

WHEN LESS IS MORE: EFFECTIVE, BRIEF APPROACHES TO COUPLE THERAPY

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Objectives

- By the end of this session, you will be able to identify how intimate relationships influence both physical and mental health.
- You will be able to explain how a public health framework can provide more effective strategies for improving relationship health.
- You will be able to describe how brief couple interventions can promote positive outcomes across multiple domains.

Relationship dysfunction is robustly associated with:

- Mortality (e.g., Robles et al., 2013)
- Depression, suicide, and other mood disorders (e.g., Step et al., 2008; Whisman, 2007)
- Alcoholism and substance abuse (e.g., Whisman, 2007)
- Domestic violence (e.g., Stith et al., 2004)
- Obesity, elevated blood pressure, and diminished immune system functioning (e.g., Kiecolt-Glaser et al., 1993; Whisman & Uebelacker, 2012)



Intimate Relationships as Public Health Issue

- Need to talk more about relationship stability & quality as public health issue
- Can get funding to look at implications of relationships for health now
- Little to no funding for relational health as an important outcome on its own.

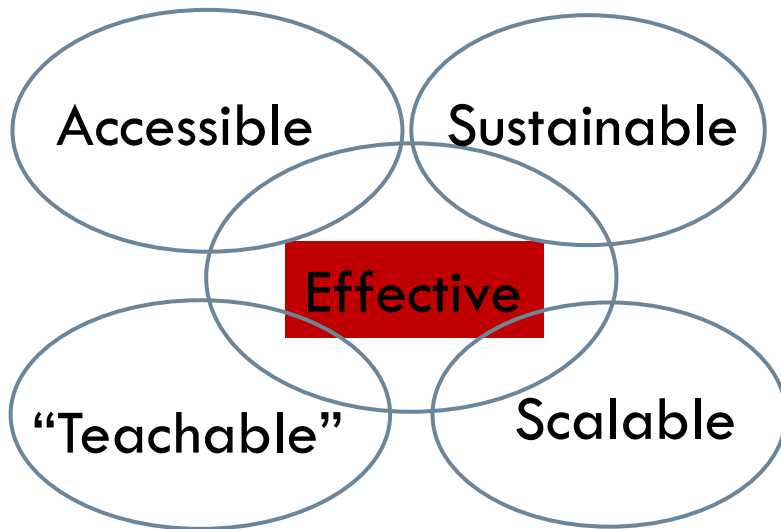


Relationship Interventions as Public Health Approaches

- Need to reevaluate our interventions and their delivery systems
 - ▣ Brief
 - ▣ Cost-effective (Caldwell, Wooley, & Caldwell, 2007; Crane, 2011)
 - ▣ Easily disseminable
 - ▣ Attractive to broad populations
- We need to look carefully at our usual outcomes....
 - ▣ Too much emphasis on **satisfaction**
 - ▣ Need to talk about it as relationship **health**

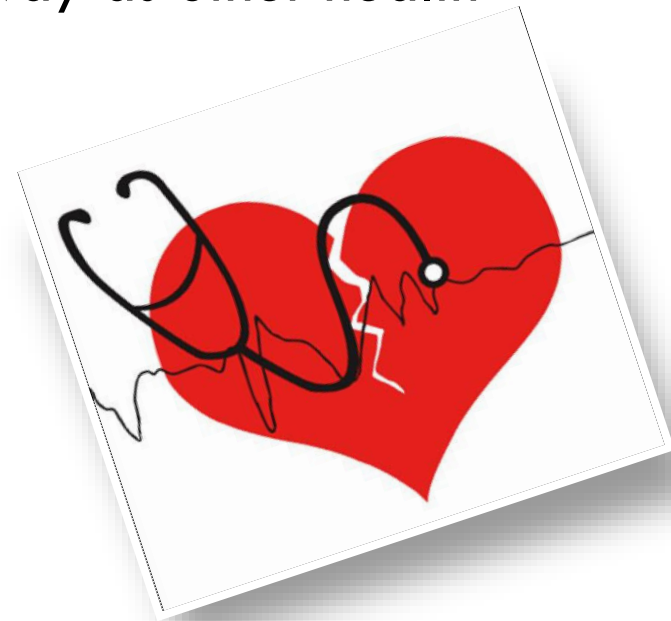


Public Health Approach to Improving Intimate Relationships: Why Less Can Be More



How do couple-based interventions Fit into Public Health?

