

What Works in Relationship Support: An Evidence Review



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Foreword

In recent years, policy-makers have become increasingly interested in the whole realm of human relationships - between individuals, within families, and in wider society. There are many reasons for this, not all of them good. But at the root of this new interest in how people relate to each other, and the strength of the relationships that nurture and sustain them, is a recognition that neither free markets nor transactional bureaucracies have proved appropriate or effective when it comes to tackling some of the most important challenges we face as a society.

A whole range of urgent societal challenges - from improving mental health to promoting child development, overcoming loneliness, to enabling people to live flourishing, rewarding lives - require that we understand and support people in the relationships that matter most to them, and create institutions and practices that sustain

those relationships, rather than relying on market or bureaucratic transactions to engage with them. This review sets out what we know about the most efficacious practice in supporting couples, which is the core activity of the Tavistock Centre for Couple Relationships (TCCR), an organisation that is interested both in evidence-based practice and the deep processes at work in how couples relate to each other.

The evidence reported on in this review, which is the product of a great many years' worth of research and practice at TCCR and elsewhere in the world, is summarised here to help policy-makers design better policies to support couple relationships. It also acknowledges, however, the limitations of our knowledge, and where we need further research, experimentation and innovation. I hope you will find it a useful guide to what we know, as well as a prompt to further action.

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Why this Review?

Susanna Abse

The policy landscape

There is a growing interest in adult relationships as well as increasing recognition of their importance to a wide range of outcomes relevant to social policy. The financial cost of relationship breakdown has also been quantified and acknowledged by governments as more and more unaffordable, not only economically but in social terms as well (Relationships Foundation, 2014). Most importantly, research has unequivocally demonstrated the negative effect of poor couple relationships on children, whilst the financial implications of such effects on individuals and the state that can span generations have become increasingly recognised. An exposition of some of these impacts can be found in TCCR's suite of policy briefings (Tavistock Centre for Couple Relationships, 2015) which detail the influences that adult relationships have on issues as diverse as children's academic attainment, the likelihood of needing residential care in old age and on mental and physical health.

For many years however, recognition of the impact of poor quality relationships and family breakdown has been under-acknowledged by practitioners and policy-makers alike. The belief that a focus on couple relationships was tantamount to promoting a hetero-normative version of family life went hand-in-hand with the concern that acknowledging the centrality of adult relationships would create greater stigma against lone parents and their children. Alongside this, there has also been concern that social policy or

family interventions which focus on couples would lead to a move away from a child-focused approach, despite the fact that it has become increasingly clear that good couple relationships foster more effective parenting and co-parenting, and that both give children the psychological bedrock of security so vital to their needs. But the tide is now rapidly turning and, with this, there is an increasing interest amongst commissioners of services, clinicians and policy-makers in finding evidence-based interventions that can make a difference to relationship quality and that can help halt the advance of relationship breakdown.

The size and scope of the evidence

This review details the evidence to date, and is divided into three chapters which broadly cover the key areas of relationship-based interventions: couple therapy, relationship education and parenting support which includes a couple/co-parenting focus. It does not include interventions specifically aimed at post-separation co-parenting.

Despite the wealth of evidence linking adult relationships to myriad problems and ills, there are surprisingly few serious interventionists or researchers in the field. This is particularly true of the UK, where there is virtually no funding available for intervention development or studies, leading to a problematic lack of research expertise so necessary for intervention

development and outcome studies. For instance, a recent report on the landscape for mental health research undertaken by MQ (2015) showed that charitable funding of mental health research is virtually non-existent. For every £1 the government spends on cancer research, heart and circulatory problems, and mental health, the UK general public invests £2.75, £1.35 and £0.03 (i.e. 3 pence) respectively. Further, the data shows that money spent on research into family therapy constitutes less than 1/7 of that spent on studying behavioural and cognitive approaches. Indeed, in the UK, there has been only one significant, peer-reviewed relevant study undertaken, namely that by Professor Julian Leff and colleagues into the use of systemic couple therapy as a treatment for depression (Leff et al., 2000). Inevitably, therefore, the vast majority of the peer-reviewed studies contained in this evidence review originates from the US, where funding from central government and foundations has resulted in the greatest development of university-based expertise. To ensure some UK evidence is included, we have incorporated some small scale UK research, such as the peer-reviewed brief psychotherapy research TCCR undertook (Balfour and Lanman, 2011) and the Department for Education study into Relationship Support (Spielhofer et al., 2014).

The Tavistock Centre for Couple Relationships, a London-based charity, has for more than 65 years been the UK's foremost centre of intervention development and qualitative research into couple therapy and the emotional/psychological aspects of the couple relationship. The publications issuing from this psychoanalytically informed organisation have been internationally acclaimed, with its faculty staff lecturing and teaching across the globe. More recently, however, and with minimal funding, TCCR has begun to conduct quantitative as well as qualitative outcome research both in terms of collecting the evidence for

its therapeutic services and studying the efficacy and acceptability of innovative interventions. Since 2011, as our research expertise has grown, TCCR has conducted a randomised controlled trial pilot study of an intervention it has developed to ameliorate interparental conflict and improve parental sensitivity in the context of high conflict separation. Promising results of this pilot trial, which has been part-funded by the Department for Education, together with broader qualitative data will be published in 2015/16; this is worth noting, as it points to the need for long-term investment in the field if effective interventions are to be identified.

Since 2009, TCCR has also been developing and evaluating a manualised intervention for couples where one partner has a diagnosis of dementia (Balfour, 2014). This intervention, which aims to foster resilience and coping through improving emotional contact and understanding between partners, has the potential not only to improve the lives of many people and their families suffering from dementia but also to delay the costly move to residential care. Small-scale funding from Camden Council has part-funded this pilot study but is due to end in 2015, and further money is urgently needed to develop a larger, more rigorous study of this promising approach. In 2010, TCCR turned the competencies found in manuals for RCTs of couple therapy that successfully treated depression into a manualized training programme and a therapy intervention for England's National Health Service, publishing the key text in 2014 (Hewison et al., 2014). A small-scale review in 2012 of routine outcomes using this manualised therapy showed very encouraging rates of recovery from depression.

What constitutes a positive outcome?

If the evidence base is relatively small, the task of

compiling a review of couple-focused interventions is nevertheless challenging. This is because the needs of couples are extremely diverse, as reflected in the complexity of the field under study. Interventions designed to support couples can span a huge range of situations and paradigms, including: pre-marital programmes, programmes for the newly married, programmes for expectant or new parents, programmes for teenage relationships, therapies for highly distressed couples, therapies for divorcing couples.

There is also the complicating factor of what constitutes success. For instance, for a substantial number of couples, separation may be the most developmental result of an intervention and this poses interesting challenges when researching in this field.

Furthermore, research studies evaluate their efficacy or effectiveness on a wide range of indices encompassing psychological wellbeing, children's adjustment, relationship quality, communication skills, conflict management and marital adjustment.

In this review we have not tried to standardise nor comment on these different ways of evaluating success, recognising that as interventions vary, so will outcomes and the way these outcomes are measured. Nevertheless, as all the studies look at key areas of couple functioning, a brief summary of these is given below.

Couple researchers have traditionally looked at what can be observed to go on between partners, following early behavioural research into social learning and behaviour exchange theories which led to Jacobson and Margolin's 1979 highly influential manual on Marital Therapy (Jacobson and Margolin, 1979). Kelley and colleagues' subsequent text, *Close Relations* (Kelley et

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al., 1983), which drew on social psychological research into interactions (chains of responses) between individuals, groups and society, emphasised the equal importance of affective, cognitive and observable events that are seen in couples' behaviour as well as suggested ways of thinking about causes. Some of these causes were felt to be difficult to change (e.g. incompatible personality traits) but others were more open to influence within the couple dyad, such as poor communication skills or inadequate interpersonal relating. Research on therapy interventions focusing on these areas alone then found that other factors influenced how effective they were: in particular, the state of the couple's relationship, their level of commitment, shared goals, emotional engagement, and amount of agreement as to what a relationship should be like. This complexity has led to the now familiar battery of research measures addressing couple communication, functioning, problem-solving, adjustment, quality and satisfaction (Jacobson, 1989).

