
32. My partner went to a doctor because of a fight with me.	1	2	3	4	5	6	7
33. I choked my partner.	1	2	3	4	5	6	7
34. My partner choked me.	1	2	3	4	5	6	7
35. I shouted or yelled at my partner.	1	2	3	4	5	6	7
36. My partner shouted or yelled at me.	1	2	3	4	5	6	7
37. I slammed my partner against a wall.	1	2	3	4	5	6	7
38. My partner slammed me against a wall.	1	2	3	4	5	6	7
39. I said I was sure we could work out a problem.	1	2	3	4	5	6	7
40. My partner was sure we could work it out.	1	2	3	4	5	6	7

continue on back page

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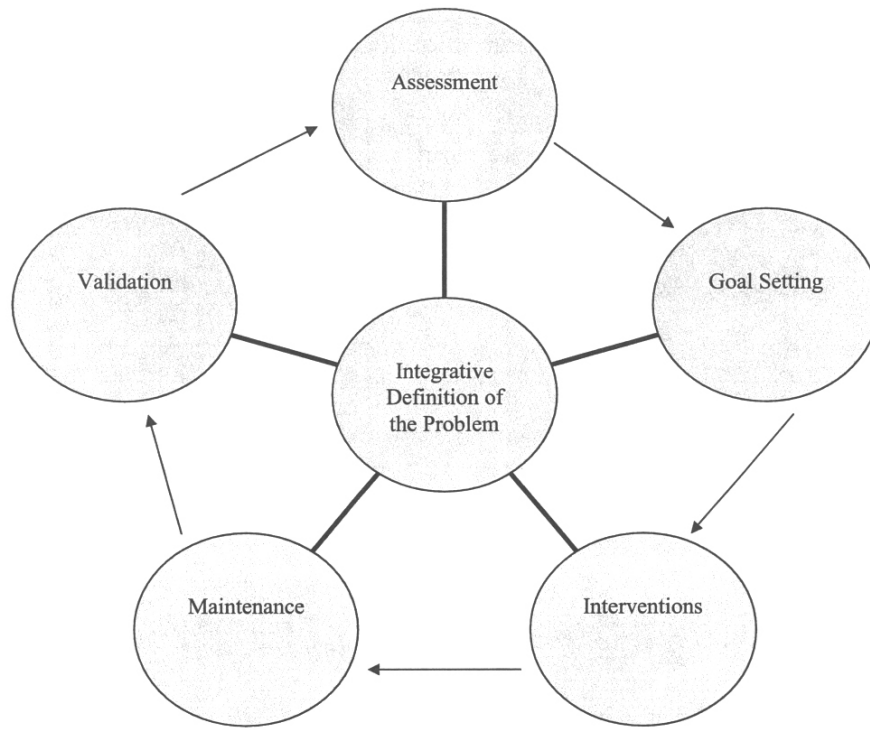
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How often did this happen in the past year?

