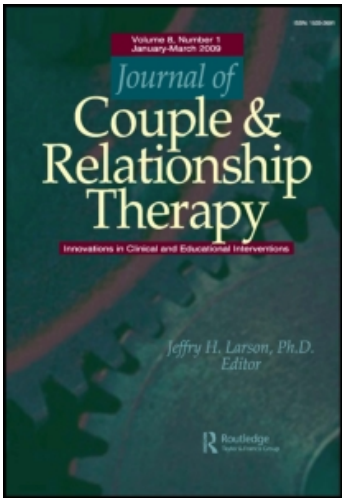

Journal of Couple & Relationship Therapy
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t792303987

Supporting Healthy Relationships in Low-Income, Violent Couples: Reducing Conflict and Strengthening Relationship Skills and Satisfaction

Renay P. Cleary Bradley[a]; Daniel J. Friend[a]; John M. Gottman[a]
[a] Relationship Research Institute, Seattle, Washington, USA

Online publication date: 19 April 2011

To cite this Article Bradley, Renay P. Cleary , Friend, Daniel J. and Gottman, John M.(2011) 'Supporting Healthy Relationships in Low-Income, Violent Couples: Reducing Conflict and Strengthening Relationship Skills and Satisfaction', Journal of Couple & Relationship Therapy, 10: 2, 97 — 116
To link to this Article: DOI: 10.1080/15332691.2011.562808
URL: http://dx.doi.org/10.1080/15332691.2011.562808

Journal of Couple & Relationship Therapy, 10:97–116, 2011

ISSN: 1533-2691 print / 1533-2683 online
DOI: 10.1080/15332691.2011.562808

Routledge
Taylor & Francis Group

Supporting Healthy Relationships in Low-Income, Violent Couples: Reducing Conflict and Strengthening Relationship Skills and Satisfaction

RENAY P. CLEARY BRADLEY, DANIEL J. FRIEND, and JOHN M. GOTTMAN
Relationship Research Institute, Seattle, Washington, USA

Researchers, practitioners, and policy-makers have highlighted the need to evaluate couple and relationship education (CRE) programs designed to strengthen intimate relationships and meet the needs of populations that are most in need, including low-income distressed couples. This study evaluated a psychoeducational intervention designed to bolster relationships and reduce conflict in low-income, situationally violent couples. One hundred fifteen couples were randomly assigned to a treatment or no-treatment control group. Couples reported relationship satisfaction, use of healthy relationship skills, conflict, and relationship status/dissolution at two time points (pre- and post-intervention). Results show that the treatment group benefited in several ways: increased relationship satisfaction, greater use of healthy relationship skills, and reduced conflict.

KEYWORDS couple and relationship education, low-income, situational violence

Many American families currently face challenges related to the economic climate (Land, 2010). As such, more and more couples are exposed to

This study was supported by a grant from the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) (90OJ2022). The views expressed in this article do not necessarily reflect those of ACF. We express our gratitude to the following people who helped make this project possible: Julie Gottman and others who assisted with the intervention, Robin Dion, and Dan Yoshimoto.

Address correspondence to Renay P. Cleary Bradley, PhD, Relationship Research Institute, 2030 First Ave., Suite 205, Seattle, WA 98121, USA. E-mail: renayc@rrinstitute.com

conditions as a result of their socioeconomic status that put them at risk of experiencing negative health outcomes (Hackman & Farah, 2009), including heightened conflict and intimate partner violence (Cox, Kotch, & Everson, 2003). Conflict and violence between couples are highly prevalent in the United States (Niolon et al., 2009) and more common among couples with children (Carlson, 2000) and those from lower-income brackets (Cox et al., 2003). Thus, it is more important than ever to provide struggling, low-income families with support designed to help them overcome obstacles. Left unsupported, distressed couples with limited economic resources may face relationship dissolution or a relationship that is maintained but characterized by high levels of conflict, both of which can be deleterious to the couple, their children, and their communities (Hahlweg & Richter, 2010).

Low-income couples are also more likely to have encountered divorce within their own families of origin, which may have left them with a lack of positive role models to demonstrate how to interact successfully with a partner. Thus, they may be in need of education that helps them build the skills required for fostering and maintaining healthy, satisfying relationships with intimate partners (Adler-Baeder, Robertson, & Schramm, 2010).

The effects of divorce/relationship dissolution and conflict between couples are seen across all family domains. Couples who end relationships are at risk of experiencing increased stress and associated health problems (Amato, 2010). Children from these families are also at risk of exhibiting maladjustment (Yu, Pettit, Lansford, Dodge, & Bates, 2010). Such issues take a high toll on families and contribute to federal spending on provision of services (Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004). Similar issues are seen in both children and parents when couples have highly conflictual relationships, including those characterized by violence (Osofsky, 2003; Rudo, Powell, & Dunlap, 1998). Couples experience severe conflict in about 25% of U.S. marriages (Cummings & Davies, 2000); such conflict may pose a problem within programs designed to promote healthy relationships (Catlett & Artis, 2004).

Conversely, couples in healthy, satisfying, committed relationships may benefit in many ways, including enhanced mental and physical health (Braithwaite, Delevi, & Fincham, 2010; Whisman, Uebelacker, & Settles, 2010). Support gained from healthy relationships may buffer individuals from life stressors and enable them to cope with stressful circumstances (Coan, Schaefer, & Davidson, 2006). Children from families with healthy parental relationships also benefit across several developmental domains throughout the life span (Harold, Aitken, & Shelton, 2007). Thus, it is vital to provide couples with opportunities that enable them to strengthen their relationships and, in turn, experience better family health and well-being.