What works for whom

Despite the fact that this review found quite a few interventions or therapies that do actually make a real difference to couple functioning, we have yet to really understand a great deal about optimum times for interventions and what works best for whom. A continuing challenge remains the way in which couples choose to seek help. There is universal agreement

from researchers and clinicians that seeking help for a problem early is likely to lead to best outcomes. However, our experience at TCCR is that couples tend not to seek help until they are quite distressed. Moreover, attempts, such as the UK government-supported trial of relationship support for first time parents (Department for Education, 2013), have largely failed to engage participants in any great numbers. An innovation project conducted by TCCR in 2012-14 showed that very few couples approached a “Wellbeing” service that was set up to offer a brief early intervention targeted at young couples; and that those couples who did seek help through this pathway had in fact been struggling with difficulties for up to two years (Nyberg et al., In Press). Whilst stigma about seeking help for relationship problems has been identified as part of the difficulty of engagement (Walker et al., 2010), location and the cost of services are also likely to be critical factors. Co-locating free relationship interventions alongside other universal services is probably the most effective way of encouraging couples to seek help early, though there is much still to learn about the required ‘dosage’ of early, psycho-educational interventions in order to see longitudinal positive outcomes (See Chapter 2). Making marital preparation courses a compulsory part of getting married in the Catholic Church (Spielhofer et al., 2014) is an example of successful engagement in early intervention but this of course only captures a small minority of young couples.

Relationships as the mechanism of change

There are also important questions about the nature and content of interventions, for example regarding the attributes people might need to have healthy relationships and how they learn or acquire them. We can teach adults and children key facts about relationships - and in a variety of innovative ways such as online, through posters or in brief psycho-

educational encounters (See Chapter 2) - but our central assumption at TCCR is that the development of relational capacity most effectively arises through lived experiences of positive relationships. These relational skills of course are most usually ‘learnt’ in the relationships between a child and its parents (and, of course, by observing the parental relationship (Abse, 2012)), but these capacities can also be developed in other relationships, such as with a teacher, a priest, a therapist or, perhaps most significantly, a partner. What is common to these relationships is that they are likely to include bonds of trust which create space for not only fears and concerns to be expressed but also understood and addressed. These kinds of experiences mirror early attachment processes (Bowlby, 1988) which are widely acknowledged to be fundamental in the development of secure relationships (Clulow, 2001).

The assumption referred to above allows for the possibility of many different kinds of approaches but is likely to privilege the relational aspects of any programme or therapy. These can be offered by both professionals and volunteers, but it is likely that those volunteers will either need very special natural capacities or will have been trained. It could be that the content of such training is behavioural or intended to facilitate the understanding of unconscious processes; neither, however, in our view are likely to make lasting change outside the context of a trusted relationship, as research on the therapeutic alliance shows (Castonguay and Beutler, 2005), a fact which has implications for dosage; after all, the development of trusting relationships takes both time and relational skill.

The evidence gaps

Urgent attention is needed to further address the question of efficacy in relationship support and how interventions can be tailored to needs. Evidence gaps

such as the link between couple therapy and children's outcomes need to be filled; for whilst the research showing the link between relationship distress and poor outcomes for children should, in theory, lead us to assume that improving relationship quality would mean better outcomes for children, there is little research to confirm it. Thus, despite compelling evidence in this area for couple-focused parenting programmes (Cowan and Cowan, 2009), there is virtually no research on whether relationship counselling and couple therapy lead to improved outcomes for children (Gattis et al., 2008). This work will not take place without proper funding and support from the wider research community. Given the societal costs and the emotional consequences, it is vital that no more time is lost in addressing this central area of human life. TCCR is working hard to forge this path but it needs funding, partners and allies. We hope this evidence review will help generate greater discussion and bring the establishment of a broader research community that bit closer.



The Effectiveness of Couple Therapy

Dr David Hewison

Abstract

This chapter summarises the current state of couple therapy research, indicating that there is very clear evidence for its value as a treatment for a range of difficulties and disorders faced by individuals, couples and families. It surveys the nature of this evidence, pointing out that there are different types of evidence underpinning claims for the effectiveness of couple therapy and that there are limitations in relying only on that from randomized controlled trials (RCTs). It calls for more research into ordinary clinical work with a wide range of couples and difficulties to try to identify what helps which people, and how it does so.

Couple therapy works. Couple therapists in their everyday work know this, as do couples coming for help. Formal, carefully-constructed research studies repeatedly show that couple therapy improves relationship distress and is effective in treating a variety of individual disorders (Baucom et al., 2002; Lebow et al., 2012; Leff et al., 2000; Shadish and Baldwin, 2003; Wood et al., 2005). It has been used successfully to treat alcohol and substance abuse, depression, infidelity, domestic violence and general distress in relationships (Meis et al., 2013; Sexton et al., 2013). Shadish and Baldwin's 2003 meta-meta-analysis of 20 meta-analyses concluded that couple therapies are "clearly efficacious compared to no treatment. Second, those interventions are at least as efficacious as other modalities such as individual therapy, and perhaps more effective in at least some cases" (p. 566) and that there is little evidence of any difference in efficacy between different couple therapy models.

Powers et al.'s meta-analysis of 12 studies on the efficacy of couple therapy to treat drug and alcohol dependency not only showed that it was more effective than individual cognitive behavioural therapy, but that – in common with findings from other studies – it improved the relationship as well as the presenting problem (Powers et al., 2008). As a result of this unique effect of couple therapy, the National Institute for Health and Care Excellence in the UK (NICE) endorses couple therapy as a treatment of choice for depression where there are concurrent relationship problems because it is clear from many studies that there is a causal relationship between the two and, where this causal link exists, individual therapy is less effective (NICE, 2009).

Studies also show that couple therapy does not help everyone – on average, between 60%-75% see significant benefits, and about 25%-30% show no

change. There is also some evidence that, for about 45% of people helped, the benefits of therapy attenuate over time with relationships becoming distressed again or breaking up (Johnson and Lebow, 2000). This should not be taken as an indication of the ineffectiveness of couple therapy – rather, that maintaining relationship satisfaction is difficult, with a common tendency for satisfaction to gradually diminish even over small periods of time (Bradbury et al., 2000; Snyder and Halford, 2012).

The evidence about which couples or which individuals in a couple relationship will be more helped by therapy is unfortunately very complicated, with some studies which have reviewed outcomes after 2 years suggesting that newly-formed, younger couples benefit most (Hahlweg et al., 1984). Other studies suggest the opposite, showing that couples who have been together 18 years or more (Atkins et al., 2005) do best and outcomes five years post-therapy are better for couples who have been together longer (Baucom et al., 2015). Intriguingly, although high levels of pre-therapy commitment to the relationship are associated with lower break-up and divorce post-therapy, they do not seem to be linked to changes in couple satisfaction, probably because there are other reasons than relationship satisfaction for long-term couples to stay together (e.g. to avoid potential harm to children). Improvements in satisfaction seem to be linked to different things in different therapy models, suggesting that measures and questionnaires used in research are capturing the impact of particular techniques, rather than differences in satisfaction itself, as each therapy appears to improve satisfaction overall.

There are, however, particular kinds of limitations in the studies that have looked at the efficacy of couple therapy, with most randomized controlled trials having been undertaken in America and Australia. Most

studies have only been done on white, heterosexual, married couples with a limited range of problems/diagnoses who have been seen in university settings rather than in community clinics. Another limitation from a UK perspective is that the vast majority of studies have been done using variants of behavioural marital therapy, developed in the late 1970s and amended in different ways over the years, rather than on the usual therapy models used in this country. Studies have also had relatively low levels of participants and the largest to date involved only 134 couples (Christensen et al., 2010). Most couple therapy delivery in the UK, by contrast, is delivered outside of university or clinic settings and is offered in community-based settings to a very diverse population who bring a wide variety of problems to relationship support agencies such as Relate, Marriage Care, and The Tavistock Centre for Couple Relationships.

What constitutes an evidence base?