- Traditional Approach
 - ▣ Brief health intervention in couple format
- Radical Approach
 - ▣ Relationship Stability is a public health issue in its own right – and we can approach it the same way as other health issues.



En Parejas

(Pollak et al., 2015, Gordon et al., 2019)

- ❑ Latino smoking increasing
- ❑ Pregnancy as a critical moment
- ❑ Latino couples & value of *familismo*
- ❑ Post-baby is critical developmental and stressful moment
- ❑ Need to treat the entire family to be culturally sensitive



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Pregnancy as Teachable Moment

(Pollak et al, 2010)



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- We recruited 30 Spanish-speaking expectant fathers through their pregnant partners.
- Latino expectant fathers had:
 - High-risk perceptions that their smoking harmed the pregnancy
 - Strong emotional responses about their smoking during pregnancy
- They also felt it was their role to make the pregnancy healthy
- The teachable moment constructs for smoking were strongly correlated with motivation to quit smoking; the same was not true for diet and exercise.

Participants



- 348 Latino couples
- 79% of men and 86% of women had income lower than \$1,500
- 93% of men and 91% of women reported high school education or below.
- 69% of couples were unmarried and cohabitating
- 64% were together more than 3 years

Procedures



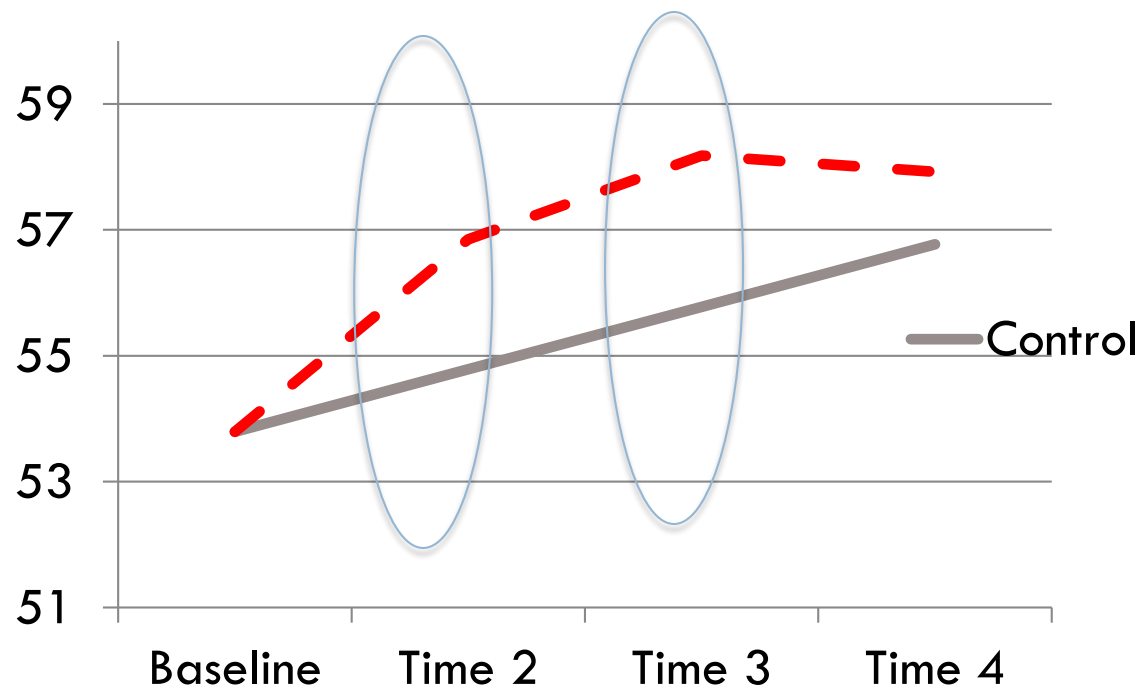
- Pregnant women approached at a prenatal class; they recruited their partners into study
- Treatment vs. control group
- Treatment administered during **home visit**
- Assessed 4 times, baseline, after first visit, after second visit, and one year from baseline

