

the Behavior Therapist

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From the Editor

Drew Anderson, *SUNY, Albany*

Allow me to introduce myself. My name is Drew Anderson, and I am the new editor of *tBT*. I am extremely honored to serve as editor of *tBT*. ABCT has been my professional home since I began graduate school (I haven’t missed a conference since 1993), and it is an enormous part of my professional identity. I have served the organization in a number of ways; for example, I have been on the conference program committee almost every year since 1998, and I was also chair of the Obesity and Eating Disorders SIG from 2002 to 2005. This position is another wonderful way for me to give back to ABCT.

The mission statement of *tBT* notes that it is intended to be “a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy.” I think these are absolutely critical functions, and they cannot be duplicated by any other ABCT publication. Because it is the only publication received by all members of ABCT, *tBT* must have a broad scope, and its previous editors have done a wonderful job of providing a venue to discuss a wide variety of topics of interest to all of our members. In particular, I want to acknowledge David Reitman, the outgoing editor of *tBT*. David did a great job as editor and he has made my transition to editor a smooth one. David assembled a great team of associate editors and, thankfully, several of them have agreed to stay on. With the addition of some new faces, we have an editorial team that I hope will continue to move *tBT* in the direction that David has taken it over the past 3 years.

This is an exciting time in the field of the cognitive and behavioral therapies, and I would like for *tBT* to be a vehicle to explore some of the current issues, debates, and news within both in the organization and the larger world.

tBT serves all its members, and so do I. I have an “open in-box” policy and I strongly encourage you to contact me with articles, news, ideas, complaints (and maybe even some praise). For details about the formal submission process, please review the Instructions for Authors box that appears in every issue of *tBT* (see p. 2). ■

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Address correspondence to Matthew R. Sanders, Ph.D., Director, Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, QLD 4072, Australia
e-mail: matts@psy.uq.edu.au

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

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

As we approach the 44th anniversary of the assassination of President John F. Kennedy, we imagine that just about all of our readers over 50 remember where they were when they heard JFK was killed. What many do not remember is that the last piece of legislation he signed was the Community Mental Health Centers Act. This innovative and far-reaching plan called, in part, for making research-based mental health services, including preventive interventions, available to everyone. Kennedy was especially interested in reaching underserved people in community settings close to home. Not surprisingly, these ambitious goals were not achieved (see Bloom, 1977, and Heller & Monahan, 1977, for the fascinating story). Today, however, Kennedy's dream actually has the potential to be realized in the couples field. Specifically, in the U.S., one aspect of the reauthorization of welfare reform in 2006 is the growth of state-, federal-, and community-level efforts to reach thousands of couples with relationship and marriage education—the first time that such efforts have been attempted on such a large scale as a matter of public policy, at least in the U.S. (Horn, 2003; Ooms, 1998).

How this happened is a very long story, with many twists and turns. However, the field has followed a synergistic model of research, intervention, dissemination, and social policy consistent with one we had proposed many years ago related to making research-based programs available to all couples planning marriage and beyond (e.g., Markman, Jamieson, & Floyd, 1983). In brief, the model involves the confluence

of various key factors: (a) a large-scale social problem (marital distress and divorce); (b) advances in basic couples research; (c) the development and evaluation of research-based couples interventions in university-based and community settings; (d) growing access to institutions that reach a large number of couples at key transition points; and (e) policymakers being willing to consider the implications of a society having difficulty reaching their own aspirations for stable and healthy marriages and families.

In the rest of this paper we discuss the opportunities for disseminating research-based marriage education curricula in a variety of settings in the community. We will draw on our dissemination work with variations of the Prevention and Relationship Enhancement Program (PREP; Markman, Stanley, Blumberg, Jenkins, & Whaley, 2004) in a wide range of settings, highlighting some of what we believe are important lessons learned. We conclude by highlighting some of the major challenges facing us as we and others ramp up dissemination efforts.

Before turning to broader issues, we wish to observe what all of us in the couples field know, or should know, well: There is a vast amount to be learned about relationships, about marriage, and about the most effective ways to intervene to help more couples. As we have noted, "We know enough to take action but we need to take action to know more" (Stanley, 2001). That is not a bad motto for scientist-practitioners. Our research team does not believe that we, or others, have any lock on the most effective educational or therapeutic methods

and content. We certainly have our ideas and our reasons for them, but our confidence lies far more in our commitment to empiricism than in fixed content. We believe that regular refinement and improvement of strategies based on current, sound, and basic intervention research is the essence of the scientist-practitioner model.