Due to the high costs associated with relationship dissolution and distress at the individual, familial, and societal levels, recent administrative endeavors in the United States have highlighted the importance of providing

couple and relationship education (CRE) to those who are most in need and at risk of suffering adverse outcomes associated with the status of their relationships (Halford, Markman, & Stanley, 2008). CRE involves providing couples in committed relationships with education and support that can enable them to build healthy relationship attitudes and skills and encourage better-quality, more-satisfying relationships. Researchers, practitioners, and policy-makers alike have stressed the importance of providing couples with evidence-based CRE programs that have been shown to be effective in promoting healthy relationships within the specific population that is being served (Halford, 2004).

The current work describes a CRE program evaluation funded as part of the Healthy Marriage Initiative by the Administration for Children and Families of the U.S. Department of Health and Human Services. The goal of this Initiative is to promote healthy relationships and reduce conflict in married and committed cohabitating couples from diverse backgrounds. These goals were based on research that shows how, in comparison to unhealthy relationships, healthy relationships between parents, whether they be married or not, have been associated with positive outcomes for (a) *children* (e.g., academic success, improved health, reduced delinquent behavior), (b) *men* (e.g., longer healthier lives, increased wealth, less violence), (c) *women* (e.g., better health, reduced poverty), and (d) *communities* (e.g., reduced crime rates, less need for social services) (Center for Marriage and Families, 2005; Moore et al., 2004). In line with initiative objectives, this work assessed the efficacy of the Creating Healthy Relationships Program (CHRP), a skills-based CRE program designed to enhance relationships and reduce conflict in low-income parent couples who exhibit considerable levels of conflict.

COUPLE AND RELATIONSHIP EDUCATION (CRE)

Educational programs designed to encourage healthier relationships have become more prevalent and readily used by the general public in recent decades (Stanley, Amato, Johnson, & Markman, 2006). Many CRE programs appear to focus on a highly comparable group of topics that are addressed with program attendees, including communication, conflict management, and intimacy/friendship (Adler-Baeder et al., 2010; Bradbury & Karney, 2004). One of the most common approaches used to address these topics is skills training, although there is significant variation across programs in the areas of emphasis on which the skills focus (Halford, 2004).

Skills training focused on communication skills involves educating couples on functional versus dysfunctional communication patterns and giving them the opportunity to practice using those characteristic of successful relationships. Problems surrounding communication may weaken relationships

and contribute to their demise, so a focus on strengthening communication skills is essential (Hahlweg & Richter, 2010). Programs focused on conflict management (e.g., PREP; Markman, Floyd, Stanley, & Storaasli, 1988) help couples learn strategies for resolving conflict in ways that are not harmful to either partner or the relationship. Conflict management is central to prevention of problems within intimate relationships and thus needs to be at the forefront of programs designed to enhance relationship quality and stability.

Research has shown skills training to be generally effective at encouraging use of targeted skills directly after program completion and in the long term (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Silliman & Schumm, 2000). Skills training has also been shown to be more beneficial than other forms of CRE used alone (Halford et al., 2010). Although many skills-based approaches are applied collectively to all couples, CRE programs may be more beneficial if the skills match the issues that participant couples face (Halford, 2004; Halford, Sanders, & Behrens, 2001). For example, with couples who exhibit high conflict, it makes sense to emphasize conflict management. In contrast, if couples begin with low conflict, such a focus may not be necessary.

Overall, CRE appears to have the potential to improve relationship quality, increase relationship satisfaction, promote use of healthy relationship skills, reduce conflict, and decrease relationship dissolution. Several meta-analyses support this notion and have shown CRE to be effective at improving communication skills and overall relationship quality in the short and long term (Butler & Wampler, 1999; Hawkins, Lovejoy, Holmes, Blanchard, & Fawcett, 2008).

COUPLE AND RELATIONSHIP EDUCATION FOR LOW-INCOME COUPLES

Most CRE evaluations have been done with middle-class, engaged or married couples (Dion, 2005; Halford et al., 2008). Only limited work has evaluated whether low-income couples benefit from CRE; it had previously been assumed that the main tenets of CRE were universal, which led to a seeming disregard of low-income couples' relationships (Ooms & Wilson, 2004). This is an odd paradox since disadvantaged couples may be at greatest risk for relationship problems (Cherlin, 2005; Dion, 2005). Accordingly, some believe that such couples have the most to gain from CRE (Hawkins, Carroll, Doherty, & Willoughby, 2004). Overall, low-income couples value the institution of marriage and appear open to programs that teach relationship skills (Ooms, 2002), and the problems these couples face are believed to be addressable via CRE (Stanley et al., 2006).

Indeed, research suggests that low-income couples may benefit from CRE (Halford et al., 2008). In a meta-analysis of 15 programs for low-income couples (only three of which included a no-treatment control group for comparison purposes), Hawkins and Fackrell (2010) concluded that such programs may help couples strengthen their relationships; program effects were deemed to be comparable to those seen in middle-class couples. More rigorous research designs using random assignment to groups is still needed to corroborate this notion. One recent study that included random assignment to groups is the Building Strong Families Project (BSF).

BSF was designed to support low-income, unmarried couples with or expecting children at a range of sites across the United States; a variety of CRE programs designed to help couples prepare for marriage were evaluated (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010). Qualitative assessments of enrolled couples suggest that couples appreciated the opportunity to focus on their relationships and found the content significant (Dion & Hershey, 2010). However, quantitative assessments that compared treatment couples to controls post-treatment showed enrollment had no effect on marriage, relationship quality, or conflict. When individual sites were evaluated, one site showed generally positive outcomes, whereas one site had couples whose relationships appeared to suffer as a result of enrollment (i.e., higher dissolution rates and violence in treatment couples). Authors noted that characteristics of the couples and program content and structure may have played roles in program impact differences.