	Once	Twice	3-4 times	5-10 times	11-20 times	More than 20 times	Not in the past year	Not applicable
41. I needed to see a doctor because of a fight with my partner, but I didn't.	1	2	3	4	5	6	7	0
42. My partner needed to see a doctor because of a fight with me, but didn't.	1	2	3	4	5	6	7	0
43. I beat up my partner.	1	2	3	4	5	6	7	0
44. My partner beat me up.	1	2	3	4	5	6	7	0
45. I grabbed my partner.	1	2	3	4	5	6	7	0
46. My partner grabbed me.	1	2	3	4	5	6	7	0
47. I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	1	2	3	4	5	6	7	0
48. My partner used force to make me have sex.	1	2	3	4	5	6	7	0
49. I stomped out of the room or house or yard during a disagreement.	1	2	3	4	5	6	7	0
50. My partner stomped out of the room or house or yard during a disagreement.	1	2	3	4	5	6	7	0
51. I insisted on sex when my partner did not want to (but did not use physical force).	1	2	3	4	5	6	7	0
52. My partner insisted that I have sex when I didn't want to (but did not use physical force).	1	2	3	4	5	6	7	0
53. I slapped my partner.	1	2	3	4	5	6	7	0
54. My partner slapped me.	1	2	3	4	5	6	7	0
55. I had a broken bone from a fight with my partner.	1	2	3	4	5	6	7	0
56. My partner had a broken bone from a fight with me.	1	2	3	4	5	6	7	0
57. I used threats to make my partner have oral or anal sex.	1	2	3	4	5	6	7	0
58. My partner used threats to make me have oral or anal sex.	1	2	3	4	5	6	7	0
59. I suggested a compromise to a disagreement.	1	2	3	4	5	6	7	0
60. My partner suggested a compromise to a disagreement.	1	2	3	4	5	6	7	0
61. I burned or scalded my partner on purpose.	1	2	3	4	5	6	7	0
62. My partner burned or scalded me on purpose.	1	2	3	4	5	6	7	0
63. I insisted my partner have oral or anal sex (but did not use physical force).	1	2	3	4	5	6	7	0
64. My partner insisted I have oral or anal sex (but did not use physical force).	1	2	3	4	5	6	7	0
65. I accused my partner of being a lousy lover.	1	2	3	4	5	6	7	0
66. My partner accused me of being a lousy lover.	1	2	3	4	5	6	7	0
67. I did something to spite my partner.	1	2	3	4	5	6	7	0
68. My partner did something to spite me.	1	2	3	4	5	6	7	0
69. I threatened to hit or throw something at my partner.	1	2	3	4	5	6	7	0
70. My partner threatened to hit or throw something at me.	1	2	3	4	5	6	7	0
71. I felt physical pain that still hurt the next day because of a fight with my partner.	1	2	3	4	5	6	7	0
72. My partner still felt physical pain the next day because of a fight we had.	1	2	3	4	5	6	7	0
73. I kicked my partner.	1	2	3	4	5	6	7	0
74. My partner kicked me.	1	2	3	4	5	6	7	0
75. I used threats to make my partner have sex.	1	2	3	4	5	6	7	0
76. My partner used threats to make me have sex.	1	2	3	4	5	6	7	0
77. I agreed to try a solution to a disagreement my partner suggested.	1	2	3	4	5	6	7	0
78. My partner agreed to try a solution I suggested.	1	2	3	4	5	6	7	0

APPENDIX E: Integrative Model



YOUNG & LONGS INTEGRATIVE COUPLES COUNSELING MODEL

ASSESSMENT

1. Understand each member's viewpoint
2. Gather Information
3. Create an interactive definition

GOAL SETTING

1. Externalize the problem
2. Set behavioral and affective goals

INTERVENTIONS

1. Assess each member's strength
2. Design interventions

MAINTENANCE

1. Challenge commitment
2. Identify roadblocks

VALIDATOIN

1. Celebrate success
2. Build in follow-up strategies

APPENDIX F: Empowering Couples Weekend Workshop

Empowering Couples Weekend Workshop

Each couples are assigned one counselor to work with them. The couple participates in a didactic lecture and video clips prior to completing each of the 6 content areas. Upon completion the couple works with their individual counselor, then returns to the couples group.

Day 1 (8 hours)

1. Sharing Strength and Growth Areas: Couple Communication Exercise 1
2. Active Listening Skills
3. Conflict Resolution

Day 2(8 hours)

1. Role Relations, Couple and Family Map
2. Finances
3. Spiritual Beliefs

For Description of Workshop See Empowering Couples (Olson & Olson, 2000)

4

REFERENCES

- Accordino, M. P., & Guerney Jr., B. G. (2003). Relationship enhancement couples and family outcome research of the last 20 years. *The Family Journal: Counseling and Therapy for Couples and Families*, 11(2), 162-166.
- Achenbach, T. M., Howell, C.T., Quay, H. C., & Conners, C. K. (1991). National survey of problems and competencies among four-to-sixteen-year-olds. *Monographs of the Society for Research in Child Development*, 56 (3), Serial No. 225.
- Amato, P. R. (2000). The consequences of divorce for adults & children. *Journal of Marriage & the Family*, 62, 1269-1287.
- Amato, P. R., & Booth, A. (1977). *A generation at risk: Growing up in an era of family upheaval*. Cambridge, MA: Harvard University Press.
- Atkins, D. C., Berns, S. B., George, W. H., Doss, B. Gatts, K., & Christensen, A. (2005). Prediction of response to treatment in randomized clinical trial of marital therapy. *Journal of Consulting and Clinical Psychology*, 73(5), 803-903.
- Baucom, D. H., Epstein, N. & Gordon, K. C. (2000). Marital therapy: Theory, practice and empirical status. In C. R. Snyder F& R. E. Ingram (Eds.), *Handbook of psychological change: Family therapy* (pp. 280-308).