Couple Intervention

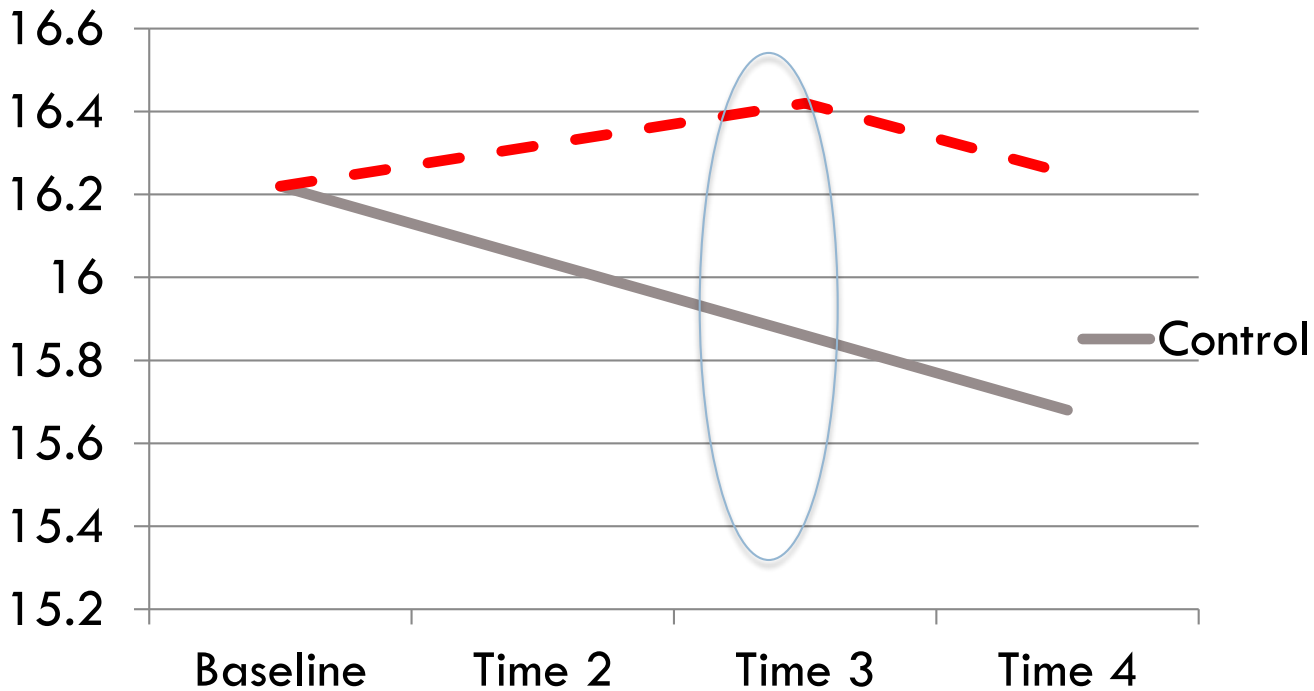
- Focused on increasing healthy behaviors
- Taught emotional expressiveness skills to couple to identify barriers to change (30 minutes)
- Taught problem-solving skills to address the barriers (30 minutes)
- Follow up visit post-birth to address challenges; up to three brief coaching telephone sessions



CHANGE IN COMMUNICATION



CHANGE IN RELATIONSHIP SATISFACTION



Communication and Behavior Change

Khaddouma et al., 2015



- 348 expectant Latino couples who received intervention
- Measured:
 - ▣ constructive communication behaviors
 - both partners
 - ▣ self-efficacy
 - men only
 - “I can quit smoking.”
 - ▣ motivation
 - men only
 - “I want to quit smoking.”

