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STRENGTHENING MARRIAGES AND PREVENTING DIVORCE

NEW DIRECTIONS IN PREVENTION RESEARCH*

Scott M. Stanley, Howard J. Markman, Michelle St. Peters, and B. Douglas Leber**

We highlight findings from the first 12 years of a longitudinal study of the prediction and prevention of marital distress and divorce and discuss new directions in the dissemination and evaluation of an empirically based prevention program for couples. We summarize the history and state of our program and discuss the key issues and implications of moving an empirically validated intervention out of the laboratory and into settings where it can help a wider base of couples prevent marital breakdown. We then describe our pilot studies that investigate the dissemination and use of our preventive intervention with couples who marry within religious organizations and with expectant couples where the mother is at high risk for maternal depression.

Despite the fact that marital divorce rates have decreased throughout the 1980s and into the 1990s, couples marrying for the first time continue to face a 50% chance of divorce during their lifetime (National Center for Health Statistics [NCHS], in press). Many other couples never divorce but remain in distressed and/or abusive relationships (Notarius & Markman, 1993). The good news is that there is more information available now than ever before to help couples take meaningful steps to prevent divorce and preserve meaningful relationships.

The aims of this article are to provide an outline of our approach to preventing marital distress and divorce, to summarize the results from our longitudinal research on prevention, and to describe some of our ongoing efforts to test and disseminate our prevention approach with new populations of couples (i.e., couples in the transition to marriage and transition to parenthood stages). Along the way, we will also highlight key dilemmas we and others face in the dissemination of empirically tested interventions beyond the walls of university research settings.

OVERVIEW OF PREVENTION MODEL AND RESEARCH

Destructive Relationship Conflict: A Generic Risk Factor

A recent National Institute of Mental Health report on prevention argues that marital distress and, in particular, destructive marital conflict are major generic risk factors for many forms of dysfunction and psychopathology (Coie et al., 1993). For example, marital

and/or family discord has been linked to higher rates of depression in adults (especially women; Coyne, Kahn, & Gotlib, 1987) and a variety of negative outcomes for children, including conduct disorders (Fincham, Grych, & Osborne, 1993), internalizing problems (e.g., anxiety, depression), and juvenile delinquency (Patterson, Reid, & Dishion, 1992). Furthermore, the destructive effects of marital distress on physical health (e.g., Kiecolt-Glaser et al., 1993) and worker productivity (e.g., Markman, Forthofer, Cox, Stanley, & Kessler, 1994) are now being documented.

Evidence from several longitudinal studies of couples suggests that communication problems and destructive marital conflict are among leading risk factors for future divorce and marital distress (e.g., Gottman, 1994; Markman & Hahlweg, 1993). Furthermore, destructive conflict appears to be the most potent mechanism through which the effects of divorce and marital distress are transmitted to spouses and children (Cowan & Cowan, 1992, 1995; Fisher & Fagot, 1993; Grych & Fincham, 1990; Howes & Markman, 1989; Volling & Belsky, 1992). Based on many studies in the field, we have identified patterns of destructive arguing (e.g., escalation, invalidation, withdrawal, pursuit-withdrawal, and negative interpretations) that place couples—and, therefore, families—at risk for a host of problems in the future (Markman, Stanley, & Blumberg, 1994).

Longitudinal studies have found that, over time, these destructive patterns (and those similar to them) undermine marital happiness through the active erosion of love, sexual attraction, friendship, trust, and commitment (Gottman, 1993; Markman & Hahlweg, 1993). These positive elements of relationships—the reasons people want to be together—do not naturally diminish

over time, but are actively eroded by destructive conflict patterns (Notarius & Markman, 1993).

Although dysfunctional communication and conflict patterns are recognizable in premarital interaction (Markman, 1981), they become more difficult to modify once they become established in the interactional styles of couples (Raush, Barry, Hertel, & Swain, 1974). Despite the difficulties inherent in trying to change set patterns, the primary method of helping couples is to treat relationship problems after they have become severe enough for the couple to seek therapy, usually after there have been negative effects on spouses and children (Hahlweg & Markman, 1988). The goal of divorce and marital discord prevention is to mitigate risk factors and enhance protective factors that are associated with successful adjustment—before problems develop (Coie et al.,

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1993; Felner & Jason, 1983; Muehrer, Moscicki, & Koretz, 1993; Sandler et al., 1992). Such prevention strategies point to the need to bring empirically validated prevention programs out of university-based laboratories and into the communities of need. This has led us to our current goal of disseminating our prevention program through existing institutions that contact large numbers of couples at stages of family development that are logically conducive to preventive intervention.

PREP: The Prevention and Relationship Enhancement Program

PREP was designed to teach partners skills and ground rules for handling conflict and promoting intimacy in six 2-hour sessions. The original PREP program is described in detail elsewhere (Markman, Floyd, Stanley, & Lewis, 1986). Although the program targets the enhancement of protective, positive aspects of relationships (e.g., commitment, friendship, fun, sensuality), research demonstrates that it is most crucial that couples have or learn ways to handle differences and negative affect (e.g., anger, frustration) constructively (Gottman, 1993; see Lindahl & Markman, 1990, for a discussion of our affect management model).