NY: Wiley.

- Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology, 66*, 53-58.
- Bowling, T. K., Hill, C., M., & Jencius, M. (2005). An overview of marriage enrichment. *Family Journal, 13*(1), 87-94.
- Brotherson, S. E., & Duncan, D. C. (2004). Rebinding the ties that bind: Government efforts to preserve and promote marriage. *Family Relations, 53*(5), 459-468.
- Budman, S. H., & Gurman, A. S. (1988). *Theory and Practice of Brief Therapy*. NY: New York University Press.
- Bumpass, L. L., & Lu, H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies, 54* (1), 29-41.
- Carroll, J. S., & Doherty, W. J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations, 52*, 105-118.
- Christensen, A., Atkins, D.C., Berns, S. B., Wheeler, J., Baucom, D. H., & Simpson, L. (2004). Integrative versus traditional behavioral couple therapy for moderately and severely distressed couples. *Journal of Consulting and Clinical Psychology, 72*, 176-191.

- Christensen, A., & Heavey, C. L. (1999). Interventions for couples. In J. T. Spence, J. M. Darley, & D. J. Foss (Eds.), *Annual review of psychology* (pp. 165-190). Palo Alto, CA: Annual Reviews.
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, *112*(1), 155-159.
- Crowne, D. P., & Marlowe, D. (1964). *The approval motive: Studies in evaluative dependence*. NY: Wiley.
- De Maria, R. (2003). Psychoeducation and enrichment: Clinical considerations for couple and family therapy. In T. Sexton, G. Weeks, & M. Robbins, (Eds.), *Handbook for family therapy* (pp. 411-430). NY: Brunner-Routledge.
- De Maria, R. M. (2005). Distressed couples and marriage education. *Family Relations*, *54*, 242-253.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. NY: Norton.
- de Shazer, S., & Molnar, A. (1984). Four useful interventions in brief family therapy. *Journal of Marital and Family Therapy*, *(10)*, 207-304.
- Davidson, G. N., & Horvath, A. O. (1997). Three sessions of brief couples therapy: A clinical trial. *Journal of Family Psychology*, *11*(4), 422-435.
- Dearing, E., McCartney, K., Weiss, H., Drieder, H., &

- Simpkins, S. (2004). The promotion effects of family educational involvement for low-income children's literacy. *Journal of School Psychology, 42*(6), 445-460.
- Demarest, D., Sexton, A., & Sexton, M. (1977). *A Marriage Encounter*. NY: Carillon Brooks.
- Doherty, W. J., & Anderson, J. R. (2004). Community marriage initiatives. *Family Relations, 53*, 425-432.
- Doherty, W.J., Kouneski, E.F., & Erickson, M. (1988). Responsible fathering: An overview and conceptual framework. *Journal of Marriage and the Family, 60* (1), 277-292.
- Donovan, J. M. 1998). Brief couples therapy: Lessons from the history of brief individual treatment. *Psychotherapy, 35*, 116-129.
- Duncan, G., Brooks-Gunn, J., & Klebanov, P. (1994). *Economics deprivation and early childhood development. Child Development, 65*, 296-318.
- Fournier, D. G. (1979). Validation of PREPARE: A premarital counseling inventory. Unpublished doctoral dissertation. Minnesota: Family Social Science, University of Minnesota.
- Fowers, B.J., & Olson, D.H. (1986). Predicting marital success with PREPARE: A predictive validity study. *Journal of Marital & Family Therapy, 12*(4), 403-413.
- Fowers, B. J., & Olson, D. H. (1989). ENRICH marital Inventory: A discriminate validity and cross-validation