Communication and Behavior Change

□ Findings:

- More constructive communication predicted:
 - increased self-efficacy to quit smoking
 - increased motivation to quit smoking
- only *men's* (not their partners') constructive communication affected their own outcomes
- significant associations only *after* intervention





Why Less is Also Not More Here

- Public health looks for simplest approaches
- Systemic approach is NOT that
- BUT domino effect is maximized when you treat the system
- Affected
 - Daily smoking
 - Satisfaction
 - Communication
 - Motivation
 - Binge Drinking
 - Maybe depression... (Hughes et al, 2014)
 - Maybe fat intake.... (Fish et al, 2014)

RELATIONAL STABILITY AS PRIMARY GOAL



Lifetime Relational Health model

- Tertiary care
 - ▣ No treatment
 - ▣ Delayed treatment – on average 7 years!
 - ▣ Successful for only 50-60% of couples
- Primary approaches successful but also only to a point – e.g., premarital relationship education
- Secondary care
 - ▣ Based on model of lifetime screening and check-ups – hopes to copy success of breast cancer mammograms and dental visits

Definition of Checkup

- an examination of a person made by a doctor to make sure the person is healthy; *also* : an instance of looking at the parts of a machine to make sure it is working properly



Marriage Checkup

- Developed by Dr. James Córdova at Clark University
- Consists of two sessions –
 - ▣ Assessment
 - ▣ Feedback
- Based on
 - ▣ Integrative Behavioral Couple therapy
 - ▣ Motivational Interviewing

Marriage Checkup

- The MC is effective at
 - ▣ Attracting high-risk but skeptical couples
 - ▣ Has a high completion rate
 - ▣ Safe for use with high risk couples
- Findings suggest that the MC:
 - ▣ Increases intimacy
 - ▣ Reduces relationship distress, depression, and health care usage at 2 years follow-up
 - ▣ Increases help-seeking and motivation to improve relationship

Basic Relationship Checkup

- Two-session home-visit (or clinic) Intervention
 - Enrolled couples meet with a facilitator in their home in an effort to reduce traditional barriers to participation, unless they prefer to meet at a clinic
 - Intervention
 - Two 1.5-hour assessment/feedback and a motivational interview
 - For couples in need of additional help
 - Within Our Reach couples skills groups
 - Jobs skills workshops via Workforce Connections
 - Couples are connected to community resources



Recruitment

- Recruited primarily via Integrated Healthcare facility
 - ▣ Met frequently with doctors and behavioral health care providers
 - ▣ “Tabled” in waiting rooms
- Also blanketed community resources serving low-income populations
- Community mental health organizations
- Religious organizations
- Parenting and Job Fairs
- Multiple radio and TV interviews
- WORD OF MOUTH
- Gift Cards!

Demographics – Rx

- Married: 81% (recruitment frame) & median length of relationship: 9.4 years
- Meet cutoff for relationship distress:
 - Baseline: 31%
 - Month 1: 16%
 - Month 6: 18%
- 80% of participants identified as White, 15% as identifying as Black ; <5% identifying as either Pacific Islander, Native American, or Asian; 8% identified as being Hispanic.,
- 66% women made less than \$20,000 annually; 50% of men made less than \$20,000 annually
- 56% of men and 30% of women were employed full time



Procedure

- Both members of couple were screened by phone to be sure that
 - they were cohabitating
 - both were willing to attend
 - No severe emotional or physical abuse taking place
- Received assessment, then feedback approximately 2 weeks later
- Filled out full assessment packet at 1 month, and smaller packet at 6 months after intervention
- 503 completed first session; 428 completed feedback

They liked it! They really liked it!!

90% completed both assessment and feedback.