Dion (2005) described a series of issues that are characteristic of low-income couples, including those related to problems faced within relationships (e.g., fidelity, childhood trauma) and those that may hinder intervention efforts (e.g., education level, literacy). Such issues need to be addressed within programming content and structure for this population. While some facets of education content geared toward other populations may still be beneficial for low-income couples (e.g., building communication skills), distinctions may exist regarding program structure/delivery and its role in program efficacy. For example, in a study of low-income couples who attended CRE that used a group-based format, couples reported finding the format particularly helpful. They described gaining social support and feeling a sense of normalization regarding the challenges they faced (Skogrand, Torres, & Higginbotham, 2010). They also appreciated the chance to share strategies they learned with others in the group and learn strategies from the others. Other research on low-income couples has shown that attending CRE jointly with one's partner was found to prompt change in both individual and couple functioning (Adler-Baeder et al., 2010). Collectively, this research suggests that low-income couples may benefit from CRE that is group based, involves both partners, and addresses the specific relationship issues faced by low-income couples.

COUPLE AND RELATIONSHIP EDUCATION FOR VIOLENT COUPLES

Low-income couples are at risk of exhibiting highly conflictual, violent interaction patterns (Fox, Benson, DeMaris, & Van Wyk, 2002) and are thus in need of help designed to address such conflict. However, the type of support that is appropriate depends on the nature of the conflict. Most researchers and practitioners now distinguish between two types of violence—characterological and situational (Jacobson & Gottman, 1998; Johnson & Ferraro, 2000). *Characterological violence* is asymmetrical and involves a clear perpetrator and victim. Violence is marked by controlling and dominating behavior; perpetrators show little remorse, minimize what they do, attribute blame to others, exhibit similar behaviors outside the family, and may have diagnosable personality disorders. *Situational violence*, in contrast, is reciprocal (i.e., both partners engage in low-levels of violence), stays within the family, and tends not to involve control or dominance. Those involved show remorse, understand the impact of violence, and internalize blame. Violence often arises from conflict that escalates out of control. Research suggests that 50% to 80% of intimate partner violence is situational in nature (Jacobson & Gottman, 1998).

Most social services do not distinguish between these types of violence; rather violence reduction programs are typically geared toward helping female victims or male perpetrators of characterological violence (e.g., Graham-Bermann, Gruber, Howell, & Girz, 2009; Graham-Bermann & Edleson, 2001). Programs that treat partners individually may be appropriate when dealing with characterologically violent couples. However, since situational violence is mutual in nature and does not arise from power/control dynamics, some believe that treating the couple concurrently may lead to better outcomes (Johnson, 2006). Some argue, though, that treating violent couples jointly may be unsafe. A study of situational violence in committed couples has provided insight regarding this debate (Stith, Rosen, McCollum, & Thomsen, 2004). The *Domestic Violence Focused Couples Treatment* was designed to reduce/stop situational violence and improve the relationship. The treatment involved meeting with couples jointly and teaching them conflict management, which led to a significant reduction in violence recidivism and an increase in relationship satisfaction. Thus, it is possible to incorporate violence-reduction strategies safely into couples-based interventions for distressed couples whose conflict is situational in nature.

THE CURRENT STUDY

Our goal was to evaluate the efficacy of CRE for low-income parent couples who exhibit situational violence. The research question addressed includes: Will participation in CRE lead to healthier relationships? We hypothesized

that couples who participated in the CHRP would exhibit less relationship dissolution, increased relationship satisfaction, greater use of healthy relationship skills, and reduced conflict.

The Creating Healthy Relationships Program (CHRP)

CHRP is a psychoeducational intervention based on the sound relationship house theory (Gottman, 1994), which describes characteristics of relationships that lead to relationship satisfaction and longevity. The sound relationship house includes seven levels that depict different "floors" of the house. Each floor represents a relationship domain that contributes to healthy relationships. The foundation of the house is made up of friendship, fondness, and admiration—characteristics that have been shown to provide a strong foundation for intimate relationships. Other levels include conflict management—skills used to address perpetual issues and prevent harmful fights—and creating shared meaning—skills that enable couples to share their values, beliefs, and life goals.

The sound relationship house theory has been used to develop other couples-based interventions, including the Bringing Baby Home Program for expectant couples (Shapiro & Gottman, 2005), which has been shown to promote increased relationship quality and reduced hostility. CHRP incorporates many concepts and exercises used within the Bringing Baby Home Program. CHRP content was also tailored to meet the needs of low-income, situationally violent couples. CHRP sessions are largely focused on conflict management due to the intended recipients. Although CHRP was designed for situationally violent couples, it differs from Stith et al.'s Domestic Violence Focused Couples Treatment in that it has a stronger focus on *skills* training. CHRP emphasizes skills for constructive conflict management, creating emotional intimacy, and fostering friendships, a culture of appreciation, fondness, and respect. CHRP covers five content areas: Managing Stress; Establishing Emotional Connections in the Family with Partners and Children; Maintaining Intimacy; Creating Shared Meaning; and Managing Conflict.

CHRP materials have lower literacy levels and were pilot-tested with low-income couples. Pairs of male/female clinicians facilitate weekly 2-hour intervention sessions. Sessions are held with groups of six to eight couples for 22 weeks (44 hours of programming). At the start of each session, couples are shown a video that shows diverse couples participating in a mock talk show focused on the session topic. After viewing the video, couples voice their own thoughts and feelings about the topic. This discussion is followed by an educational component when facilitators share relevant research-based information about the topic. Each session also includes a skill-building segment, where couples engage in exercises that enable them to practice relationship skills (e.g., using biofeedback techniques to self-sooth before discussing an issue).