- assessment. *Journal of Marital and Family Therapy*, 15, 65-79.
- Friedlander, M., & Tuason, M. (2000). Do parents differentiation levels predict those of their adult children? *Journal of Counseling Psychology*, 47(1), 27-35.
- Goddard, H. W., & Olsen, C. S. (2004). Cooperative extension initiatives in marriage and couples education. *Family Relations*, 53(5), 433-439.
- Goldstein, J. R. (1999). The leveling of divorce in the United States, *Demography*, 36(3), 409-414.
- Gottman, J. M. (1994). *What predicts divorce: The relationship between marital processes and marital outcomes*. Hillsdale, NJ: Lawrence Erlbaum.
- Gottman, J. M. (1999). *The marriage clinic: A scientifically based marital therapy*. NY: Norton.
- Gottman, J. M., & Silver, N. (2000). *The seven principles of making a marriage work*. NY: Three Rivers Press.
- Gottman, J. M., & Silver, N. (1995). *Why marriages succeed or fail: And how you can make your last*. NY: Simon & Schuster.
- Gottman, J. M., Swanson, C., & Murray, J. D. (2002). *The mathematics of marriage: Dynamic nonlinear models*. Cambridge, MA: MIT Press.
- Guerney Jr., B. G., (1977). *Relationship enhancement: Skill training programs for therapy, problem,*

- prevention, and enrichment*. San Francisco: Jossey-Bass.
- Gully, K. J., & Dengerink, H. A. (1983). The dyadic interaction of persons with violent and nonviolent histories. *Aggressive Behavior, 9*, 13-20
- Hahlweg, K., Markman, H. J., Thurmaier, F., Engle, J., & Eckert, V. (1998). Prevention of marital distress: Results of a German prospective longitudinal study. *Journal of Family Psychology, 12*, 543-556.
- Hawkings, A. J., Carroll, J. S., Doherty, W. J., & Willoughby, B. (2004). A comprehensive framework for marriage education. *Family Relations, 53*, 547-558.
- Heatherington, L., Friedlander, M. L., & Greenberg, L. (2005). Change process research in couple and family therapy: Methodological challenges and opportunities. *Journal of Family Psychology, 19*, 18-27.
- Hetherington, E. M., & Kelly, J. (2002). *For Better or For Worse: Divorce Reconsidered*. New York: Norton.
- Horn, W. (2005, Feb). Going to the chapel: *The president's Healthy Marriage Initiative*. Keynote address to the Fatherhood Initiative meeting, Tampa, FL.
- Hunt, R., Hof, L., & De Maria, R. (1988). *Marriage enrichment: Preparing, mentoring, & outreach*. PA: Brunner/Mazel.
- Jacobson, N.S., & Gurman, A.S. (Eds.). (1995). *Clinical handbook of couple therapy*. NY: Guilford.
- Jacobson, N.S., Follette, W. C., & Revenstorff, D. (2000).

- Variability in outcome and clinical significance of behavioral marital therapy: A reanalysis of outcome data. *Prevention and Treatment*, 3(1), 221-239.
- Jakubowski, S. F., Milne, E.P., Brunner, H., & Miller, R. B. (2004). A review of empirically supported marital enrichment programs. *Family Relations*, (53), 528-536.
- Jencius, M., & Duba J. D. (2003). The marriage of research and practice: An interview with John M. Gottman. *The Family Journal: Counseling and Therapy for Couples and Families*, 11(2), 216-223.
- Knutson, L., & Olson, D. H. (2003). Effectiveness of PREPARE program with pre-marital couples counseling in community settings. *Marriage & Family: A Christian Journal*, 6(4), 529-546.
- Kreider, R. M., & Fields, J. M. (2002). Number, timing and duration of marriages and divorces: 1996. *Current Population Reports*, 70-80. Washington D.C.: U.S. Census Bureau.
- Krokoff, L. J. (1989). Predictive validation of a telephone version of the Locke-Wallace marital adjustment test. *Journal of Marriage and the Family*, 51, 767-775.
- Lambert, M. J., Hansen, N. B., Umphress, V. J., Lunnen, K., Okiishi, J., Burlingame, G. M., Huefner, J. C., & Reisinger, C. W. (1966). *Administration and scoring manual for the Outcome Questionnaire (OQ 45.2)*. Wilmington, DE: American Professional Credentialing

Services.