The Current Context

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

There are a variety of initiatives under way at federal and state government levels to enact policies and programs that might help couples who choose marriage to have healthy marriages. In early 2006, the Administration for Children and Families (ACF) put out requests for proposals for a large range of community-based, preventive education services designed to help partners make good choices about mates in the first place and teach partners skills and principles to keep a happy relationship happy (for a review of prevention curricula for couples, see Halford, Markman, Kline, & Stanley, 2003).

ACF has now funded a range of efforts designed to teach couples skills associated with having a healthy marriage as well as to

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

Dissemination Model: The Messenger Matters

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

The core of our dissemination model is that “the messenger matters.” Focusing on training individuals who are members of the increasingly diverse communities to whom we are disseminating our work has proven critical in the success of such efforts. Delivery of a curriculum such as PREP depends far less on any specific type of knowl-

edge or participation in formal training programs or having degrees (such as in mental health counseling or therapy) than it depends on instructors who are trained specifically in the PREP model, understand the content, and who are engaging and enthusiastic teachers of the content and skills. From the standpoint of organizations desiring to provide marriage education to couples, such people are more available and cost-efficient than skilled therapists. In addition, we focus on organizations recruiting and training instructors who know the situation of the couples they serve and are known to the couples. This increases the quality of the alliance between the instructors and couples and, we believe, increases positive outcomes. The growing emphasis on government efforts at reaching diverse cultural groups confirms the importance of training community-based trainers to provide services. Finally, as part of our ongoing efforts to refine our methods, we have learned to seek and gather a great deal of feedback from those we desire to serve, listening carefully to providers and recipients of services about what works.

Current Dissemination Efforts

Most of the early work with preventive education was conducted with premarital, middle-class White couples (Markman, Floyd, Stanley, & Storaasli, 1988). Based on promising results and the needs in various communities, variations of PREP (which in this context denotes more specifically our curriculum work that is built based on empiricism than on fixed content) are now being used and/or tested in the army, as noted above, prison systems (Einhorn et al., 2007), foster care and adoption services, first-offender programs for youth, refugee resettlement programs, high schools, and transition to parenthood services in the form of Pam Jordan’s Becoming Parents Program—used along with other curricula, such as John Gottman’s, in a large federal trial (Building Strong Families). We are currently expending a great effort to develop curricula for low-income couples as part of our involvement in another large, federal trial (Supporting Healthy Marriage; Stanley, Markman, et al., 2006). We are likewise exploring ways to expand relationship services to workers through their companies and offering weekend Love Your Relationship workshops to successful people whose relationships need a jump start. (Markman, Myrick, & Pregulman, 2006). Our group is involved with many other activities, including innovative marriage/rela-

tionship education models for reaching African American couples, headed up by Steven Beach at the University of Georgia and a college community-based model headed up by Frank Fincham and Kay Pasley at Florida State.

While some might think such efforts by us and many others in this field outstrip the available empirical information, we believe that such a view disregards three relevant facts:

1. Researchers cannot ask society to wait for decades of more research; when society decides to act, researchers act on what they know or choose to be irrelevant.
2. While we certainly all desire to have much more knowledge, there is considerable empirical knowledge in our field that can inform all such efforts.
3. The burgeoning opportunities for service development and dissemination of the present moment provide a landscape upon which research can make advances on an unprecedented scale. There is a wave to catch, and the wave may not be here 10 years from now.

As described elsewhere (Markman, Stanely, Jenkins, Petrella, & Wadsworth, in press), early versions of PREP focused more on communication and conflict management (Markman & Floyd, 1980; Stanley, Blumberg, & Markman, 1999), fueled by a host of studies demonstrating that patterns of negative interaction are associated with marital functioning and long-term risk (e.g., Birchler, Weiss, & Vincent, 1975; Clements, Stanley, & Markman, 2004; Gottman & Krokoff, 1989; Karney & Bradbury, 1995). Some of the newer generation of preventive education programs developed in the past 15 years, such as the current version of PREP, retain a strong emphasis on communication and the management of conflict and negative emotions but include considerable emphasis on themes such as commitment, friendship and positive connection, and forgiveness.