For a therapy to be said to ‘work’, it has to show that it is better than no therapy. This is usually assessed by looking at changes in symptoms over time: if two people have the same symptoms in January and three months later one of them has had therapy and one has not – and the one who has had therapy has fewer symptoms than the other – we might assume that the therapy has helped. However, the reduction in symptoms might have been caused by something else that happened over those three months or by something else different about the two people, and we would be unwise to simply assume that it was the therapy. In order to minimise the kinds of differences between people when testing a therapy, it is usual to test it on a large number who are allocated to the therapy or to no therapy in a random way. This is designed to average out any differences and to defend the test against accusations that the people being tested would have got better anyway, without

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treatment. Similarly, to test what a therapy might be useful for, people tend to be diagnosed with a disorder, and if this is concurrent with another problem, they tend not to be allowed into a research trial as they make it more difficult to assign effectiveness to the therapy (as it makes it impossible to answer the question: was it the therapy that caused the change or was it something about the other disorder?).

Accordingly, the results gained by the delivery of a therapy in an ordinary clinical setting where there is no comparison group, no randomization, and no limiting of entry into treatment are not considered to constitute ‘evidence’. Only the results of randomized controlled trials (RCTs) constitute ‘evidence’ in this limited view, and even they are not sufficient, as one RCT alone might have been a fluke – it needs to be replicated by a separate research team to prove that the results of the therapy are reliable in research terms. This is the view of the American Psychological Association that grades evidence-based therapies into three kinds: “efficacious”, “possibly efficacious” and all those others for which there is “no evidence of efficacy” (Chambless and Hollon, 1998). “Efficacious” means a manualized therapy that has been subject to two separate RCTs and has been demonstrated to be better than no treatment or at least as good as a comparison therapy. “Possibly efficacious” means a manualized therapy that has had only one RCT showing this result. There are two types of couple therapy that meet the “efficacious” criteria:

behavioural marital therapy and emotion-focused therapy. There are three others that meet the “possibly efficacious” criteria: integrative behavioural couple therapy, integrated systemic couples therapy, and insight-oriented couple therapy – the last two of which do not appear to be widely used even in America where the studies come from (Halford and Snyder, 2012).

There are two further complications with this evidence base. The first is that studies comparing the various forms of couple therapy have not found substantial differences in their outcomes: whether a therapy is ‘efficacious’ or only ‘possibly efficacious’ appears to make no difference to whether the couple gets better or not. The second is that there is a gap between the results that arise from studies conducted in highly controlled settings with carefully selected couples, and those that arise when the same therapies are tried out in ordinary settings with ordinary people: the ones in ordinary settings tend not to have quite such good results because they are dealing with more complicated clients. This means that a therapy can have ‘efficacy’ but not be especially ‘effective’. ‘Effectiveness’ is the ability of a therapy to perform in a non-laboratory setting, with an ordinary clinical population, with ordinary therapists. As a general rule, therapies that show efficacy in RCTs tend to be less good in ordinary settings – by around 20% (Shadish et al., 1995).

The effect of couple therapy – ordinary clinical practice evidence

There are two kinds of evidence available from ordinary clinical practice: that which has been obtained via a research study and that which comes from standard clinical outcome monitoring. Both confirm that couple therapy is effective as a therapeutic treatment.

Ordinary clinical practice research studies use some, but not all, of the methods used in RCTs – couples may be assigned to comparison groups but without rigorous randomization; cases with mixed diagnoses, multiple problems, or indeed no diagnoses are considered acceptable if they reflect the setting's ordinary client group; treatment lengths may be varied or fixed; therapists may not be standardized nor be required to adhere to a treatment manual or to checks on fidelity to the model under review. In fact, there may be no model as such under review: therapists may simply be conducting couple therapy according to their different clinical expertise and training with ongoing supervision of their work to ensure it is safe and helpful to the couple.

Clinical practice studies show that non-RCT couple therapies also have positive impacts, though with lower effect sizes than in the highly controlled trials. Klann et al. (2011) did a pre-post survey of couples recruited via therapists in Germany and found that couple therapy in ordinary settings reduced relationship distress and improved depression (Klann et al., 2011). This study replicated previous findings (Hahlweg and Klann, 1997). McKeown et al.'s pre-post survey of couples attending catholic couple counselling in Ireland showed that it had some degree of improvement on relationship distress and more on personal stress (McKeown et al., 2002), though these findings have to be tempered by the relatively low number of post-counselling surveys returned (839 out of 3457).

Balfour et al.'s study of the effects TCCR's London-based brief psychodynamic couple psychotherapy on the other hand showed very clear effects on measures of personal mental health, with an effect size of 0.64 on pre- and post-treatment measures of psychological distress and wellbeing (Balfour and Lanman, 2011).

Similarly, TCCR's routine outcome measures taken as part of its standard clinical service for couples show comparable effect sizes of 0.5 which are similar to those for community-based couple therapy services. Lundblad and Hansson have shown with their Swedish study that gains made in non-manualized, open-access, publicly funded couple therapy services that do not focus on diagnoses, but simply aim to improve relationship distress, are not only equivalent to other non-RCT studies, but are maintained at a two-year follow-up point (Lundblad and Hansson, 2006). In other words, even outside of highly controlled research studies, it is clear that couple therapy brings about change in people's lives.

Conclusion: future work on the evidence base

Current couple therapies in the UK need to continue to collect data about their effectiveness, particularly those that have rich session-by-session outcome questionnaires such as Couple Therapy for Depression (Hewison et al., 2014) delivered through Improving Access to Psychological Therapies (IAPT) services in the NHS. TCCR will continue to monitor its couple therapy services and support others in this work.

In addition to broadening the UK evidence base, it is clear that there is more work that can be done identifying which relational difficulties and which physical, emotional and psychiatric disorders can be helped by couple therapy, generally. In addition, though, we need to know more about how the interactions between therapist and couple, and between the couple themselves, influence outcomes; and we need to adapt our research designs and statistical analyses to take into account the particularly-linked nature of couples as more than just two clients,

thus privileging dyadic research design, data collection and analysis (Oka and Whiting, 2013; Wittenborn et al., 2013). In this sense, the evidence base for couple therapy needs to develop a couple evidence base in addition to its therapy evidence base. In doing so, individual factors such as gender, relationship history, adverse events in childhood or early adulthood can be factored into our understanding of what makes couples come to therapy and enables them to make good use of it. Couple therapy research needs to move out of the narrow demographic of its participant base into a truer reflection of the UK's diverse ethnic, sexual and family identities so that the evidence base is more truly applicable to the couples we help.

Even then, we need to be more sophisticated in our research approaches in order to understand who might best be helped by it. Baucom and colleagues' conclusion from their most recent survey of the couple therapy outcome literature is salutary: other than length of marriage pre-therapy, there are "few pre-treatment variables [...] associated with longer term outcomes and even fewer to offer information about which couples are best suited for a given therapy", despite a large number of demographic and personal items already researched (Baucom et al. 2015, p 112). There is a need to do longer term follow-up with multiple time points over years so that the course of post-therapy quality of couple relationships can be better identified and tracked. Further work is also needed, they suggest, so that we become more precise about what we mean by 'outcome' in the context of relationship distress, and specifically that we develop an understanding of the differences between "remission, recovery, relapse, and recurrence" (p.112) – something that does not seem an easy task given the absence of an agreed diagnostic category of adult couple relationship distress. Underlining this need, work now being done

on the forthcoming revision of the World Health Authority's International Classification of Diseases (ICD-11) is examining whether and how serious disorders of intimate relationships (including intimate partner violence) can be defined, so that both preventative and therapeutic interventions can be made available through public mental health services (Foran et al., 2013; Wamboldt et al., 2015). Add to these developing areas for research that of the ways in which improved couple relationships bring about benefits in children's outcomes and it can clearly be seen that these are exciting times for couple therapy research.



Relationship education programmes for adults – an overview of research

Richard Meier

Abstract

A summary of findings is presented in this chapter from seven meta-analyses of studies into relationship education programmes conducted in the United States, followed by a summary of findings from three large-scale relationship education programmes (again from the States) but targeted primarily to low-income, less-educated couples; the chapter concludes with findings from an evaluation into relationship education programmes conducted by the Department for Education in the UK. Results of these various studies and evaluations suggest that the impacts of relationship education programmes are promising but also relatively modest, and it is as yet unclear how long the effects last for, and which groups benefit the most from these kinds of programmes.