METHOD

Participants

Couples were recruited from community-based organizations (CBOs) that offer services for low-income, distressed couples. Fliers and brochures were distributed at CBOs and shared with health care workers and couples directly. Study staff attended classes where we expected low-income distressed couples and individuals (e.g., parenting, anger-management) and shared details about the study. Online and radio-based advertisements were also used. Inquiries about study participation were followed up with telephone calls designed to screen couples into the study based on the following criteria. Couples must (a) be romantically involved and in a committed relationship for at least 1 year; (b) be at least 18 years old and speak English; (c) be experiencing situational violence; (d) have at least one child under age 12; (e) have a combined income below the local county median for a family of three ($73,000); and (f) not be experiencing characterological violence or significant substance abuse issues or have antisocial personality disorder.

The final sample included 115 low-income, situationally violent, heterosexual couples. Most couples were married, romantically involved for about 8 years, White, and in their mid 30s. The majority of males were employed, whereas most females were unemployed. The sample had an average combined household income of $53,664 (± $29,088) (Table 1 provides further details on sample demographics).

Procedures

All couples ($N = 115$) filled out questionnaires to assess demographic information and relationships status, skills, satisfaction, and conflict. Surveys were filled out twice [1 = baseline (BL); 2 = post-test assessment] by members of each couple individually. After the BL, couples were randomly assigned to either the treatment or a no-treatment control group (treatment group $n = 62$; control group $n = 53$). Couples in the treatment group participated in CHRP. Couples in the control group were referred to alternative resources available in the community. All couples filled out post-test surveys approximately 0 to 6 months after treatment couples completed the intervention (i.e., approximately 6 to 12 months after the BL); the wide range in timing of post-test assessments reflected the difficulty in reaching and scheduling these couples that study staff encountered. Couples were compensated $10 per hour (per person) for participation in assessments. Treatment couples were also given rewards (e.g., gift certificates) after consistent intervention session attendance.

Attrition

Between the BL and post-test assessments, 41 subjects withdrew from the study [control $n = 21$ (39.6%); treatment $n = 20$ (32.2%)]. A χ^2 analysis

TABLE 1 Descriptive Statistics for Categorical Demographic Variables

Gender	Age	Ethnicity*	Education*	Employment Status*
Male	35 ± 8 years	79% Caucasian 16% African American 4% Asian 4% Latin American/Hispanic 2% Pacific Islander 2% Native American 2% Other	9% Less than high school 35% Finished high school 19% Finished college (BA/BS) 16% Masters degree 3% PhD or MD 19% Other professional degree	70% Full-time 5% Part-time 10% Unemployed 6% Disabled 7% Self-employed 2% Student 1% Homemaker 8% Other
Female	34 ± 8 years	87% Caucasian 13% African American 3% Asian 7% Latin American/Hispanic 4% Pacific Islander 9% Native American 4% Other	6% Less than high school 27% Finished high school 33% Finished college (BA/BS) 14% Master's degree 3% Other professional degree	20% Full-time 19% Part-time 11% Unemployed 14% Disabled 18% Self-employed 4% Student 53% Homemaker 15% Other

Note. *Multiple categories can be endorsed; therefore, percentages may not sum to 100%.

revealed no difference in attrition rates between groups. Of those who withdrew, 19 (46%) did so because they dissolved their relationships (control $n = 7$; treatment $n = 12$). The remaining 22 couples withdrew for a variety of reasons ranging from military deployment to study staff being unable to contact them. A discriminant function analysis was performed to assess differences between those who withdrew and those who remained in the study. Scores for male overall dyadic adjustment at baseline were found to differ significantly between groups ($\lambda = .87$, $p = .03$), indicating that male-reported relationship adjustment may have influenced attrition (with those reporting lower adjustment being more likely to withdraw). Overall, study results should be interpreted with caution due to attrition rates, which could impact findings.

Measures

Relationship Dissolution

A dichotomous variable was created to denote whether couples remained together or dissolved their relationships (i.e., 1 = *divorced or broke up*).

Relationship Satisfaction

The Dyadic Adjustment Scale (DAS; Spanier, 1976) dyadic satisfaction subscale was used to evaluate satisfaction with the relationship. This scale contains 10 items that evaluate the extent to which individuals feel content with their relationships. Possible scores range from 0 to 50 with higher scores representing greater satisfaction.

Relationship Skills

Communication and interaction patterns were measured via the Reduced Sound Relationship House questionnaire (RSRH; Gottman & Krokoff, 1996). The RSRH includes statements regarding thoughts, feelings, and behaviors experienced by couples pertaining to the relationship. Statements are divided into three domains related to relationship skills—friendship, sex/romance/passion, and shared meaning. The *friendship* domain consists of 20 true/false items measuring knowledge of one's partner, fondness/admiration for the partner, and emotional connectedness between the couple. Possible scores range from 0 to 20, with higher scores indicating more friendship. The *sex, romance, and passion* domain includes 28 items in which individuals choose one of two statements that is most congruent with their relationship. Sample statements include "'Our sex life is fine' versus 'There are definite problems in this area"'; "'Our relationship is full of passion' versus 'The fire is going out."' Possible scores range from 0 to 28 with higher scores indicating more compatibility in terms of physical intimacy. The *shared meaning* domain

consists of 20 true/false items that capture agreement between partners on goals, roles, and rituals. Possible scores range from 0 to 20, with higher scores indicating more shared meaning and honoring of each other's dreams. Due to significant relations between all domains for each partner, scores from all three were summed to create a "relationship skills" score for each person (see Gottman, 1999, for psychometric properties of RSRH subscales).