To this end, the program employs techniques and strategies consistent with behavioral marital therapy (e.g., Jacobson & Margolin, 1979) and marital communication training programs (e.g., Guerney, 1977). The current version of PREP has been refined based on up-to-date research, particularly in the areas of communication, conflict management, affect regulation, commitment, expectations, intimacy enhancement, and gender differences (Markman et al., 1994). Although the program was originally developed with premarital training in mind, we have increasingly been adapting and disseminating the material with couples in all stages of relationship, and with very positive effects. Although we have not empirically evaluated PREP with various samples of married couples, it is very clear to us that married couples of all ages and stages can relate to the same basic themes expressed in such a program. Because the material is generic in terms of content, it is readily adapted to differing populations and settings.

Similar to other programs for couples, such as Relationship Enhancement (Guerney, 1979) and Couples Communication (Miller, Miller, Nunnally, & Wackman, 1991), PREP is educational; it is not presented as therapy or counseling.

Leaders present the core themes in brief lectures, including such topics as: danger signs of future problems; gender differences; the value of structure (defined rules and limits) in promoting safety; the Speaker/Listener Technique; problem solving; ground rules for handling conflict; strategies for dealing with issues versus events; core belief systems and expectations; forgiveness; commitment; and how to preserve and enhance fun, friendship, and sensuality. Whereas the most intense version of PREP consists of six sessions, each lasting approximately 2 hours, there are a variety of other formats for delivering the program, such as one-day and weekend formats. In many forms of PREP, couples practice key techniques with trained consultants in sessions and in homework outside of the sessions. Readings are assigned from the book, *Fighting for Your Marriage* (Markman et al., 1994).

The core interventions of PREP take place along both behavioral and cognitive lines. Behaviorally, couples are taught very specific, very structured models for effective communication and problem solving. For example, we teach couples "The Speaker-Listener Technique" in which a couple will use an object to designate who has the floor, and therefore, who is in the "speaker" and "listener" roles at any given point in a conversation. Simple, clear rules are associated with these roles. For example, the speaker is to speak for him or herself and the listener is to paraphrase what has been heard, editing out the tendency to form or express rebuttals while listening. These simple rules are not unlike what has been taught in many communication models, but in PREP, we emphasize their importance by highlighting empirically derived danger signs that the basic rules counteract. Couples are also taught to use techniques such as "time out" for stopping escalating interactions and shifting into more positive modes of communicating—like the Speaker-Listener Technique.

Such rules teach partners to structure conflict so that they can control it, rather than be controlled by it. Although structure can be seen as artificial or constricting, we focus on helping couples see the value of having boundaries for interactions that may otherwise be unproductive, frustrating (e.g., because of not being heard), or outright destructive (e.g., yelling, put downs, and the potential to escalate to levels of physical aggression).

PREP also employs many types of cognitive interventions. First, partners are taught a model to help them understand the cognitive tendency to distort

perceptions of one another in line with presuppositions, which can often be very negative (e.g., Baucom & Epstein, 1990). In this light, we emphasize the destructiveness of "negative interpretations," which we teach participants to recognize as one of the danger signs of marital failure. A second major cognitive theme in the program is embodied in exercises to help the partners to identify, evaluate, and share expectations each holds for the relationship.

In the material on commitment, other cognitive changes are attempted in the form of teachings about healthy ways of thinking that promote strong and satisfying marriages. For example, the advantages of having a long-term view (e.g., perseverance, continued investment even when discouraged) are emphasized over the disadvantages of holding a short-term view (e.g., being more oriented to taking than giving; Stanley & Markman, 1991). Likewise, partners are taught to recognize cognitive biases that lead both partners to conclude that they are doing far more than the partner, which greatly intensifies resentment and bitterness. Lastly, through a combination of behavioral and attitudinal shifts, couples are encouraged to value, protect, and nurture time for the great things of marriage—fun, friendship, spiritual connection, and sensuality.

In contrast to many approaches taken with premarital or marital enhancement, PREP does not focus on personality assessment or compatibility testing. This is because we are compelled by the available research to believe that (a) such testing—although predictive of future marital problems—does not appear to be as predictive as communication and conflict management patterns, especially for predicting divorce (Gottman, 1994), and (b), even if such testing were as predictive, it generally highlights personality dimensions that seem to us to be not very amenable to change. Our contention is that there is more promise in helping couples change patterns that are both highly correlated with marital failure and relatively amenable to intervention, such as negative communication behavior. Nevertheless, for those interested in personality or compatibility assessment, there is nothing about PREP or programs like it that is incompatible with the addition of such components.