- Larsen, A. S., & Olson, D. H. (1989). Predicting marital satisfaction using PREPARE: A replication study. *Journal of Marital & Family Therapy, 15*, 311-322.
- Larson, D., Swyers, J., & Larson, S. (1995). The costly consequences of divorce: Assessing the clinical, economic, and public health impact of marital disruption in the United States. Rockville, MD: National Institute for Healthcare Research.
- Larson, J. H. (2004). Innovations in marriage education: Introduction and challenges. *Family Relations, 53*, 421-424.
- Lebow, J. (1997). The integrative revolution in couple and family therapy. *Family Process, 36*, 1-17.
- Levin-Epstein, J., Ooms, T., Parke, M., Roberts, P., & Turetsky (2002). Spending too much, accomplishing too little: An analysis of the family formation provisions of H.R. 4737 and recommendations for change. *Center for Law and Social Policy, 1-18*.
- Levine, S. (2004). A positive domestic violence screen predicts future domestic violence. *Journal of Interpersonal Violence, 19(9)*, 955-966.
- Locke, H. J., & Wallace, K. M. (1959). Short marital adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living, 21*, 251-255.
- Long, L. L. & Burnett, J. A. (2005). Teaching couples

counseling: An integrative model. *The Family Journal: Counseling and Therapy for Couples and Families*, 13(3), 321-327.

McCarroll, J. E., Thayer, L. E., Ursano, R. J., Newby, J. H., Norwood, A. E., & Fullerton, C. S. (2000). Are respondents who omit conflict tactics scale items more violent than those who omit none? *Journal of Interpersonal Violence*, 15(5), 872-881.

McManus, M. J. (2003). *Ten steps to create a community marriage policy covenant*. Retrieved Jan 1, 2006, from http://marriagesavers.org/public/10_steps.htm

Markman, H. J., Whitton, S. W., Kline, G. H., Stanley, S. M., Thompson, H., St. Peters, M., Leber, D. B., Olmos-Gallo, A., Prado, L., Williams, T., Gilbert, K., Tonelli, L., Bobulinski, M., & Cordova, A. (2004). Use of an empirically based marriage education program by religious organizations: results of a dissemination trial. *Family Relations*, 53, 504-512.

Milward, C. (1990). Expectations of marriage of young people. *Family Matters*, 28,1-12.

Minuchin, S., Lee, W., & Simon, G. (1996). *Mastering family therapy: Journeys of growth and transformation*. NY: Wiley.

National Center for Health Statistics.

<http://www.cdc.gov/nchs/pressroom/96facts/mardiv.htm>

Nelson, T. S., & Smock, S. A. (2005). Challenges of an

- outcome-based perspective for marriage and family education. *Family Process*, 44(4), 355-362.
- Nahmias, V. R. (1991). Training for a managed care setting. *Psychotherapy for Private Practice*, 11(2), 15-19.
- Norcross, J. C., Goldfried, M. (2005). The future of psychotherapy integration: A roundtable. *Journal of Psychotherapy Integration*, 15(4), 392-471.
- Notarius, C. & Markman, H. J. (1983). *We can work it out: Making sense of marital conflict*. New York: Putnam.
- Olson, D. H. (2002). PREPARE/ENRICH Counselor's Manual. Minnesota: Life Innovations, Inc.
- Olson, S. L., Ceballo, R. P., Park, C. (2002). Early problem behavior among children from low-income, mother headed families: A multiple risk perspective. *Journal of Clinical Child & Adolescent Psychology*, 31(4), 419-431.
- Olson, L. Y. & Olson, D. H. (1993). Seven types of marriage: Empirical typology based on enrich. *Journal of Marital & Family Therapy*, 19(4), 325-240.
- Onwuachi-Willig, A. (2005). The return of the ring: Welfare reform's marriage cure as the revival of post-bellum control. *California Law Review*, 93(6), 1647-1696.
- Ooms, T. (2002). Marriage and Government: Strange Bedfellows? Center for law and social policy: Couples and Marriage Series, Brief No. 1.
- Ooms, T. (2005). The new kid on the block: What is marriage education and does it work? Center for law and social