Relationship Conflict

The RSRH questionnaire (Gottman & Krokoff, 1996) was also used to measure conflict in the relationship. The conflict scale includes 25 true/false items that assess the acceptance of spousal influence, harsh starts to arguments, compromise, gridlock on issues, and levels of criticism, defensiveness, stonewalling, and contempt in the relationship. Possible scores range from 0 to 25, with higher scores indicating more conflict.

Data Analysis

A series of repeated-measures analysis of variance (RM-ANOVA) models were run to evaluate differences in continuously measured outcomes (relationship satisfaction, skills, and conflict) across groups (treatment vs. control, between-subjects factor) and time (BL vs. post-test, within-subjects factor); analyses were run separately for each partner (males and females) to maximize available data. (Missing data on any one score for a male or female partner would prompt the entire couple to be excluded from analyses; thus, males and females were evaluated separately. Baseline levels of male-reported dyadic adjustment were statistically controlled for in all analyses for males due to the attrition difference reported earlier. Substance/alcohol use was statistically controlled for in all analyses for females due to significant relations between female substance use and relationship quality.) Relationship dissolution data were evaluated using statistics for nonparametric data (i.e., χ^2) due to the nominal nature of the data.

To measure intervention group status, two variables were created that represent the intervention group to which couples were assigned: (a) an *intent-to-treat* variable that designated a '1' to treatment couples ($n = 62$), regardless of how many sessions they completed, and a '0' to control couples ($n = 53$); and (b) a *significant dosage* variable that designated a '1' to treatment couples who completed at least 50% of the intervention ($n = 41$), and a '0' to control couples ($n = 53$). All RM-ANOVAs were run twice—once using the intent-to-treat variable and once using the significant dosage variable; participants in the intervention group who did not complete at least 50% of the sessions were excluded from *significant dosage* analyses. Because findings were highly comparable across each set of analyses, results using the *significant dosage* variable are reported here.

RESULTS

Descriptive statistics for continuous variables are provided in Table 2. (Correlations between variables are available upon request from the first author.) Tests of the primary hypothesis are presented next.

Relationship Dissolution

We hypothesized that, compared to control subjects, fewer treatment couples would dissolve their relationships. A total of 73% of couples remained together throughout both assessment periods, whereas 26% ended their relationships. Although the control group had a slightly higher percentage of couples who dissolved their relationships (57% of control subjects; 43% of treatment couples), this difference was not significant, $\chi^2(1) = 0.01, p = .94$. Of dissolutions, 56% took place in unmarried couples and 44% were from married couples.

Relationship Satisfaction

It was hypothesized that participation in CRHP would lead to greater relationship satisfaction. Results showed the following: (a) *predicting male-reported satisfaction*; there were no main effects, but the Time × Group interaction trended toward significance in the hypothesized direction; and (b) *predicting female-reported satisfaction*; there were no main effects but a significant interaction in the expected direction. Tests performed to identify significant differences within the interaction model showed no significant difference across time for controls but a significant difference between BL and post-test

TABLE 2 Descriptive Statistics for Continuous Variables and *F* Values for Group × Time Interaction Effects

			Time 1				Time 2			
			Treatment[a]		Control		Treatment[a]		Control	
Outcome	Partner	*F* Value	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Satisfaction	Males	2.95	34.45	5.39	35.42	5.82	37.28	3.60	34.71	7.24
	Females	7.37**	32.29	8.39	34.00	6.67	37.79	5.80	32.25	7.92
Skills	Males	4.6*	52.30	8.03	55.50	10.13	55.90	12.22	48.00	20.61
	Females	8.74**	37.00	19.64	49.18	15.45	50.00	15.72	41.91	15.63
Conflict	Males	7.73**	12.40	6.58	11.71	7.34	6.60	5.33	12.57	7.41
	Females	2.30	10.83	7.07	11.73	7.23	8.50	6.43	13.00	7.20

Note. [a]Number of couples who received at least 50% of the intended treatment dosage, $n = 41$; control-group couples, $n = 53$.
*$p < .05$, **$p < .01$.

for treatment couples, $t = -2.18$, $p = .04$, where satisfaction was higher at the post-test.

Relationship Skills

It was hypothesized that participation in CRHP would lead to greater use of healthy relationship skills. Results showed the following: (a) *predicting male-reported skills;* there were no main effects but a significant interaction in the hypothesized direction. The interaction model showed no significant differences across time for controls and a difference that trended toward significance across time for treatment couples, $t = -2.02$, $p = .06$, where skills were higher at the post-test than BL. (b) *Predicting female-reported skills*; there were no main effects but a significant interaction in the hypothesized direction. Within the interaction model, there was no significant difference across time for controls, and a difference that trended toward significance for treatment couples, $t = -1.87$, $p = .08$, where skills were higher at the post-test.

Relationship Conflict

We hypothesized that participation in CHRP would lead to less relationship conflict. Results showed the following: (a) *predicting male-reported conflict*; there was a significant main effect of time and a significant interaction in the hypothesized direction. Within the interaction model, conflict differed significantly across time only for the treatment group, $t = 4.18$, $p = .001$, where conflict was lower at the post-test compared to BL. (b) *Predicting female-reported conflict*; there was no significant main effect or interaction.