Summary of Our Ongoing Longitudinal Prevention Research

Since 1980, we have been conducting a large-scale, longitudinal investiga-

tion of the development and early detection of marital distress, as well as the short- and long-term effectiveness of PREP. Here, we will highlight some of the key results from the first 12 years of the project (for more depth, see Markman, Floyd, Stanley, & Storaasli, 1988; Markman & Hahlweg, 1993; Markman, Renick, Floyd, Stanley, & Clements, 1993).

One hundred and thirty-five couples who were planning to be married for the first time were recruited from the Denver community in 1980 and 1981. We have followed as many of these original 135 couples as possible since the beginning of the study, which has allowed us to assess the potential of various premarital patterns to predict divorce. We have also used this sample to contrast a subset of the couples who received PREP with those who either were told nothing about PREP (control couples) or were offered but declined to participate in the program (decliner couples). Most of these couples (those still together) have come in for research sessions since 1980, which have averaged about every year and a half in frequency. At various follow-up points, partners have completed a variety of self-report measures and have been asked to communicate about issues, with their conversations recorded on videotape.

Prediction Results: Conflict Management and Future Marital Distress and Divorce

This section provides a few key results relevant to the prediction of marital distress and divorce. Some of these findings have been presented in other articles (e.g., Markman & Hahlweg, 1993; see also Markman et al., 1988, and Markman, Renick, et al., 1993, for a detailed presentation of methods, measures, and design issues). Further, manuscripts are currently in preparation in which we will present the latest prediction analyses and findings in great detail.

In one series of studies, we investigated the role of premarital communication quality in the development of divorce and marital distress. We compared those couples who remained happy and stable (using their premarital assessment data) with couples who developed marital distress (defined by having one or both partners score as distressed on the Locke-Wallace Marital Adjustment Test; Locke & Wallace, 1959, or by being separated or divorced.) We compared these two groups using data from observational coding of their premarital interaction (using the Couples Interactive Coding System, Notarius & Markman, 1981; see

Notarius & Markman, 1989, for a discussion of objective coding of communication). There were significant differences, premaritally, in problem-solving facilitation and in problem-solving inhibition—but only for the males. Males who subsequently became distressed or divorced had significantly lower levels of problem-solving facilitation (e.g., offering positive solutions) and significantly higher levels of problem-solving inhibition (e.g., withdrawal) compared to the males who remained nondistressed.

Based on such findings, we tentatively conclude that how males handle conflict in a relationship is more important in terms of predicting the future than how females handle conflict (Markman, Silvern, Kraft, & Clements, 1993). Our conclusion in this regard parallels that of other researchers (e.g., Gottman, 1994) that males on average seem particularly wary of, and less skilled at handling, marital conflict. This underscores the importance of preventive efforts that allow both genders to be equipped to handle potentially divisive issues well in the context of the dyad. In other words, if either partner feels less able to deal with conflict effectively, the couple will likely have significant problems handling their issues in ways that allow for the preservation of the quality of the relationship. To this end, we emphasize the concept of structure in PREP, because the rules can help both partners handle difficult issues well, using rules that both agree upon. Structuring emotional conversations can help both males and females better tolerate the exchange. For example, we believe it is helpful for couples to learn techniques and strategies for preventing or reducing the tendency for one partner to pursue talking about issues (usually the female) and one partner to avoid or withdraw from such talking (usually the male), which is clearly one of the most damaging and frustrating patterns for couples.

Most theories of marriage suggest that a high level of validating interactions will lead to sustained marital satisfaction. However, we observed no differences between distressed and nondistressed couples on the degree of validation in their premarital interactions. Of surprise to many who work with couples, levels of premarital *invalidation*, not validation, strongly differentiated couples who did well in the future from those who did not do well. Couples who would become distressed or divorced (at some point in time over the 12 years of participation in our research) had higher levels of invalidation in their premarital interaction than couples who remained nondistressed. We highlight

such points in our preventive efforts because we think couples need to know that certain negative patterns do far more harm to their relationship than positive patterns can reasonably counteract. In layman's terms, "one zinger erases many positive acts of kindness" (Notarius & Markman, 1993, p. 28).

Another approach to assessing predictive patterns is through the use of discriminant function analyses. Such analyses, based on premarital indices of communication, problem intensity ratings, and demographics, correctly classified 90% of our sample as either married or divorced at 7 years following the first assessment (which is significantly greater than the prediction obtainable by base rates in the sample; Notarius & Markman, 1993). Similar findings have been obtained in analyses of the 12-year outcome data, although the prediction rate is a little lower, yet still significantly exceeding base rates (Clements, Stanley, & Markman, 1995). These results suggest the sobering conclusion that, for many couples, the seeds of divorce are there premaritally—ironically, at a time of great commitment and satisfaction (Stanley & Markman, 1992).

In sum, our analyses indicate that couples with dysfunctional premarital interaction patterns, especially a tendency to approach discussions of relationship issues with invalidation, negative affect, and withdrawal, are at risk for marital distress and divorce. Taken together, a variety of studies strongly suggest that the negatives of how couples interact are much more salient and more predictive than the positives in predicting the future prospects of the relationship (Gottman, 1993; Markman & Hahlweg, 1993). In our view, these results highlight the need for partners to learn together how to adequately regulate negative affect arising from relationship conflict. Thus, although the current version of PREP addresses many aspects of healthy marriages, it emphasizes key affect-management skills that enable difficult issues to be handled in a constructive manner (Markman et al., 1994).