Introduction

This section looks at the evidence concerning relationship education programmes, a term used here to refer to both marriage and relationship education programmes (MRE) and couple relationship education programmes (CRE).

A leading researcher in this field, Alan Hawkins, defines MRE as programmes which “provide information and teach attitudes, skills, and behaviours designed to help individuals and couples achieve long-lasting, happy, and successful marriages and intimate couple relationships. This includes making wise partner choices and avoiding or leaving abusive relationships. MRE is generally distinguished from face-to-face, individualized couples counselling or therapy” (Hawkins

and Ooms, 2010). Another prominent researcher, Kim Halford, defines CRE as the “provision of structured education to couples about relationship knowledge, attitudes and skills” (Halford et al., 2008). MRE and CRE therefore have a significant degree of overlap.

These programmes can be delivered in a range of formats, including inventory based approaches as well as curriculum based ones. Inventory based approaches tend to provide couples with an individualised profile of their relationship strengths and vulnerabilities, while curriculum based ones provide couples with the chance to develop new knowledge and skills.

Between 2003 and 2013, seven meta-analyses¹ of studies into relationship education programmes

¹A meta-analysis sets out to contrast and combine results from different studies in the hope of identifying patterns among study results, sources of disagreement among those results, or other interesting relationships that may come to light in the context of multiple studies.

were conducted in the United States, and this section presents the findings from these.

From 2002 onwards, a number of programmes began to be funded in the States targeted primarily to low-income, less-educated couples. A few of these programmes have been or are being formally evaluated, contributing to an emerging body of research on the efficacy of relationship education programmes targeted to more disadvantaged couples, and findings are presented here also.

The section concludes with findings from an evaluation into relationship education programmes conducted recently by the Department for Education.

Findings from meta-analyses

The first of these meta-analyses, which looked at 22 studies and which dates back more than 10 years, (Carroll and Doherty, 2003), found that the average person who participated in a premarital prevention programme experienced about a 30% increase in measures of outcome success (e.g. improvements in interpersonal skills and overall relationship quality). This meta-analysis included a small number of studies which had relatively extended follow-up periods (up to five years in one case). The authors conclude that premarital prevention programmes are generally effective in producing significant immediate gains in communication processes, conflict management skills, and overall relationship quality, and that these gains appear to hold for at least 6 months to 3 years, but that less can be concluded about longer-term effects.

The second of these meta-analyses (Hawkins et al., 2008), which looked at 117 studies, concluded that the most rigorous RCT-design studies demonstrated

that those who attended relationship education programmes were 40–50% better off overall in terms of relationship quality and 50–60% better off in terms of communication skills compared to those who did not.

The few studies considered by this meta-analysis that looked at divorce rates found that relationship education programmes appeared to increase marital stability, at least in the first 2–3 years of marriage (Hahlweg et al., 1998; Markman et al., 1993) which are high-risk years for divorce.

The third of these meta-analyses (Blanchard et al., 2009) found that well-functioning couples (i.e. those whose relationship quality scores were below established cut-offs on standardized instruments) – who make up the majority of participants in the studies considered – improved or maintained learned communication skills compared to control-group couples. This finding held true even when the researchers limited analyses to studies with follow-up assessments greater than 6 months. On the other hand, this meta-analysis found that, with regard to more distressed couples, evidence suggests that relationship education programmes demonstrate positive effects (such as maintaining or improving their communication skills) at post-assessment and shorter-term follow-up but there was insufficient evidence regarding longer-term follow-up for this population.

The fourth of these meta-analyses (Fawcett et al., 2010) found that premarital education programmes for engaged couples appear to have strong effects on communication skills, especially if researchers assess these outcomes with observational measures; however, this meta-analysis of 47 studies found that “premarital education programs do not improve relationship quality/satisfaction”. That these improvements in

communication skills do not necessarily translate into improvements in actual relationship quality may, these researchers posit, be due to participants finding it harder to implement these learned communication skills in the varied interactions of their day-to-day lives.

The fifth of these studies (Pinquart and Teubert, 2010) collected results of 21 controlled couple-focused intervention trials with expectant and new parents. The interventions had, on average, small effects on couple communication and psychological well-being, as well as very small effects on couple adjustment (e.g. the amount of tension within a relationship). However, stronger effects on these dimensions emerged if the intervention included more than five sessions, included an antenatal and postnatal component, and was led by professionals rather than semi-professionals.

The sixth of these meta-analyses (Hawkins and Fackrell, 2010) examined evaluation data from 15 programmes and found small to moderate effects on measures such as relationship quality, commitment, stability, and communication skills. The authors observe that the sizes of these effects are only slightly smaller than those found for relationship education programmes targeting middle-income participants. The authors remark that “given the stressful lives of the participants and the modest educational dosage, the improvements demonstrated are still noteworthy”.

The last of these seven meta-analyses (Hawkins et al., 2012) found that programmes lasting between 9 and 20 hours were associated with stronger effects than those between 1 and 8 hours. A programmatic emphasis on communication skills was associated with stronger effects on couple communication outcomes, but this difference did not reach statistical significance for the relationship quality/satisfaction outcome.

The overall picture then from these meta-analyses would suggest that though statistically significant, the results for the effectiveness of relationship education programmes on dimensions such as relationship quality and communication skills are somewhat modest. Furthermore, with the exception of Carroll and Doherty’s 2003 study, these reviews highlight the paucity of studies measuring the longitudinal effects of relationship education programmes on marital stability and divorce and, what data there is, suggests a mixed picture regarding the effectiveness of these programmes over the longer-term.

The suitability of relationship education programmes for vulnerable groups

Given the largely middle-class profile of the participants in the studies examined in the above meta-analyses (with the exception of Hawkins et al.’s 2012 meta-analysis), it could be argued that it is currently hard to draw any firm conclusions as to whether MRE programmes could benefit couples who are most in need of such interventions, such as couples on low incomes, couples with relatively low educational attainment or couples experiencing relatively high levels of relationship distress (Ooms and Wilson, 2004).

However, more recent research suggests that these kinds of programmes may be effective for vulnerable groups (Amato, 2014). Based on the Building Strong Families study (see below), Amato’s study finds that ‘contrary to the notion that disadvantaged couples do not benefit from relationship education’, while ‘couples with many risk factors were especially likely to break up, if they stayed together, they benefitted from program participation.’

The particular characteristics outlined by Ooms and Wilson – low income, low educational attainment and



high levels of distress – are not the only ones however which researchers have assessed during the debate around the effectiveness of relationship education programmes for different groups.

For example, researchers who analysed the effects of a widely used relationship education programme called Prevention and Relationship Enhancement Program (PREP) on divorce rates up to 13 years after marriage found that there was no significant difference in divorce rates for those who received PREP (17.9%) versus those who did not (25.0%) in couples with no history of aggression. However, the same analysis for couples who did have a history of aggression showed that couples who received PREP were significantly more likely to have divorced (34.1%) than those who did not receive PREP (11.8%) (Markman et al., 2010).

These researchers also found that those who had scored particularly highly on negative communication were significantly more likely to have divorced if they received PREP (30%) than those who had not received PREP (0%); while the authors suggest that higher risk couples may learn in PREP that negative communication and aggression are behaviours which are not part of a healthy relationship and this increases chances of break-up if these patterns do not change over time, other explanations seem plausible; for example, there may be something about the programme which affects already angry couples particularly negatively.

On a more hopeful note, findings at one-year follow-up from a randomized controlled trial of lower-income couples with one spouse in the Army showed that those who took the Prevention and Relationship Enhancement Program for Strong Bonds (Stanley et al., 2010) had a divorce rate that was one-third that of control-group couples.

Finally, in another study, there was some evidence that low-income individuals who participated in the PREP-based Within My Reach programme reported less relationship aggression (or left violent relationships) six months after the programme; however, this study did not include a comparison control group in its design (Antle et al., 2013).

Large scale interventions for low-income couples in the States

Since 2002, the question of whether MRE programmes are effective for low-income groups has also been investigated in the States through three large-scale studies which focus on low-income couples. These studies were funded by the \$300million federal Healthy Marriage Initiative set up to “help couples who choose to get married gain greater access to marriage education services that will enable them to acquire the skills and knowledge necessary to form and sustain a healthy marriage.”