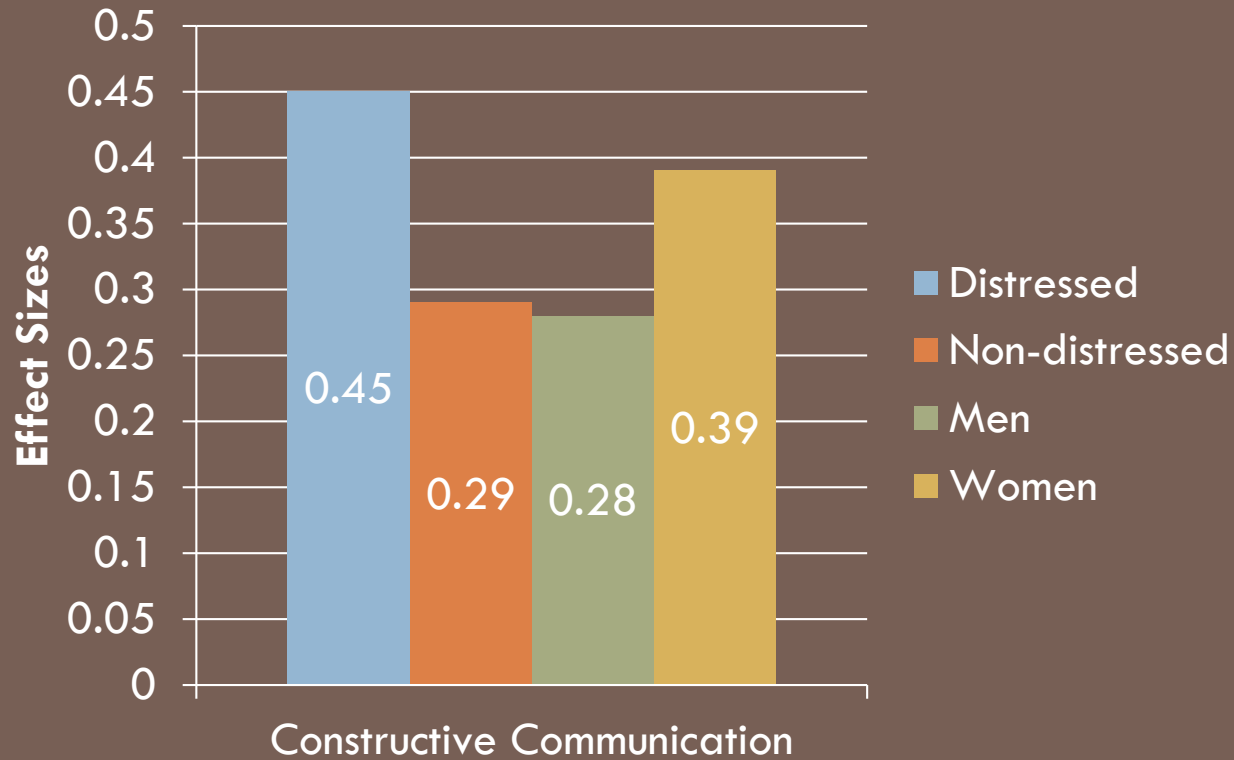
98% of participants reported being highly satisfied with the program at feedback 91% at 6 month follow-up;

- 95% at feedback agreed that the program helped them learn strategies to improve their relationship and 82% at 6 month follow-up;
- 94% at feedback agreed that the program helped them understand their relationship strengths (86% at 6 month follow-up);
- 95% at feedback agreed that the program helped them to understand their relationship concerns (84% at 6 month follow-up).
- The vast majority of participants at feedback (98%) said they would recommend this program to others (93% at 6-month follow-up).

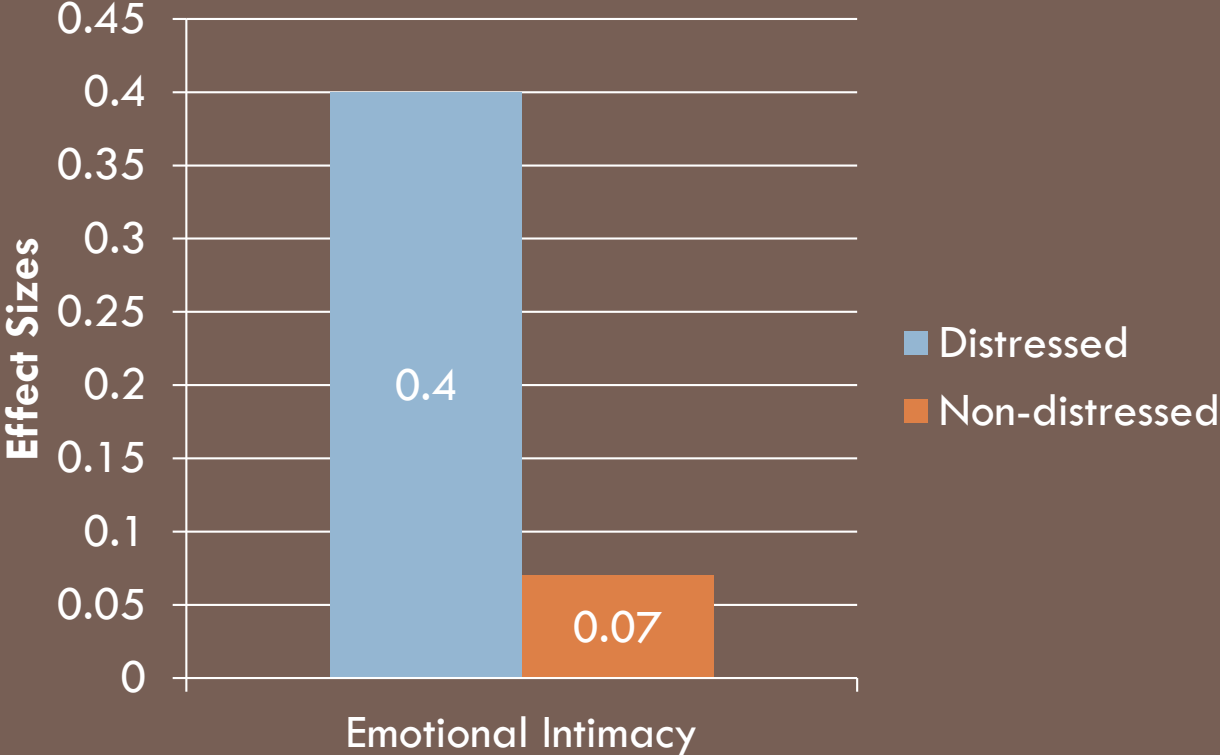
Differential Change in Relationship Satisfaction from Pre- to Post-Intervention