Summary of Outcome Findings

The decliners. Of great interest to those doing preventive work with couples is the dilemma of getting those who need the help most to accept it. In our primary longitudinal study, we offered a subset of the couples the premarital intervention, but only about half of those to which it was offered accepted it (see Markman, Renick, et al., 1993, for further details). Interestingly, couples who



declined participation in PREP tended to have *better* premarital communication than did couples who agreed to participate in PREP. This is encouraging news because it suggests that couples who need more help than others may be *more* likely, not less, to accept it when it is offered in an educational context.

Although the patterns are complex, the decliner couples fall somewhere in between the PREP and control couples in terms of outcomes up through 5 years after the beginning of the study. In other words, there is some evidence in our data that suggests that decliner couples (especially the decliner males) have less favorable marital outcomes than PREP participants over the long term. Hence, we are now speculating that there may be some danger that those who need less help in the short term could resist prevention efforts that they may have benefited from over the long term.

Preventive effects on relationship stability. A global index of the effectiveness of any premarital intervention is the stability of the couples' relationships. At the 5-year point, the divorce/separation rate for couples completing PREP was significantly lower (8%) than the control group (19%; Markman, Renick, et al., 1993). At the most recent (12 year) follow-up, the PREP group had lower rates (19%) than the control group (28%), but the differences were no longer statistically significant (detailed results on the 12 year follow-up will be presented in a future manuscript). This result could be due to the effects of the program wearing off over time or the fact that obtaining interpretable, significant findings becomes very difficult after many years in such a longitudinal study because of subject attrition and the changes in the makeup of the groups as couples break up or drop out. The concerns about the effects of premarital inoculations losing effectiveness over time has led us to recognize the probable value of booster sessions for couples seeking to keep their marriages both stable and happy over time. The development and evaluation of such booster sessions is clearly a priority for future research.

Preventive effects on relationship quality. The major outcome variables assessed over time to measure relationship quality are: conflict management skills, relationship satisfaction, and relationship aggression. In terms of conflict management, pre-post analyses indicate that PREP couples showed significant improvement in conflict management skills compared to control couples who showed no such gains (Floyd & Markman, 1981). This finding is very important because our theory targets conflict

management skills as the key area for intervention. Follow-up results indicate that PREP couples have maintained advantages on various dimensions of communication and conflict management at every follow-up point, including the most recent follow-up, 12 years after the intervention (see Markman et al., 1988, and Markman, Renick et al., 1993, for reports up through 5 years post intervention; reports on later follow ups are in preparation). However, the effect sizes and number of significant effects have attenuated gradually since the 5-year follow-up.

Over the first 3 years after intervention, PREP couples maintained high levels of satisfaction, whereas the control couples showed significant declines in satisfaction over time (Markman et al., 1988). At the 5-year follow-up, these differences were still significant for PREP husbands compared to control husbands, but there were no longer significant differences on satisfaction for wives (Markman, Renick, et al., 1993). Consistent with other data on gender differences, we speculate that men may be benefiting more over time from the "ground rule" approach to conflict management featured in PREP (Markman & Kraft, 1989). The ground rule metaphor is borrowed from the world of sports, wherein there are certain agreed upon rules for how you play a particular game. This metaphor is another way of framing the role that structure can play in helping couples handle disagreements and negative affect constructively.

We also analyzed the mean number of physically aggressive episodes reported during years 7-12 of the study. PREP couples reported significantly lower levels of aggression than controls at the level of "pushing, shoving, slapping," indicating that the skills taught in PREP prior to marriage can help prevent later relationship aggression (Markman, Renick, et al., 1993).

Alternative explanations: Selection effects and attention-placebo factors. One alternative explanation of the positive effects of PREP is that unmeasured, nonspecific factors produced the results favoring couples who participated in PREP. Further, the high decline rate meant that, to a degree, participation was determined by the couples rather than by random assignment. In an initial attempt to address these complicated and important issues, we recruited couples strictly for premarital intervention purposes. We then randomly assigned couples to PREP or to an information-based program based on Engaged Encounter, one of the premarital intervention programs most commonly offered

by religious institutions in the United States (Renick, Blumberg, & Markman, 1992).

The results revealed that couples in PREP, as compared to the Engaged Encounter couples, showed increases in overall positive communication at post-test, as well as in problem solving and support-validation (Renick et al., 1992; Blumberg, 1991). Engaged Encounter couples did not show these increases in communication quality. Because the Engaged Encounter condition provides a powerful control group (in terms of couples receiving an intense, well conceived program), these results suggest that simply participating in any kind of program is not likely to account for the skill acquisition observed in several studies on PREP. However, this study had a small sample size and needs both replication and longer term follow-up.