DISCUSSION

The current work evaluated the efficacy of a CRE program designed to strengthen relationships and reduce conflict in low-income, highly distressed parent couples who reported experiencing recent situational violence. Results support the notion that the CHRP was effective at strengthening relationships in this population. This suggests that CRE that is tailored to meet the needs of the couples being served regarding both content (e.g., focus on conflict management) and structure/service delivery (e.g., appropriate level of literacy; group-based format) may be effective at bolstering couples' relationships. Taking efforts to ensure that program content and structure are in line with low-income couples' needs and characteristics may help promote positive program impacts. Such efforts may contribute to strengthening of low-income, distressed couples' relationships, which may, in turn, prompt better health and well-being in their families.

Relationship Satisfaction

Females who participated in CHRP were more satisfied with their relationships after program completion. Although the model that evaluated male satisfaction only trended toward significance, the pattern was identical to that for the women. This suggests that participation in CRE focused on building healthy relationship skills and reducing conflict may facilitate greater contentment with and approval of one's relationship for women and perhaps men as well. This finding is especially interesting given that many intervention effects on relationship satisfaction lead to maintained rather than increased satisfaction in treatment groups versus diminished satisfaction in those receiving no treatment, which is normative (Snyder, Castellani, & Whisman, 2006). One question that remains to be addressed is how such satisfaction may come about as a result of program attendance. It is still unclear what specific mechanisms facilitate increased satisfaction and the role that such processes play within CRE.

Relationship Skills

Participation in CHRP also led to greater use of healthy relationship skills, including skills for building a stronger friendship, enhancing emotional intimacy, and creating more shared meaning between couples. Each of these skills is embedded within the sound relationship house (Gottman, 1994), which is what CHRP is based on, so it is not surprising that treatment couples reported greater instances of skills pertaining to these domains. It appears as though providing couples with both education about healthy relationship skills and opportunities to put that knowledge to the test with their partners may be an effective means of skill reinforcement. In contrast, couples who did not participate in CHRP and, instead, were provided with referrals to community-based resources reported some decline in the use of skills. Thus, it may be important to provide low-income distressed couples with opportunities to actively engage in skills training that is focused on issues that they face in their relationships.

Relationship Conflict

Males who took part in CHRP reported less conflict at the follow-up assessment. Although the model for conflict reported by females was not statistically significant, the pattern of results was comparable to that of the males and also suggested a reduction in conflict after program completion. In line with what others have argued (Halford, 2004; Halford et al., 2001), results suggest that designing CRE that targets the specific issues that couples face (e.g., severe conflict) may be a successful way to support special populations. In contrast, couples who did not attend CHRP appear to have experienced

a moderate increase in conflict over the period they were followed. This highlights the importance of providing distressed couples with educational opportunities that allow them to concentrate on conflict—opportunities beyond referrals to community-based services. Left unaddressed, such conflict may escalate and continue to put couples and their families at risk (Hahlweg & Richter, 2010).

Relationship Dissolution

It is unclear why our prediction that program involvement would lead to less relationship dissolution did not hold true, although other CRE programs have also failed to keep low-income couples together (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010). It would seem that increased satisfaction with one's relationship and use of relationship skills—effects of CHRP—might prompt couples to stick with it and keep trying to work on their relationships. Many possible explanations exist for CHRP's failure to prompt less break-up in these couples.

First, couples from this study were highly distressed; it could be that many were at their wits' end and, even though things may have been starting to get better as they completed CHRP, they were not aware of this or patient enough to put off ending the relationship. As others have suggested (Shapiro & Gottman, 2005), participation in CRE sometimes leads to a period when things seemingly get worse before they get better (due to couples' attempts to engage in higher-level problem-solving). Couples may struggle with this process, as they attempt to change habitual patterns and restructure the way they resolve conflict. Some couples may not be able to handle this and see it as a turn for the worse rather than progress that is being made and thus end the relationship. Others may see this struggle as a sign that their relationships are unhealthy and perhaps not worth saving. It is possible that CRE participation may, in essence, accelerate break-up for highly distressed couples in the short term; longer-term follow-ups may allow for discernment of relationship stability in those who are able to get past this initial challenge. CRE program facilitators and practitioners who work with highly distressed couples might also consider it best practice to share with couples knowledge about the process that they will go through within the treatment and strategies for sticking with it despite initial challenges. Finally, contextual factors related to income level could play a role. Low-income couples face many challenges that can be detrimental for their relationships that extend beyond the context of the relationship (e.g., working nonstandard hours; Presser, 2004); addressing such issues within programming might help reduce relationship dissolution. Future CRE research may benefit from including an assessment of reasons why couples decide to dissolve their relationships and factors involved in this decision, which could then be incorporated into interventions.

FUTURE DIRECTIONS

Additional work is needed to show whether such benefits last long after program completion and whether specific features of the couple (e.g., knowledge retention), program content (e.g., focus on conflict management), or program structure (e.g., group-based format) may facilitate long-term gains. Evaluation of relationship quality and conflict via observational assessments (that capture what couples actually do while interacting) is also needed to further corroborate treatment-based change in these areas. Furthermore, work is needed to assess other potential benefits of participation in CRE outside of the relationship domain (e.g., parenting, child health). Of course, due to several limitations of the current study (e.g., modest sample size, attrition, intervention completion rates, homogeneity of couples, variability in timing of post-test assessments), findings from this work should be replicated to increase generalizability outside of the current study sample. The null finding with regard to relationship stability also tempers our findings and should be explored further.