Building Strong Families

A large-scale, longitudinal, multi-site randomized controlled trial, Building Strong Families (BSF) was designed to serve low-income unmarried, romantically involved parents who were expecting or who had recently had a baby. This study, which involved more than 5,000 couples in many cities, has reported mixed results, in as much as that when the results were averaged across all eight programme sites at about one year after the programme, BSF did not make couples more likely to stay together or get married, nor did relationship quality improve. However, the results differed between the programme sites and across particular sub-groups. For instance, across all the sites, African American couples were positively affected by BSF, although the reasons for this are not yet clear.

Only one programme site (Oklahoma) had numerous positive effects on couple relationships and father involvement (e.g. father living with child, spending time regularly with child) for African American, Hispanic and White participants. This site was the most successful at keeping couples engaged in the programme, with nearly half receiving at least 80% of instructional time (compared to only an average of 10% at the other sites). This site also used a different (and shorter) curriculum than most of the other sites.

On a less positive note, another site in Baltimore reported a number of negative effects including the quality of couples' co-parenting relationship being lower in the intervention than the control group. In addition, it appeared that fathers in the intervention group spent less time with their children and were less likely to provide them financial support than control group fathers (OPRE, 2012a).

But while the results from this trial are generally acknowledged to be disappointing, Scott Stanley, a leading figure in the field of MRE, has highlighted the statistically significant finding from the Oklahoma site which indicated that 49% of the families in the programme group had lived together continuously since the birth of the child compared to only 41% for the control group; and that this amounts to a 20% difference in the programme group. Further, he argues that systematic and robust delivery of programmes coupled with assiduous efforts to maintain rates of attendance could, arguably, produce substantial impacts if realised across larger populations (Stanley, 2013).

Supporting Healthy Marriages

A second large scale study, Supporting Healthy Marriages (SHM), was focused on low-income married parents and consisted of a voluntary relationship

“Systematic and robust delivery of programmes coupled with assiduous efforts to maintain rates of attendance could, arguably, produce substantial impacts if realised across larger populations”.

and marriage education programme for low-income, married couples who have children or are expecting a child. The study recruited 6,298 couples and, being around 30 hours of input over a year, was considerably longer than the intervention offered in Building Strong Families (which lasted between 6 weeks and 5 months). Key findings of a 2012 evaluation report (OPRE, 2012c) are that the programme produced a consistent pattern of small positive effects on multiple aspects of couples' relationships.

Relative to the control group (which did not receive the Supporting Healthy Marriage programme but was not prohibited from accessing other services available in the community), the programme group showed higher levels of marital happiness, lower levels of marital distress, greater warmth and support, more positive communication, and fewer negative behaviours and emotions in their interactions with their spouses. The consistency of results across outcomes and data sources (surveys and independent observations of couple interactions) is noteworthy.

Furthermore, compared with individuals in the control group, programme group members reported experiencing slightly less psychological and physical abuse from their spouses. Men and women in the programme group reported less psychological abuse in their relationships, and men in the programme group reported that their spouses physically assaulted them less often, compared with their control group counterparts.

In addition, men and women in the programme group reported slightly lower levels of adult psychological distress (such as feelings of sadness or anxiety) than their control group counterparts. However, the programme did not significantly affect whether couples stayed married at the 12-month follow-up point.

Community Healthy Marriage and Relationship Education Evaluation

A third study, Community Healthy Marriage and Relationship Education Evaluation (CHMREE), covers a range of 'large-scale, community-wide projects that "use various methods to support healthy marriages community-wide"' which were originally funded from 2006. The programmes included in this study – which included education in high schools, marriage education for unmarried expectant parents and premarital education – were to work in partnership with many other organisations in their local community to achieve wide access to and participation in relationship skills and marriage education services.

The premise was that by reaching a critical mass within the community, the projects could influence not only participants in services but also others in the community who did not participate. Impacts on the community could, it was intended, result from the participation of large numbers of individuals in marriage and relationship education workshops, participants discussing or sharing with non-participants what they learned or new perspectives gained, and community-level media and advertising about healthy relationships and marriage. In essence, this was an attempt at community-level culture change.

Findings published in 2012 (OPRE, 2012b) indicate that two years after implementation, there were no demonstrable improvements on any of the primary

outcomes, which included relationship status (such as whether people had married or divorced), relationship quality, relationship and marital stability and parenting.

Despite these results, however, a survey of a representative sample of 750 participants in the third year of the programmes operating in demonstration communities (i.e. approximately one in every 250 participants across the entire cohort) found over 80% of participants reported that the classes improved their relationship with their spouse or partner, often a great deal (42%), and that the improvement to their relationship was ongoing (77%). In addition, 80% of class participants reported that their relationships with their children improved and 74% reported that the classes led to improvements in their relationships with others. The most common improvement took place in communication skills; other benefits were reported in conflict resolution, anger management, and relationship expectations. Finally, nearly all participants (97%) reported that they would recommend the classes to others.

Nonetheless, the researchers conclude, the finding of no net impacts suggests that a positive experience alone is not sufficient to produce impacts on key relationship outcomes.

Evaluation of relationship education programmes in the UK

Marriage preparation has long been delivered in the UK, particularly through faith-based groups. A mapping exercise carried out in 2008 estimated that the total quantity of couple relationship education being provided annually was in the region of '547,000 person hours, of which some 331,000 hours (61%) is marriage preparation, reaching some 150,000 people in total' (Clark et al., 2008). These programmes are delivered

in a variety of formats, such as intensive residential programmes, non-residential programmes, multi-session programmes with each session lasting typically 1-2 hours, and held in locations such as church halls, antenatal centre and individual or 'couple to couple' learning usually utilising a relationship inventory as a basis for facilitating the conversation; recipients of the programmes may be married or planning to get married, and while the majority are from professional/managerial and technical/administrative groups, a proportion are from more socially deprived backgrounds.

While there is a dearth of research on the effectiveness of such approaches in a UK context, a recent report by the Tavistock Institute of Human Relations, funded by the Department for Education (Spielhofer et al., 2014), did evaluate Marriage Care's Preparing Together marriage preparation workshop and its FOCCUS (Facilitating Open Couple Communication, Understanding and Study) questionnaire, as well as a brief, one-hour relationship education programme delivered largely to mothers in antenatal settings, called Let's Stick Together².

The report found attending a Preparing Together marriage preparation workshop to be associated with a statistically significant positive change in well-being for individuals as measured by the WEMWBS (Warwick-Edinburgh Mental Well-Being Scale). This typically one-day workshop attended by around ten couples comprises presentations by the facilitators, group discussions and discussions between partners in each couple. Couples are also given a set of printed materials to work with and then take home. The focus is on developing skills and behaviours needed for a

good relationship and exercises include exploring expectations of marriage, how the relationship may change over time and skills that may strengthen the relationship.

The evaluation also showed completing a FOCCUS questionnaire and attending at least one session with a FOCCUS facilitator to be associated with a statistically significant positive change in relationship quality. FOCCUS is a form of support utilising an inventory-based assessment and feedback from a trained facilitator approach. Each member of the couple completes a questionnaire, either online or at an initial meeting with a FOCCUS facilitator. The answers are analysed remotely and a report sent to the FOCCUS facilitator. The couple then meet with the facilitator, usually on one occasion, for around one to two hours to discuss the findings from their individual responses. The session focuses on helping couples to recognise differences in attitudes or expectations.

Participants in these two programmes were all intending to get married in the Catholic Church; the majority of respondents (49%) had been in their current relationship for three to five years: 6% had been in their relationship for more than 10 years, while 18% had been together for less than two years. The report also carried out a cost-benefit analysis for Marriage Care's FOCCUS marriage preparation, estimating that £11.50 arises in benefits for every pound spent.

Evaluating Let's Stick Together (LST), the authors of the report could not identify any significant positive change on parents' relationship quality, well-being or communication associated with attending an LST session; however, the report states that participants

²Let's Stick Together is often delivered to first time-parents as part of existing post-natal groups. The emphasis of the programme is on learning about positive relationships and prevention rather than treatment of existing problems.

“generally found the support useful”, with a third of them being able “three to six months later to recall explicitly some of its key messages”.