In addition to the studies above, there are currently research projects on PREP being conducted in Germany, Holland, and Australia. In Germany, a version of PREP is one of several options sanctioned by the German archdiocese that Catholic couples can choose for premarital counseling (Markman & Hahlweg, 1993). The results have indicated that PREP couples showed significant gains in communication and conflict management skills from pre- to post-test (as compared to control couples who received the typical intervention), and they maintained these gains at the 1- and 3-year follow-ups, compared to their pre-test scores and to controls, who showed declines on these measures (Thurmaier, Engl, Eckert, & Hahlweg, 1993). Moreover, PREP couples were significantly more satisfied with their relationships at the 3-year follow-up than were controls.

Similarly, in a large-scale study with an Australian sample of high-risk couples (e.g., children of divorce), Behrens and Halford (1994) found that PREP couples showed greater increases in the use of conflict management skills pre- to post intervention compared to a randomly assigned information-only control group. This result is particularly important given that other research has shown that people from divorced homes are at greater risk as adults for poor communication quality in their marriages.

In the U.S., Trathen and Stanley are currently completing the first phase of a major comparison study of the Christian version of PREP with an information-based Christian program for premarital couples (Trathen, 1992). These studies, and others under way, will aid those in-

terested in prevention in devising and refining effective programs for couples.

Building on these findings, we decided that one future direction for our prevention research program will be to evaluate the dissemination of PREP with various populations that are of considerable relevance for the task of preventing marital distress and divorce. For example, we have been actively training service center employees, as well as members of the chaplain corps, that serve the various branches of the U.S. armed forces, especially the U.S. Navy. We have also increasingly been providing PREP training to religious leaders in churches and synagogues. Recently, we have identified and begun studies or collaborations with others about the possibility of using PREP with certain populations at particularly high risk for marital or family distress. In the rest of this article, we will focus on a description of some of the general dilemmas associated with the dissemination of such a model, and then describe our newest efforts to begin researching the effectiveness of dissemination with two specific groups: religious organizations and partners at risk for postpartum depression.

GENERAL ISSUES IN THE DISSEMINATION OF LABORATORY TESTED INTERVENTIONS

Well researched interventions for the prevention of marital distress have the potential for great positive impact. Yet, the vast majority of programs tested in clinical trials are not disseminated in community settings using community-based providers and diverse populations of couples. Couples rarely consult mental health professionals or university researchers and practitioners when first seeking help with marital and family problems, preferring instead to contact health care providers (Halford & Markman, in press; Sanders, 1995). Although this fact argues powerfully for the value of community-based dissemination, there are a variety of concerns to consider when moving out of the laboratory. Here, we identify a few of the major concerns and describe how we are addressing them.

Generalizability

No matter how well constructed in terms of research design, laboratory based research will have inherent problems with generalizability. Subjects coming into a research center may not well

represent the ultimate targets of the intervention, and the procedures of the laboratory are more tightly controlled than those in non-laboratory settings. *In essence, one gives up a level of control when accessibility is expanded.*

One way to address the concern about subject generalizability is to replicate findings (or attempt to) with new, diverse samples of couples. For example, the studies reviewed briefly above in Germany, Australia, and, most recently, with the Christian version of PREP here in the U.S., represent attempts to test effects with populations that are not only more diverse than those tested to date in our laboratory, but they are also closer to the kinds of settings ultimately of interest for such preventive work. As our research with religious organizations described below represents, it is also possible to directly test the degree to which non-researchers trained in PREP can effectively deliver the intervention in settings where the work of prevention may have its greatest impact.

Loss of control of delivery

Although issues of generalizability can be addressed with sound research designs, there will always be the loss of control once major efforts of dissemination take place with any intervention. Others may simply not "do PREP" the way we would, and may well change the intensity or content of the intervention in ways that dilute (or strengthen) its effectiveness. (This is an empirical question that we are now beginning to investigate. See the next section on religious organizations.) However, such concerns are mitigated in several ways. For example, we have thus far required that others approved to conduct the full version of PREP be trained by us or be working under the direction of those trained by us. Although people can certainly pick up the key concepts of PREP for use in their couples' work from sources outside of formal training, our training model helps assure that those formally presenting PREP have been fully exposed to our ideas about how we think the program *should* be administered.

Furthermore, we have learned that it is crucial to allow presenters of programs for couples latitude in tailoring the length and content of their presentations for the settings and couples they are seeking to help. For example, it is simply not realistic to believe that every presenter or therapist interested in such interventions will be able to conduct six 2-hour sessions with the couples. Hence, we have increasingly developed PREP in a modular format that makes it relatively easy for presenters to adapt

the program to the type of schedule and/or couples they have the opportunity to serve (e.g., many chapters in *Fighting for Your Marriage* can be read in isolation or out of sequence; Markman et al., 1994). We encourage, rather than discourage, such adaptations, because broad-based prevention work is simply not going to take place without this flexibility. Most people who are interested in preventing divorce do not work in tidy, well-controlled laboratory settings.