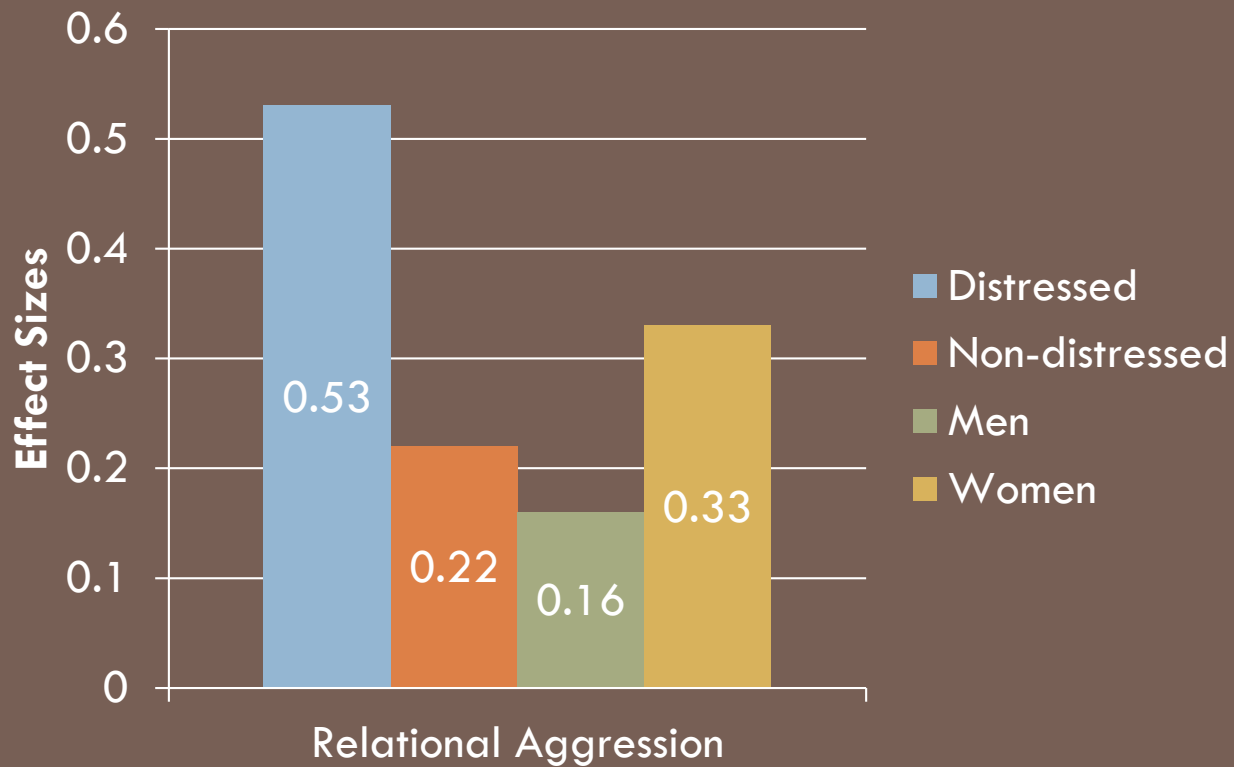
Differential Change in Constructive Communication from Pre- to Post-Intervention