IMPLICATIONS

Despite these limitations, results from this study suggest that CRE may be beneficial for parent couples who experience two significant risk factors—low-income status and situational violence. As mentioned previously, low-income couples face significant challenges that impact their ability to successfully engage in CRE and generally overcome obstacles that lead to relationship deterioration. The structure and content of CHRP may facilitate their ability to overcome such obstacles. In addition, results suggest that couples who report significant levels of conflict characterized by situational violence may be safely treated as a couple, where both individuals are able to learn and practice healthy relationship skills together. Given the current debate over the safety of treating violent couples jointly, findings support the notion that couples who experience mutual violence that is not characterized by fear and control/domination may be able to safely improve relationship functioning via CRE.

SUMMARY

Overall, having a satisfying intimate relationship with a committed partner has been shown to promote better health in couples and their children (Braithwaite et al., 2010; Whisman et al., 2010). Thus, providing distressed couples with the opportunity to take part in relationship education opportunities focused on building skills and managing conflict may help to facilitate health and well-being in the family. This study showed that CHRP facilitated

short-term benefits (i.e., reduced conflict, increased relationship satisfaction, and use of healthy relationship skills) for low-income males and females in distressed yet committed relationships. As the current study's couples were highly distressed to begin with, this suggests that the intervention was particularly successful, as level of distress at the start of CRE may make program benefits less likely (Catlett & Artis, 2004). Results provide hope that low-income, situationally violent couples may be able to safely strengthen their relationships via CRE.

REFERENCES

Adler-Baeder, F., Robertson, A., & Schramm, D. G. (2010). Conceptual framework for marriage education programs for stepfamily couples with considerations for socioeconomic context. *Marriage and Family Review*, *46*(4), 300–322.

Amato, P. (2010). Research on divorce. *Journal of Marriage and Family*, *72*(3), 650–666.

Blanchard, V. L., Hawkins, A. J., Baldwin, S. A., & Fawcett, E. B. (2009). Investigating the effects of marriage and relationship education on couples' communication skills: A meta-analytic study. *Journal of Family Psychology*, *24*, 203–214.

Bradbury, T., & Karney, B. (2004). Understanding and altering the longitudinal course of marriage. *Journal of Marriage and Family*, *66*(4), 862–879.

Braithwaite, S., Delevi, R., & Fincham, F. (2010). Romantic relationships and the physical and mental health of college students. *Personal Relationships*, *17*(1), 1–12.

Butler, M., & Wampler, K. (1999). A meta-analytical update of research on the couple communication program. *American Journal of Family Therapy*, *27*(3), 223–237.

Carlson, B. (2000). Children exposed to intimate partner violence: Research findings and Implications for intervention. *Trauma, Violence, and Abuse*, *1*, 924–941.

Catlett, B. S., & Artis, J. E. (2004). Critiquing the case for marriage promotion. *Violence Against Women*, *10*(11), 1226–1244.

Center for Marriage and Families. (2005). *Why marriage matters* (2nd ed.). Report for the Institute of American Values. Retrieved from http://center.americanvalues.org/

Cherlin, A. (2005). American marriage in the early twenty-first century. *The Future of Children*, *15*(2), 33–55.

Coan, J., Schaefer, H., & Davidson, R. (2006). Lending a hand: Social regulation of the neural response to threat. *Psychological Science*, *17*(12), 1032–1039.

Cox, C., Kotch, J., & Everson, M. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*, *18*(1), 5–17.

Cummings, E. M., & Davies, P. (2000). *Children and marital conflict: The impact of family dispute and resolution*. New York: Guilford Press, 1994.

Dion, M. (2005). Healthy marriage programs: Learning what works. *The Future of Children*, *15*(2), 139–156.

Dion, M., & Hershey, A. M. (2010). Relationship education for unmarried couples with children: Parental responses to the Building Strong Families Project. *Journal of Couple & Relationship Therapy*, *9*(2), 161–180.

Elgar, F., McGrath, P., Waschbusch, D., Stewart, S., & Curtis, L. (2004). Mutual influences on maternal depression and child adjustment problems. *Clinical Psychology Review*, *24*, 441–459.

Fox, G., Benson, M., DeMaris, A., & Van Wyk, J. (2002). Economic distress and intimate violence: Testing family stress and resources theories. *Journal of Marriage and Family*, *64*(3), 793–807.

Gottman, J. M. (1994). *What predicts divorce? The relationship between marital processes and marital outcomes*. Hillsdale, NJ: Erlbaum.

Gottman, J. M. (1999). *The relationship clinic*. New York, NY: Norton.

Gottman, J. M., & Krokoff, L. (1996). The distance and isolation cascade. In J. M. Gottman (Ed.), *What predicts divorce: The measures*. Hillsdale, NJ: Erlbaum.

Graham-Bermann, S. A., & Edleson, J. (Eds.). (2001). *Domestic violence in the lives of children: The future of research, intervention, and social policy*. Washington, DC: APA Books.

Graham-Bermann, S. A., Gruber, G., Howell, K. H., & Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse and Neglect*, *33*(9), 648–660.

Hackman, D., & Farah, M. (2009). Socioeconomic status and the developing brain. *Trends in Cognitive Sciences*, *13*(2), 65–73.

Hahlweg, K., & Richter, D. (2010). Prevention of marital instability and distress. Results of an 11-year longitudinal follow-up study. *Behaviour Research and Therapy*, *48*(5), 377–383.

Halford, W. (2004). The future of couple relationship education: Suggestions on how it can make a difference. *Family Relations*, *53*(5), 559–566.

Halford, W., Markman, H., & Stanley, S. (2008). Strengthening couples' relationships with education. *Journal of Family Psychology*, *22*(4), 497–505.