Modularization increases the ease with which a given presenter may decide to drop important components altogether, but such occurrences may not be all bad. Even if a certain population of couples has access to only one third of the full content of a useful program, that may represent a lower, but still significant, dose of the effect. From a public health perspective, providing a million couples with a small dose of an effective intervention could have a much wider societal impact than providing one thousand couples with the full dose.

Admittedly, there must be some point at which a greatly weakened dose of prevention is not worth providing. In the absence of studies that dismantle the effectiveness of various components of PREP, there are no hard empirical data that can guide presenters in selecting the most critical modules of PREP when they have a shortened window of opportunity. Nevertheless, nearly 20 years of research and clinical experience have pointed us to the most critical elements to retain in trimmed down presentations of PREP, and we train presenters to know what to keep or cut when trimming down the program. For example, research and practice strongly point to the importance of teaching couples how to use procedures such as time out to stop destructive escalation. If couples have one hour for premarital training, we are likely to teach them how to try to stop escalation with time outs and some simple, effective steps to communicate well when they are struggling with an issue. Learned well, those simple steps could help many couples avoid divorce. Given more time, we would have more to say and teach. The key point is that there is ample empirically based theory to support the belief that well learned, simple interventions can do enormous good (see Gottman, 1993).

There is also the legitimate concern that abbreviated interventions may not only have less of an effect, but they could have negative effects for some couples. However, there is solid evidence that interventions trimmed down substantially from the fuller programs can still be highly effective and, there-

fore, highly cost effective (Sanders, 1995; Webster-Stratton, 1992).

Perhaps of greater concern is the fact that some presenters may not only scale down the program, but also alter it in ways that cause harm. Although such effects can be empirically examined, this calls for complex conceptualizations and expensive research designs. The kind of study described below with religious organizations has the potential to assess such effects. Unfortunately, no research can fully address this issue, because presenters would arguably be more likely to comply with protocol at an artificially high level while participating in a research project.

Although acknowledging the inherent risks and concerns in moving to dissemination, the benefits of doing so for PREP and programs like it clearly outweigh the imaginable risks. It seems an acceptable and necessary risk to lose some control in favor of greatly expanding the impact with many couples, populations, and the organizations that serve them. We next describe the pilot work on two new research projects that we believe demonstrate the potential for testing the effective dissemination of preventive interventions such as PREP.

NEW DIRECTIONS: RELIGIOUS ORGANIZATIONS

Why Religious Institutions?

We recognize that to fully realize the goal of preventing marital distress, we must not only develop sound, tested interventions, but these interventions must also be used by practitioners who are motivated and capable of delivering them. With this in mind, we have started to examine how programs like PREP may be used within religious organizations (e.g., churches and synagogues).

Religious organizations comprise the single largest array of institutions in our culture that have both a great interest in preventing marital breakdown and the capability to deliver premarital (and marital) interventions such as PREP. We see four key reasons why these organizations can play such a great role in the work of preventing marital distress and divorce. First, most couples get married under the auspices of a religious organization. Second, religious organizations do not need to be persuaded that the goals of preventive interventions are important (Spilka, Hood, & Gorsuch, 1985). Third, religious organizations commonly have traditions and structures for delivering educational pro-

grams that are consistent with the values emphasized (Trathen, 1992). Finally, because religious organizations are more deeply embedded in their respective cultures than other organizations (such as mental health agencies), cultural resistances and barriers that other institutions may encounter (e.g., the mental health system) are likely to be greatly lessened (Bloom, 1985). We will briefly explore these factors below.

How many couples marry in religious organizations? In 1988, of the greater than 1.8 million marriages, 69% of the ceremonies were performed in a religious setting (NCHS, in press). As might be expected, because of the views many religious groups hold concerning divorce, the rate of first marriages in religious organizations (74%) was higher than that of remarriages (58%). National data also indicate that over 65% of adults are formally affiliated with a religious organization, and 85% of Americans say that religion plays a major role in their lives (Spilka et al., 1985).

Affinity for prevention. Although about 25% of first marriages are performed in secular ceremonies and not all couples are involved in religious groups, no comparable organizations in our culture are so primed for the task of the prevention of marital distress as are religious organizations. In fact, in many religious institutions, one cannot get married without participating in premarital education (Stahmann & Hiebert, 1980; Trathen, 1992). For example, most Protestant pastors and virtually all Catholic priests require premarital training before they will perform marriage ceremonies.

In our experience, religious leaders are particularly enthusiastic about implementing preventive programs. For example, in our work with the U.S. Navy, we have trained both Family Service Center personnel (mostly social workers) and chaplains (clergy). Although the training and program have been very well received in both groups, the clergy have shown a greater enthusiasm for actually going back to their bases and initiating organized dissemination of the model. As in the civilian world, mental health workers within military settings report being overly burdened with the task of clinical intervention, and find it far harder to implement preventive strategies than do clergy, who work in structures more naturally receptive to prevention.