Differential Change in Emotional Intimacy from Pre- to Post-Intervention



Differential Change in Relational Aggression from Pre- to Post-Intervention



Also affected other aspects of functioning

- Improved parenting alliance between partners
- Improved depression symptoms



Format of Assessment Session

- Why did they decide to do Check-up?
- Who brought it up first?
- What do they hope to gain?
- How did they meet?
- How did they decide their partner was “the one”?
- Choose most important strength and discuss for each partner; then switch
- Choose largest concern and discuss for each partner; then switch
- Summarize

Format of Feedback session

- Summarize history
- Celebrate strengths
- Give feedback on what research says about concerns
- Help them understand their pattern around the concerns
- Give them menu options
- Help them brainstorm solutions and think of how they can use their strengths to address the problem
- Follow up in one month and six months

Attention is the most basic form of love

- The demands of day-to-day life often draw our attention away from the ones we love
- The Relationship Check-up is designed to deliberately turn partners back toward each other



Projecting acceptance

- Acceptance is the key to healthy intimacy
- Facilitator communicates and models acceptance
- Radical acceptance without judgment can create a sense of intimacy



The other partner is always listening

- When talking to one partner, the other partner has no choice but to listen and be influenced by the story
- We can take advantage of this to help partners understand each other more compassionately
- Be mindful of the impact on the listening partner
- Reframe concerns to highlight compassion and understandable reasons for the complaint



The therapeutic pursuit of acceptance and change

- Acceptance *is* change
- If you are going to incorporate acceptance into your practice, you must incorporate it into your life and your relationships
- Serenity Prayer
- Balance of working towards individual growth and a radical acceptance of human nature
- Distinction between change and acceptance is the wisdom to know the difference



Getting “under” the issue

- Kickstarting Intimacy:
 - ▣ Accessing more vulnerable emotions
- Building Mutual Acceptance: Discovering understandable reasons and identifying themes and patterns
- Building a Collaborative Set: Mutual traps and “itifying”



Anecdotal Success Stories

- Overheard in the staff rooms...
- “Relationship shoes”
- “Go sit in your corner”
- “He won’t stop talking about his emotions!!”
- “I didn’t think I wanted to do this but...”
- Ghost recruiters
- “She’ll never change.” to “She’ll never change.”



Summary

- Many are struggling with external stressors, which brings them in – but anecdotally, this is less threatening than therapy
- Reaching couples when they are struggling but not too deteriorated might allow for greater change with less therapeutic effort
- Recruitment and delivery strategies reached a more economically and racially diverse population – and 30% were distressed
- Also improved **depression** symptoms



Future directions

- Home Visitation idea is appealing – would be interesting to partner with other existing programs that visit new parents such as Nurse-Family Partnership or Parents as Teachers
- Who can deliver this? Data suggested that years of mental health counseling experience did not moderate results –
- We now have also trained clergy and now lay volunteers to deliver this intervention

Take home...

- Brief interventions improved functioning in ***multiple outcomes***
- Couples interventions can address health issues both directly and indirectly
- Going to the couples increased participation, particularly with people who are typically underserved and hard to reach

Unique challenges for low-income populations

- Financial Struggles - poverty
- Scarcity hypothesis-
- Multiple Jobs
- Serial relationships – blended families
- Homelessness
- Discrimination and subtle biases
- Substance Abuse, mental and physical health
- WE NEED ACCESSIBLE APPROACHES

Relationship Builders Knoxville

- Dream project:
 - ▣ University-church-community partners
 - ▣ Free-standing Center
 - ▣ Stepped care
 - ▣ Wrap-around services
- www.Rbknox.org
- info@rbknox.org
- kgordon1@utk.edu



Lots of Help

- Galena Rhoades, Brian Doss, James Cordova, Scott Stanley, and David Atkins
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