One example of how we are evaluating our dissemination efforts involves a study in which we trained clergy in the PREP approach. Upon completion of the main research portion of the study, we tracked every 6 months the extent to which the clergy were continuing to use the program. The initial report on dissemination (Markman et al., 2004) focused on clergy in 22 religious organizations (ROs). We found, for example, that these clergy, in the first 5 years after training, had served 1,121 couples with part or all of the curriculum in

which they were trained (728 premarital, 393 marital). Here we provide the findings for 12 of 22 ROs over the next 4 years. These clergy served an additional 659 (413 premarital, 246 marital) couples. Of these services, 64% were full PREP and 36% parts of the PREP program. When using parts of the PREP program, the most common aspects of the program used were the speaker-listener technique (83%), information about destructive communication patterns (66%), problem solving (62%), forgiveness (57%), and constructive expression of negative emotions (57%).

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

Challenges and Questions as We Move Forward

Below we list some of the areas of exploration that are crucial as we attempt to make relationship and marriage education available to all couples in the U.S. (and in other countries) who desire healthy lives in love and marriage (see Markman et al., in press, for an elaboration):

- assessing preventive effects with relevant control groups;
- matching services to couple needs and dynamics as we expand to increasingly culturally diverse populations and settings (e.g., Halford, O'Donnell, & Lizzio, 2006; Stanley, Pearson, & Kline, 2005);
- getting couples and individuals to seek services and creative ways the field is developing alternative service-delivery methods, such as self-directed programs and telephone interventions;
- determining if relationship education services can benefit couples when given only to individuals;
- making sure that couples are receiving education as opposed to therapy.

One big failure of the Community Mental Health Center Act of 1963 was that it increased therapy services but not prevention services. That is, service providers were trained as therapists, and so they did what they were trained to do (Snow & Newton, 1976). We want to make sure we do not repeat this mistake and make sure that we develop new training programs for marriage education service providers

Like many said about the 60s, we live in interesting times in early 2000s. In John Kennedy's inauguration speech in 1961, he challenged the country to "go to the moon," and he followed up with significant funding to make this goal a reality. At a recent meeting in Washington, a well-connected person said to a group of esteemed academics that the color of money right now is marriage, and he was encouraging the group to incorporate questions about healthy marriages in their research. What he meant was that there will be an infusion of funding into our science because this is how things work: major new funds are quickly available when those in government choose to accomplish a new, far-reaching goal. So much of the growth of physics and engineering came not because the government wanted to fund those things for their own right, but because the government (and our country) decided to go somewhere—to the moon. We believe that this is the moon-shot for our field. Many believe we do not have the knowledge to go for a "marital moon shot." But that is not how many advances actually occur. Instead, a goal is set and scientists feel the pressure to go out and learn what is needed to reach the goal. As we conclude this brief journey through one of the new frontiers in the couples field, dissemination efforts, it is worth considering what you can do to contribute to shaping and exploring the new frontier.

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Dissemination of Couples' Interventions Among African American Populations: Experiences From ProSAAM

Tera R. Hurt, Kameron J. Franklin, Steven R. H. Beach, Velma McBride Murry, and Gene H. Brody, *University of Georgia*, Lily D. McNair, *Spelman College*, and Frank D. Fincham, *Florida State University*

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Address correspondence to Howard Markman, Ph.D., Department of Psychology, University of Denver, Frontier Hall, 2155 S. Race St., Denver, CO 80208; e-mail: hmarkman@du.edu. ■

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

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

Among African American couples, religiosity and church involvement predict relationship quality (Brody & Flor, 1996; Taylor, Mattis, & Chatters, 1999), suggesting that this population is more likely to respond favorably to relationship enhancement programs if those programs encour-

age couples to draw upon their religious practices. Historically, religious participation has been an important survival strategy for African Americans. During enslavement, a strong religious orientation served as a framework for preserving family values and overcoming staggering experiences of injustice in a dehumanizing environment. This legacy of spirituality and religious involvement has been passed down through generations, remaining a consistent part of the fabric of African American culture over time, location, and context (Taylor, Chatters, & Levin, 2004). For many African Americans, cultivating a relationship with God remains the ultimate source of inspiration and guidance (McAdoo, 1983; Taylor & Chatters, 1991). For this reason, religiosity plays a significant role in predicting family outcomes in African American populations.

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

Our incorporation of religious material and prayer into ProSAAM was one means of creating a culturally sensitive vehicle for relationship enhancement that would be familiar and appealing to the participants