Educational and values tradition. Most religious organizations have a culture that readily supports educational approaches to helping those involved (see Markman et al., 1994, for a more

detailed discussion). Classes, seminars, and support groups are commonplace in religious communities. Although there may well be some barriers to overcome regarding the basis and philosophy underlying a new program being considered, there are generally no barriers about using an educational approach to helping members of the community. Even with regard to philosophical issues (e.g., theological views of marriage), we have encountered very little resistance to the content of PREP. In fact, the core values (e.g., respect, intimacy, commitment) reflected in programs such as PREP are highly consistent with those regularly emphasized in most religious settings of which we are aware.

Involvement of ethnic minorities. One major advantage religious organizations have in contrast to mental health settings is that clergy have relatively greater contact and influence with ethnic minorities. Because religious communities are more deeply embedded in culture, religious organizations have a natural route to providing educationally oriented preventive interventions. Surveys suggest that religious organizations play a major role in the lives of African American, Hispanic, and Asian American individuals (Spilka et al., 1985). Therefore, clergy can provide a powerful opportunity to help people who, for many reasons, may have traditionally been excluded from opportunities to fully benefit from empirically based, preventive interventions. To this end, we have been exploring ways to disseminate PREP in various minority churches and communities, both in pilot research and in a demonstration project with African American churches. These experiences will not only allow us to make PREP more widely available (and tested), but will also allow us to gain valuable feedback from minority groups about the use of PREP with these populations.

Evaluation of Premarital Interventions Within Religious Organizations

Despite the energy many religious institutions already devote to premarital training, there is no compelling reason to believe that this energy is spent in the most effective manner. Even among religious groups that are highly committed to premarital training, one survey suggests that the great majority of the interventions focus on the delivery of information rather than on teaching specific relationship skills (Trathen, 1992; Worthington, 1990). We are, therefore, concerned that extensive resources are being devoted to helping marriages succeed, but most of these efforts do not



utilize methods that current research suggests may be most effective over the long term. We also acknowledge that, as behaviorally oriented researchers, this concern is driven by a particular view of the available empirical literature and that further studies directly comparing the effectiveness of different approaches remain warranted.

We are now doing pilot work for an outcome research project wherein we will train religious leaders to administer PREP in their settings with their couples. In this research project, couples will receive the program free of charge, and clergy and lay leaders will deliver the program as part of the services typically offered in the religious organization. Key questions include (a) the extent to which we can train clergy to deliver PREP and, perhaps, increase positive effects beyond those achieved in laboratory settings and (b) the degree to which PREP can be accepted into various religious organizations. Essentially, the question is whether the PREP model can be disseminated in a way that preserves substantial levels of effectiveness outside of the laboratory setting. This new research has the potential to directly test this question, thereby addressing many of the concerns reviewed above regarding the dissemination of university-tested programs in community-based settings. This work will also help us better understand the overall effectiveness of the intervention by evaluating it with new couples in new settings under untested conditions. What is most exciting to us is the idea of joining forces with clergy, who represent a highly trained and dedicated group of professionals and who are likely to be highly effective practitioners in the presentation of sound, educational programs for couples.

On a methodological note, one major benefit of the planned research design is that it allows the use of naturally occurring groups for controlling for the effects of attention and expectations. Most couples getting married in religious organizations participate in programs already offered by the organization (Trathen, 1992). As noted above, these programs tend not to teach skills and, thus, they will be effective control groups for our study.

Pilot Research Conducted: Hunt Fund Project

In 1993, The Denver-based Hunt Alternatives Fund formed a committee of community leaders to discuss the issues of family instability and to recommend solutions. This group recommended funding pilot efforts to train clergy and lay leaders to offer PREP in religious or-

ganizations. For the pilot, we sent materials describing the project to approximately 900 religious organizations to assess interest and gather information on the number and size of premarital programs they currently offer.

Approximately 135 religious organizations indicated interest in the pilot project, a response rate we found quite acceptable in light of the fact that our personal schedules necessitated a short lead time with start-up dates falling near Easter and Passover. Of the 135 religious organizations who responded, over 80% were expecting to marry more than four couples in the next year, making them eligible for the study. The average religious organization expected to marry 12 couples in the next year (range 0-70). Of the eligible religious organizations, 54 eventually were able to commit to the dates we offered, with many others expressing interest in future dates. Of these 54 religious organizations, six (11%) serve predominantly minority communities (mostly African American and Hispanic), and seven serve a substantial percentage of minority group members (13%).

We evaluated participants' responses to the training for delivery of PREP by having them fill out forms at the end of each of the 3 days. The mean rating on a 5-point scale (1 = *very satisfied*, 5 = *very dissatisfied*) of global satisfaction was 1.5 and also 1.5 on a similar scale of perceived usefulness of the material. Participants were enthusiastic about the PREP program and agreed to facilitate the basic research. Furthermore, preliminary assessment of these clergy in practice showed them to be engaging, highly motivated presenters of the program content within their communities.