- policy: *Couples and Marriage Series*, July, Brief No. 7.
- Ooms, T., & Wilson, P. (2004). The challenges of offering relationship and marriage education to low income populations. *Family Relations*, 53, 440-447.
- Pardue, M. G., & Rector, R. (2004). Understanding the president's Healthy Marriage Initiative. *The Backgrounder: Research family, 1741*, 2-10.
- Parrott, III, L., & Parrott, L. (2003). The SYMBIS approach to marriage education (2003). *Journal of Psychology and Theology*, 31(3), 208-212.
- Patterson, C. H. (1989). Eclecticism in psychotherapy: Is integration possible? *Psychotherapy*, 26, 157-161.
- Pear, R., & Kirkpatrick, D. (2004, January 14). 1.5 Billion drive for promotion of marriage. *New York Times*. Retrieved September 27, 2005, from <http://www.commondreams.org/headlines04/0114-03.htm>.
- Rohrbaugh, M. J., & Shoham, V. (2001). Brief therapy based on interrupting ironic process: The Palo Alto Model. *Clinical Psychology: Science & Practice*, 8, 66-81.
- Sager, D. E., & Sager, W. G. (2005). SANCTUS Marriage enrichment. *The Family Journal: Counseling and Therapy for Couples and Families*, 13(2), 212-218.
- Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge, MA: Harvard University Press.
- Sayers, S. L., Kohn, C. S., & Heavey, C. (1998). Prevention

- of marital dysfunction: Behavioral approaches and beyond. *Clinical Psychology Review*, 18, 713-744.
- Sexton, T. L., Robbins, M. S., & Hollimon, M. S. (2003). In *Handbook of Family Therapy: The science and practice of working with couples and families*. NY: Brunner-Routledge
- Shadish, W. R., & Baldwin, S. (2003). Effects of behavioral marital therapy: A meta-analysis of controlled trials. *Journal of Consulting & Clinical Psychology*, 73(1), 6-14.
- Shaw, D. S., Winslow, E. B., & Flanagan, C. (1999). A prospective study of the effects of marital status and family relations on young children's adjustment among African American and European American families. *Child Development*, 70, 742-755.
- Singleton, R. A., & Straits, B. C. (1999). *Approaches to Social Research* (3rd ed.). NY: Oxford University Press.
- Smith, R. L., & Southern, S. (2005). Integrative Confusion: An examination of integrative models in couples therapy. *Family Journal: Counseling and Therapy for Families and Couples*, 13(4), 392-399.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D.

- B. (1996). The revised conflict tactics scale (CTS2) *Journal of Family Issues*, 17(3), 283-316.
- Szinovacz, M. E. (1983). Using couple data as a methodological tool: The case of marital violence. *Journal of Marriage and the Family*, August, 633-644.
- Umphress, V. J., Lambert, J. J., Smart, D. W., Barlow, S. H., & Clouse, G. (1997). Concurrent and construct validity of the Outcome Questionnaire: Item sensitivity to change. *Journal of Psychoeducational Assessment*, 15, 40-55.
- United States Census Bureau. (2002). *Number, timing, and duration of marriages and divorces: 1996*. Washington, DC: Author.
- Van Widenfelt, B., Markman, H. J., Guerney, B., Behrens, B. C., & Hosman, C. (1997). Prevention of relationship problems. In W. K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 651-675). NY: John Wiley & Sons.
- Waite, L., & Gallagher, M. (2000). *The case for marriage: Why married people are happier, healthier, and better off financially*. NY: Doubleday.
- Wallerstein, R. S. (1990). The corrective emotional experience: Is reconsideration due? *Psychoanalytic Inquiry*, 10(3), 288-324.
- Wells, R. A., & Granetti, V. J. (1990). *Handbook of brief psychotherapies*. NY: US Plenum Press.

- Whitehead, B.D., & Popenoe, D. (2005). The social health of marriage in America. Essay: Marriage and family: What does the Scandinavian experience tell us? The National Marriage Project
<http://marriage.rutgers.edu/Publications/Print/PrintSOOU2005.htm>)
- World Almanac and Book of Facts. (2006). NY: Simon & Schuster/World almanac books.
- Young, M. A. (2005). Creating a confluence: An interview with Susan Johnson and John Gottman. *The Family Journal: Counseling and Therapy for Couples and Families*, 13(2), 219-225.
- Young, M. E., & Feiler, F. (1994). Trends in counseling: A national survey. *Guidance and Counseling*, 16, 108-113.
- Young, M. E., & Long, L. L. (1998, 2007). *Counseling and therapy for couples*. CA: Brooks/Cole.