Halford, W., Sanders, M., & Behrens, B. (2001). Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program. *Journal of Family Psychology*, *15*(4), 750–768.

Halford, W., Wilson, K., Watson, B., Verner, T., Larson, J., Busby, D., & Holman, T. (2010). Couple relationship education at home. *Journal of Family Psychology*, *24*(2), 188–196.

Harold, J. T., Aitken, J. J., & Shelton, K. H. (2007). Inter-parental conflict and children's academic attainment. *Journal of Child Psychology and Psychiatry*, *48*(12), 1223–1232.

Hawkins, A. J., Carroll, J., Doherty, W., & Willoughby, B. (2004). A comprehensive framework for marriage education. *Family Relations*, *53*, 547–558.

Hawkins, A. J., & Fackrell, T. A. (2010). Does relationship and marriage education for lower-income couples work? A meta-analytic study of emerging research. *Journal of Couple & Relationship Therapy*, *9*(2), 181–191.

Hawkins, A. J., Lovejoy, K., Holmes, E., Blanchard, V., & Fawcett, E. (2008). Increasing fathers' involvement in child care with a couple-focused intervention during the transition to parenthood. *Family Relations*, *57*(1), 49–59.

Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships*. New York, NY: Simon and Schuster.

Johnson, M. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, *12*(11), 1003–1018.

Johnson, M., & Ferraro, K. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*, *62*, 948–963.

Jory, B. (2004). The Intimate Justice Scale: An instrument to screen for psychological abuse and physical violence in clinical practice. *Journal of Marital and Family Therapy*, *30*(1), 29–44.

Land, K. C. (2010). *2010 Child well-being index: Executive dummary*. Foundation for Child Development. Retrieved from http://www.soc.duke.edu/~cwi/2009CWIReport.pdf

Markman, F., Floyd, F., Stanley, S., & Storaasli, R. (1988). Prevention of marital distress: A longitudinal investigation. *Journal of Consulting and Clinical Psychology*, *56*(2), 210–217.

Moore, K. A., Jekielek, S. M., Bronte-Tinkew, J., Guzman, L., Ryan, S., & Redd, Z. (2004). What is a healthy marriage? *Child Trends*, *16*, 1–18.

Moore, D., Florsheim, P., & Butner, J. (2007). Interpersonal behavior, psychopathology, and relationship outcomes among adolescent mothers and their partners. *Journal of Clinical and Adolescent Psychology*, *36*, 541–557.

Niolon, P., Whitaker, D., Feder, L., Campbell, J., Wallinder, J., Self-Brown, S., & Chivers, S. (2009). A multicomponent intervention to prevent partner violence within an existing service intervention. *Professional Psychology: Research and Practice*, *40*(3), 264–271.

Ooms, T. (2002). Strengthening couples and marriage in low-income communities. In A. J. Hawkins, L. D. Wardle, & D. O. Coolidge (Eds.), *Revitalizing the institution of marriage for the twenty-first century: An agenda for strengthening marriage.* Westport, CT: Praeger.

Ooms, T., & Wilson, P. (2004). The challenges of offering relationship and marriage education to low-income populations. *Family Relations*, *53*(5), 440–447.

Osofsky, J. (2003). Prevalence of children's exposure to domestic violence and child maltreatment. *Clinical Child and Family Psychology Review*, *6*(3), 161–170.

Presser, H. B. (2004). Employment in a 24/7 economy: Challenges for the family. In A. C. Crouter & A. Booth (Eds.), *Work-family challenges for low-income parents and their children*. Hillsdale, NJ: Lawrence Erlbaum.

Rudo, Z., Powell, D., & Dunlap, G. (1998). The effects of violence in the home on children's emotional, behavioral, and social functioning: A review of the literature. *Journal of Emotional and Behavioral Disorders*, *6*(2), 94–113.

Shapiro, A., & Gottman, J. M. (2005). Effects on marriage of a psycho-communicative-educational intervention with couples undergoing the transition to parenthood. *Journal of Family Communication*, *5*, 1–24.

Silliman, B., & Schumm, W. (2000). Marriage preparation programs: A literature review. *The Family Journal*, *8*(2), 133–142.

Skogrand, L., Torres, E., & Higginbotham, B. (2010). Stepfamily education: Benefits of a group-formatted intervention. *The Family Journal*, *18*(3), 234–240.

Snyder, D., Casterllani, A., & Whisan, M. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology*, *57*, 317–344.

Spanier, G. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, *38*(1), 15–28.

Stanley, S., Amato, P., Johnson, C., & Markman, H. (2006). Premarital education, marital quality, and marital stability. *Journal of Family Psychology*, *20*(1), 117–126.

Stith, S. M., McCollum, E. E, Rosen, K. H., & Locke, L. D. (2000). *Domestic violence focused couples treatment*. Unpublished manuscript, Virginia Polytechnical Institute, Falls Church, VA.

Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital & Family Therapy*, *30*, 305–318.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, *17*, 283–316.

Whisman, M., Uebelacker, L., & Settles, T. (2010). Marital distress and the metabolic syndrome: Linking social functioning with physical health. *Journal of Family Psychology*, *24*(3), 367–370.

Wood, R.G., McConnell, S., Moore, Q., Clarkwest, A., & Hsueh, J. (2010). *Strengthening unmarried parents' relationships: The early impact of Building Strong Families, executive summary*. Princeton, NJ: Mathematica Policy Research.

Yu, T., Pettit, G., Lansford, J., Dodge, K., & Bates, J. (2010). The interactive effects of marital conflict and divorce on parent-adult children's relationships. *Journal of Marriage and Family*, *72*(2), 282–292.