Conclusion

Findings from meta-analyses and large-scale programmes suggest that there are undoubtedly some benefits from relationship education programmes. In the words of two leading researchers in this field, “the evidence produced so far, although not always demonstrating clear and long-lasting intervention effects, reveals promising trends” (Cowan and Cowan, 2014). Studies suggest that the impacts of these programmes are relatively modest and it is as yet unclear how long the effects last for, and which groups benefit the most from these kinds of programmes. It is however clear that the length of the programme, as well as the skills and experience of the programme leaders, are likely to be important factors in achieving positive effects.

Whilst further research may shed light on why the benefits of such programmes are not more sizeable, we might speculate that the relatively low dosage and the lack of relational content may be explanatory factors. Positive effects have mainly been found in highly motivated, middle income couples who may be able to make best use of brief, largely behavioural approaches. On the other hand, it seems legitimate to ask what can be reasonably expected from relationship education programmes that are frequently delivered by unqualified volunteers in only a single-digit number of hours, given what clinical experience tells us about the complexity of couple relationship dynamics.



Parenting and Child Outcomes

Dr Polly Casey

Abstract

This chapter expands on the previous chapter on couple relationship education (CRE) by considering couple relationship quality within the context of the wider family system. It focuses on the well-established links between couple relationship quality and parenting, parent-child relationships, and children's wellbeing, and reviews the evidence of the indirect positive impact of CRE on these inter-related family domains. This chapter then considers the potential application of this learning, by reviewing the benefits of explicitly incorporating a couple relationship focus into parenting interventions. We conclude that there is strong evidence that parenting interventions which address the couple relationship have important and positive impacts for parents and children, both directly and indirectly.

Introduction

Over the past thirty years there has been a relatively large number of studies examining the efficacy of educational programmes or interventions aimed at improving parenting (Coombes et al., 2005; Lindsay et al., 2011; Nowak and Heinrichs, 2008; Webster-Stratton and Reid, 2010) and those aimed at enhancing couple relationship quality (Carroll and Doherty, 2003, Hawkins and Fackrell, 2010). However, few studies have evaluated the effects of these interventions on broader family processes. That is, parenting and child wellbeing are rarely assessed as outcomes of couple relationship education programmes (Carroll and Doherty, 2003; Hawkins and Fackrell, 2010), despite the well-established links between relationship quality, parenting and child outcomes.

Indeed, research has consistently found robust links between negative couple conflict and child adjustment

(Cummings and Davies, 1994), with high, unresolved conflict between parents having been associated with both internalising and externalising problems in children and adolescents (Cowan and Cowan, 2002; Davies et al., 2002; Grych et al., 2003), which may continue into adulthood for a proportion of children. The route via which couple conflict has been found to impact children's adjustment has been shown to be both direct and indirect in nature. Exposure to high levels of couple conflict (e.g. witnessing frequent and intense arguments, aggressive behaviours, tension and resentment) has directly damaging consequences for children; however, a number of mediating pathways have also been identified that also explain the association between inter-parental conflict and child problem behaviour.

Among others, and most notably for this review, the quality and style of parenting has been found to

mediate the relationship between couple conflict and child outcomes. The quality of marital relationships has consistently been linked to the quality of parenting and parent-child relationships. Indeed, according to Lindahl et al. (1997), 'virtually every study examining associations between marriage and parenting has found that the quality of parent-child relationships and the quality of marital relationships are linked within families' (Lindahl et al., 1997). This phenomenon is commonly referred to as the 'spillover' hypothesis (Erel and Burman, 1995). According to this theory, negative emotional reactions experienced in one situation may be transferred to another situation, decreasing tolerance to aggravating stimuli in the new situation. In the context of relationship discord, partners' negative affect has been shown to 'spillover' into other family relationships (Margolin et al., 2004). High levels of couple discord have been associated with less emotional availability (Sturge-Apple et al., 2006) and less warmth (Fauchier and Margolin, 2004) in parents towards children, as well as resulting in parents being perceived as more hostile and rejecting by children (Kaczynski et al., 2006). Previous studies have shown that higher levels of affection in marital relationships are reflected in higher levels of affection in parent-child relationships (Fauchier and Margolin, 2004). However, the link between marital and parent-child relationships is not restricted to marital relationships that are exceptionally high in conflict and/or aggression. Even low level conflict may heighten sensitivity to negative or ambiguous situations and lead to greater friction with other family members (Margolin et al., 2004).

With this in mind it is perhaps surprising that so few interventions have adopted a broader family systems approach in addressing problems in parenting or child behaviours. There are, however, some notable exceptions which collectively suggest wider benefits of providing relationship education and support on

dimensions of parenting, parent-child relationship and child outcomes.

Indirect benefits of couple relationship education on parenting behaviours and child outcomes

Adler-Baeder and colleagues (2013) set out to directly test the assumption of a spillover between the couple relationship and the parent-child relationship, by examining the impact of CRE alone on parenting behaviours (Adler-Baeder et al., 2013). Parents attended six, two hour group educational sessions delivered by a male-female pair of marriage and relationship educators. Group sessions focused solely on building knowledge and skills about healthy couple relationships and, importantly, did not provide any content on parenting specifically. The (self-selecting) sample included men and women who attended CRE as a couple, and women who attended CRE alone. Participants included both married and unmarried parents, but all were in a couple relationship and actively parenting with a child under the age of 19 years. Based on questionnaire data collected pre- and post-programme (at the end of the final session), the results showed that changes in couple dimensions were associated with concurrent changes in parenting dimensions, despite couples having received no parenting education. For example, positive couple behaviours (e.g. frequency with which individuals shared emotions with their partner or initiated physical contact with their partner) were the strongest predictors of positive discipline behaviours (e.g. praising child) and enhanced parental involvement (positive engagement with their child) post-programme.

However, although the results were in the expected direction, the lack of a control group in this study and the fact that results are based on concurrently collected

data (not longitudinal) means that the positive changes in parenting behaviours post-programme cannot be attributed to enhanced couple behaviours with any certainty.

An earlier publication from the same group of researchers (Kirkland et al., 2011) reported on preliminary findings of a US study which aimed to determine whether parental participation in CRE leads to improvements in child's social competence, as well as co-parenting quality. This time the evaluation included a control group, albeit small. The sample included parents of 3-5 year-old children enrolled in Head Start programmes (eligible children are those in families whose income is at or below the poverty level as established by the federal government), who were also from racial minority backgrounds. Female caregivers were the target of this intervention, of which the vast majority were mothers (the others were grandmothers). Parents could volunteer to participate in either the programme or the control group (who received no treatment). The programme followed the Together We Can (TWC) curriculum (Shirer et al., 2009), a research-based educational programme which focuses on strengthening the couple and co-parenting relationship in order to enhance children's wellbeing. The TWC curriculum is based on seven components (Choose, Know, Care, Care for Self, Share, Connect, and Manage) considered essential for relationship education by the National Extension Relationship and Marriage Education Network (NERMEN; Brotherson et al., 2013). Parents attended six, two hour sessions delivered by trained husband and wife teams. Just over half (54%) of the participants attended the sessions with their co-parenting and/or relationship partner, although data from partners was not included in the analysis.

Results from self-report questionnaires showed that parents who had received the CRE intervention maintained lower levels of co-parenting disagreements and consistent levels of child social competence one year after the end of the sessions. In contrast, control group parents reported an increased number of co-parenting disagreements and a decline in their child's social competence over the same period. These results suggest a positive spillover effect from couple relationship to child outcomes. However, due to the self-selecting nature of the sample, non-random assignment to the intervention conditions, the very small control group at one year (10 mothers), and the inconsistency in whether one or both parents attended sessions, more solid conclusions should not be drawn.

A brief intervention programme designed by Cummings et al. (2008) targeted a specific aspect of the couple relationship in efforts to promote positive parenting practices and child adjustment (Cummings et al., 2008). The focus of this programme was to improve the way in which parents express disagreement by educating them about destructive and constructive ways of expressing marital conflict, rather than reducing the frequency with which parents disagree. Couples with children aged 4-8 years old were randomly allocated to one of three conditions: 1) a parent-only group; 2) a parent-child group; and 3) a self-study control group. Parents in the parent-only and parent-child group conditions attended four psycho-educational sessions as a couple, each lasting 2-2.5 hours. The content of the groups focused on the distinction between destructive and constructive forms of conflict, and the effects of each on children and their emotional security. The facilitator, an advanced graduate student, presented the educational material in a lecture format. Sessions also included one-on-one training in positive marital communication techniques with a communication coach (trained undergraduate



A man in a white shirt and dark trousers is standing in a library or study, looking at a book. He is positioned on the left side of the frame, looking down at a book he is holding. The background shows a bright doorway and a white wall.

A black metal shelving unit with multiple small compartments is visible on the left side of the image, partially obscured by the man. It appears to be a storage unit for small items or documents.

The first glass door of the bookshelf is partially open, revealing several shelves filled with books. The books are arranged in a neat, organized manner. The shelves are white and the books are of various colors and sizes.

The second glass door is also partially open, showing more shelves of books. The books are arranged in a neat, organized manner. The shelves are white and the books are of various colors and sizes.

The third glass door is partially open, revealing shelves with books. The books are arranged in a neat, organized manner. The shelves are white and the books are of various colors and sizes.

The fourth glass door is partially open, showing shelves with books. The books are arranged in a neat, organized manner. The shelves are white and the books are of various colors and sizes.

On Learning from the Patient
W. D. O'CONNOR
On Learning from the Patient
W. D. O'CONNOR

DICKS' marital tensions
DICKS' marital tensions
DICKS' marital tensions
DICKS' marital tensions

The Uses of
Commentary
The Uses of
Commentary

THE MEN AND SEX
THE MEN AND SEX

Hubert Scott
The Descent of Creation
Hubert Scott
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students), which was informed by learning garnered from couple therapy and counselling. The children of parents in the parent-child condition also took part in a psycho-educational programme for children in which they were taught about ways of coping when their parents were in conflict. Finally, parents who were allocated to the self-study control group were given text-based resources presenting findings on marital conflict, parenting and children which was, in essence, a self-help model.

Data were collected from parents and children using questionnaires and observational measures pre- and post-intervention, and at 6 months, 1 year, and 2 years later (Faircloth et al., 2011). The results showed that, following participation in the psycho-educational programme (both parent-only and parent-child variations), positive changes occurred in both knowledge about marital conflict and actual conflict behaviours such that couples were more supportive of their partner and more constructive during conflict.

Despite not directly addressing broader family processes, the positive changes in marital conflict were associated with improvements in not only marital satisfaction but in parenting and child adjustment. Of interest was the finding that benefits in terms of parenting and child adjustment only emerged in association with improvements in marital conflict, suggesting a strong mediating role for marital conflict. This meant that although some small changes were seen in the parenting behaviours of the control group, these improvements were far more prevalent in the treatment groups and extended to child adjustment too. These improvements were sustained two years after the completion of the programme (Faircloth et al., 2011), although the sample size at this follow-up was very small.

Further evidence of the benefits of strengthening couple relationships in terms of parenting and child outcomes can be drawn from the handful of parenting interventions that include relationship-focused content.

The benefits of building a couple relationship element into parenting programmes

Based on the available evidence, those parenting interventions that include relationship-focused content appear to be more effective than the ones that target parenting issues alone.

A small UK study (Clulow and Donaghy, 2010) explored the feasibility of building in a couple focus to existing parenting support services provided by London-based adult mental health organisation (Greenwich MIND). In consultation with the Tavistock Centre for Couple Relationships, a couple relationship element was incorporated into two existing parenting services for vulnerable families. The first service was a post-natal support group for mothers. The group was attended by mothers (without fathers) over 12 weeks and did not follow a set curriculum; instead, facilitators encouraged mothers to set their own discussion agenda. Partnership themes naturally emerged during discussion, and the facilitator also introduced this topic when appropriate. Second, the format of a psycho-educational parenting workshop was amended to place more emphasis on couple relationships. That is, groups facilitated by a male and female leader were expanded to include fathers as well as mothers, and a module titled 'Handling Relationship Conflict' was inserted into the curriculum.

Although the sample sizes were very small (14 mothers with complete datasets in the post-natal support group,

and 29 mothers in the parenting workshop), mothers in both services reported a reduction in depression severity, and non-significant improvements in couple relationship quality. Due to the very recent extension of the parenting workshops to fathers, only 6 fathers attended the workshops and complete datasets were obtained from just 3 fathers (Clulow and Donaghy, 2010). Nonetheless, all three reported improvements in relationship quality. The study did not include a measure of the quality of parenting or parent-child relationships, which means that the benefits of including a couple focus in terms parenting in these support services can only be inferred. The lack of a control group also means that it is not possible to say that the improvements in depression severity and relationship quality can be attributed to the addition of the focus on the couple relationship. However, the tentative findings from this study provide further support for the interrelationship between parenting and couple relationships, and the learning from this initiative is encouraging in terms of the appetite for relationship support in conjunction with parenting support, and the feasibility of building a relationship element into parenting support programmes for vulnerable families.

Evidence from a number of interventions that have measured outcomes in terms of parenting quality and children's wellbeing substantially strengthen the case, however, for the inclusion of a couple relationship focus in parenting programmes. An early study published by Webster-Stratton (1996) showed that providing couples with training in positive relationship behaviours in addition to parenting behaviours led to greater improvements for parents and children than when parenting training was delivered in isolation (Webster-Stratton, 1996). The study was part of a programme of research to develop and evaluate cost-effective, theory-based interventions for families with young children (3-8 years) who suffer from oppositional-defiant disorder or

conduct disorder. Researchers developed the original parenting programme - an interactive, videotape-based, behavioural modelling (BASIC) intervention for parents - in 1980. Parents attended 13-14 weekly sessions in groups of 8-12 parents, each roughly two hours in duration. Most parents attended as a couple (73%), but this was not a requirement. Therapists used videotapes to demonstrate behavioural principles, showing parents in 'natural situations' displaying ineffective and effective parenting techniques with their children. Vignettes were then used to stimulate discussion and collaborative learning among groups of parents. In recognition of the high prevalence of divorce or marital distress in parents of children with conduct disorders, the researchers added another component to the programme in 1989. In the ADVANCE treatment programme, parents were shown additional videotape material over a further 14 sessions, following the completion of the BASIC training programme. The additional material covered couple-related behaviours such as communication and problem-solving skills. Again, the majority of parents attended as a couple (74%), but parents could also attend without their partner.

The researchers examined the effects of exposing parents to the additional couple-focused behaviour-modelling training in a study conducted in 1994. After completing the BASIC parent training, parents were then randomly assigned to receive the ADVANCE training or no further support. Families were assessed at baseline, and at one month, one year, and two years after programme completion by parent and teacher reports of child adjustment and parent distress, as well as by direct observations of parent-child interactions and marital interactions (discussing a problem).

Observations of parents' marital interactions showed significant improvement in ADVANCE parents'

“Evidence from a number of interventions that have measured outcomes in terms of parenting quality and children’s wellbeing substantially strengthen the case for the inclusion of a couple relationship focus in parenting programmes”.

communication, problem-solving, and collaboration skills in comparison to parents who only received the BASIC programme of treatment. These improvements in marital communication were in turn found to be related to reductions in parents’ critical interactions with children and improvements in children’s prosocial skills, particularly for fathers. At follow-up one year post-treatment, marital adjustment and marital status were found to be among the strongest predictors of poor outcomes for children (relapse or failure to show continuous long-term benefits).

More recently, the Cowans and colleagues (Cowan et al., 2005; Cowan et al., 2009; Cowan et al., 2011) have further demonstrated the value of a couple-focused approach in preventative parenting interventions to enhance children’s wellbeing. In the School Children and their Families Project, Cowan et al. (2005; 2011) directly compared parental programmes with and without a couple focus. Parents of children aged five years old were randomly allocated to one of three intervention conditions: 1) a couples group in which facilitators focused more on parent-child issues (e.g. parents’ reactions when the child disobeys); 2) a couples group in which facilitators focused more on issues between the parents as a couple; and 3) a brief consultation condition (control group), in which both parents were offered the opportunity to consult once a year for three years with the staff team members. In the

first two of these conditions, parents attended weekly sessions for 16-24 weeks, in groups of 4-8 couples.

Groups were led by clinically trained male and female co-facilitators, with a manualized curriculum covering risk and protective factors associated with children’s wellbeing and behaviour problems (see Cowan et al., 2005 for details of curriculum). Groups shared all aspects of structure and content, deviating only with regard to the marital- or parenting-focus. Both variations of the groups were comprised of an open-ended, unstructured section for the first 20-30 minutes of the session, in which parents had the opportunity to raise family issues that emerged for them after the previous session, or that had occurred during the week. This was followed by a more structured discussion around specific topics outlined in the curriculum for the remainder of the session. These topics were based on a multi-domain model of five factors which are associated with children’s wellbeing (individual, marital, parenting, three-generation, outside the family). The variation in focus of the two groups (marital or parenting focus) occurred in the initial open-ended section of the session, in which group leaders emphasised either the couple relationship or the parent-child relationship during the discussion of the issues raised by parents.

In comparison to parents in the control condition, parents in the group interventions displayed improvements in parenting styles (e.g. greater warmth, engagement, and structuring behaviours) as observed in laboratory play-tasks. However, parents who attended the groups with a marital-focus also showed positive changes with regard to their relationship quality (e.g. reduced conflict in a problem-solving discussion). Furthermore, while more positive outcomes were found for children of parents in both group variations in comparison to children of parents in the control condition, children of parents in the marital-focus group displayed higher

levels of attainment on achievement tests and lower-levels of externalising behaviour as rated by teachers (Cowan et al., 2005).

Revisiting the families ten years later showed that positive outcomes associated with parents' relationship satisfaction, couple communication, and children's externalising behaviour had persisted for families in which parents had attended groups with an emphasis on couple relationship issues (Cowan et al., 2011). In contrast, parents who had attended the group with the parenting focus and parents in the control group reported a reduction in marital satisfaction and positive communication behaviours, and an increase in children's behaviour problems. The results of this study point to the added and lasting value of including couple relationship content in family interventions.

In a further programme developed with the aim to enhance the engagement of fathers from low-income Mexican American and European American families with their children (Supporting Father Involvement, Cowan et al., 2009), the Cowans and colleagues have highlighted the importance of involving both parents in interventions aimed at strengthening families and relationships. Families with a youngest child aged 0 (mother was expecting the first child) to 7 years were randomly assigned to one of three intervention conditions for a period of 18 months: 1) groups attended by fathers only; 2) groups attended by both mothers and fathers; or 3) a one-time, three hour informational meeting. Again, parents attended two-hour group sessions for 16 weeks, facilitated by male and female co-facilitators, who were mental health professionals. The groups included exercises, discussions, presentations, and open-ended time in which parents were invited to share and discuss their own concerns and problems. Couples in all three conditions had access to the

services of a family case worker throughout their 18 month participation in the intervention.

Participation in fathers' or couples' groups was associated with improvements in fathers' engagement with children and with stable levels of children's problem behaviours as reported by parents (on the Child Adaptive Behaviour Inventory) over the 18 months (Cowan et al., 1995). By contrast, the parents who received the three hour informational meeting reported little benefit, and even reported consistent increases in children's problem behaviours. However, in addition to the reported benefits in terms of engagement and children's problems, participants who attended the couples' groups also reported stable levels of relationship satisfaction and a decline in parenting stress over the 18 months. Participants in the fathers-only groups and the comparison groups, on the other hand, showed declining relationship satisfaction.

Finally, Feinberg and colleagues focused on a particular domain of the couple relationship in their Family Foundations programme; the co-parenting relationship (Feinberg and Kan, 2008; Feinberg, Kan, and Goslin, 2009; Feinberg, Jones, Kan, and Goslin, 2010). Like the interventions developed by the Cowans described above, the Family Foundations programme (trials in the UK by the Fatherhood Institute in 2011-2012) sought to bring about positive changes across family systems, including child outcomes, by targeting the couple relationship. The vehicle for change in this instance is the co-parenting relationship. Co-parenting is commonly described as "the way that parents work together in their roles as parents" (Feinberg, 2003, p.1499). Co-parenting can be of a high or low quality, with high quality co-parental relationships characterised by communication, support, and shared decision making about child rearing (Feinberg, 2003).



Importantly, co-parenting has been identified as being distinct from other dimensions of the inter-parental relationship, such as intimacy or couple-related conflict, and as potentially being even more proximally related to children's wellbeing (McHale and Lindahl, 2011). There is a growing body of evidence that suggests that the quality of co-parenting has both direct and indirect effects on child outcomes, via associations with parents' psychological well being (e.g. stress) or parenting practices.

In the evaluation of the Family Foundations programme, Feinberg and colleagues followed a sample (N= 169) of couples over the transition to parenthood, a time at which couples are thought to be particularly open to help. Expectant couples were randomly assigned to one of two conditions: (1) the Family Foundations programme, or (2) a control condition in which couples were given a brochure advising on how to select high quality child care. The Family Foundations programme is a group work, psycho-educational programme in which expectant couples attended eight sessions (four before the birth of their child, and four afterwards) in groups of 6-10 parents. The programme was delivered in child education departments of local hospitals, led by male and female co-leaders. Crucially, the primary focus of the programme is on supporting the co-parental relationship, not on parenting skills and attitudes. For instance, the programme material contains content around enhancing co-parental support and reducing undermining, communication skills, conflict management techniques, and managing partner expectations of one another during this transitional period.

A robust evaluation over three follow-up points (when children were aged 6 months, 1 year, and 3 years), based on parent-report data (and video-taped observations when children were aged 1) pointed to significant intervention effects. At the final follow-up (3.5 years

after baseline; Feinberg et al., 2010) both mothers and fathers in the Family Foundations condition reported enhanced co-parental support (e.g. more co-parental warmth and inclusion, less undermining and competitiveness) in comparison to control conditions. Family Foundation parents also described more positive parenting practices than did control group parents. The programme also reported significant intervention effects in terms of relationship satisfaction and children's outcomes, but only for parents of boys. That is, the parents of boys in the Family Foundations condition reported higher levels of relationship satisfaction, and lower levels of children's externalising and internalising problems, than parents of boys in the control condition. The same effect of intervention was not found for parents of girls.

The results described above then, add support to the small, but growing, body of evidence that interventions including a couple relationship element or focus, can lead to significant benefits for family-wide systems— notably, outcomes for children.

Conclusion

Despite variations in the dosage (e.g. number of sessions) and delivery of interventions, and in the extent to which evaluations have included long-term follow-ups, it is becoming clear that interventions which address the couple relationship can have an important and positive impact on children, both directly and indirectly. It is also clear that there are very significant benefits to incorporating a couple element into parenting interventions. The lack of interventions that adopt a wider family systems approach to dealing with parenting and/or child problems, despite the robust evidence base demonstrating the interdependency of relationships within family subsystems, reflects a failure to link theory with practice.

Significant ground in this area has been made up in the ongoing work of the Cowans and colleagues in the US, and has been gathering momentum in the work of others; this practice should be continued in the development of future parenting interventions (Cowan and Cowan, 2014). Since 2013, the Tavistock Centre for Couple Relationships has been trialling and adapting the Cowan's parenting intervention in the UK. At the time of writing, the Parents as Partners programme (as it has been named in the UK) had been delivered to over 120 parents, with preliminary findings indicating improvements for parents in terms of their psychological wellbeing, relationship quality and communication style, as well as children's internalising behaviours. These findings will be published elsewhere later this year (2015). Finally, research is urgently needed to look at the potential added value of interventions that are aimed solely at the level of the couple relationship (e.g. couple therapy and relationship education) to investigate their impact on wider family processes and on children's outcomes.

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The quality of our closest relationships profoundly affects how we feel about ourselves and has material and measurable consequences for our lives and those around us – affecting the emotional, cognitive and physical development of our children, our capacity to work and to be fulfilled in work, and our physical and mental health.

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Our training programmes in couple and sex therapy range from introductory through to doctoral level and are accredited by the British Association of Counselling and Psychotherapy, The British Psychoanalytic Council and the College of Sexual and Relationship Therapists. Our London based clinical services offer affordable counselling and psychotherapy to people facing transitions and challenges in their relationships, sexual lives and parenting.

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