In summary, this pilot study suggests that we can accomplish the aims of the broader study we are planning to conduct. Consistent with action research (e.g., Jason, 1991), this research has been and will continue to be developed with active involvement from the major participants, including the clergy from the pilot study who give us ongoing feedback. The possibilities for addressing real community concerns by working closely with those who have the greatest community influence are exciting.

NEW DIRECTIONS: PREGNANT WOMEN AT RISK FOR DEPRESSION

Whereas the previous section deals with the possibility for furthering the work of prevention through large scale, broad-based community interventions,

what we describe next is an opportunity for prevention with a very specific, at-risk population. We explore the implications of this work for preventive efforts applied within the context of existing health care systems.

Preparation for childbirth in the United States consists mainly of programs that focus on labor and delivery or early infant care; there are comparably few programs that attend to the transition for couples as they move from the marital dyad to a family triad (Duncan & Markman, 1988). Yet the birth of a child can have a major impact on the marital relationship. Studies assessing marital functioning during the pre- and postpartum periods have found that new parents report an increase in stressful events after childbirth due to the time demands, reallocation of duties, and disagreements about childrearing. These stressors result in increased marital conflict and decreased marital satisfaction (see Cowan & Cowan, 1988, 1995). The potential preventive importance of this transition point in family life is evidenced by the fact that two other research projects are studying the effects of PREP with expectant couples (Heavy, 1995; Jordan, 1995).

Another factor that can impinge upon the couple relationship during this transition is the depression some women experience after childbirth. Although the incidence of postpartum depression varies according to how it is defined or diagnosed, studies suggest that about 20% of women experience a clinical depression in the postpartum period (Hopkins, Marcus, & Campbell, 1984). Furthermore, "postpartum blues" (defined as transitory symptoms of crying spells and confusion) are experienced by the majority of women (50% to 70%) during the week following childbirth (Cutrona, 1982). Women who are most at risk for developing postpartum depression are those with a history of prior postpartum depression or psychiatric problems (Gotlib, Whiffen, Mount, Milne, & Cordy, 1989); a family history of psychiatric disorders (O'Hara, Neunaber, & Zekoski, 1984); and *those who are in distressed relationships, characterized by marital conflict, poor communication, and lack of spousal support* (O'Hara, Rehm, & Campbell, 1983).

Although debates about causality abound, depression in women has been linked to dysfunction in both marital and parental relationships (McLeod & Eckberg, 1993; Downey & Coyne, 1990). Outcome research has shown that *marital* intervention programs have been effective in reducing distress and dissolution in couple relationships (Markman,



Renick, et al., 1993), alleviating depression (see Beach, Smith, & Fincham, 1994, for a review), and maintaining marital satisfaction during the adjustment to parenthood (Cowan & Cowan, 1992; 1995). The argument here is that, whatever the causality, interventions such as PREP may help couples cope more effectively with a postpartum depression, even if it is entirely generated by biological factors. Conversely, smoother functioning of the primary dyad could help women at risk for postpartum depression reduce the stress and attendant risks that may exacerbate the predisposition to such depression.

Building on previous research and interventions concerning couples in the transition to parenthood, we are designing a prevention trial for expectant parents that (a) intervenes during a critical developmental phase, that is, the transition to parenthood; (b) targets couples at risk during this transition; (c) focuses the intervention on mediating processes, namely marital communication and conflict management, that link risk factors to future maladaptive behavior; and (d) investigates long-term outcomes of the prevention program.

Preliminary Effort: A Feasibility Study

Before embarking on a large scale project, we decided it was necessary to conduct a feasibility study to inform the design of the prevention trial. Feasibility studies (also called needs assessments or front-end analyses) are conducted to determine whether there is sufficient justification for a proposed program or intervention; they also outline the nature and scope of a specific social problem and estimate the size and characteristics of the target population (Royse, 1992). We chose to conduct this study at a medical clinic that serves a high-risk population, namely an ethnically diverse and low-income population. Specifically, the feasibility study assessed the practicality of recruiting pregnant women in a medical setting, the demographic representativeness of this sample, the utility of administering a screening battery to identify women at risk for psychopathology, and the willingness of couples to participate in a prevention trial.

Pregnant women were receptive to participating in the survey research concerning their mental health and relationship status. Ninety-five percent of the women approached agreed to complete a questionnaire; those who declined were not fluent in English. This finding indicates that a medical clinic where women receive their prenatal care can

be a fruitful setting for recruiting prospective participants. The medical clinic chosen for data collection also met the goal of targeting a low-income and ethnically diverse population. Forty-eight percent of the pregnant women were unemployed. The median family income was \$17,000 per annum with 58% of the sample residing in families with three or more members. The sample included 55% European Americans, 27% African Americans, 11% Hispanic Americans, 5% Native Americans, and 2% Asian Americans.

The screening battery consisted of a number of instruments that assessed risk for depression and marital distress among pregnant women, including an assessment of current depressive symptomatology (i.e., the Beck Depression Inventory; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), reports of prior episodes of depression, family history of depression, and current relationship functioning (i.e., Locke-Wallace Marital Adjustment Test; Locke & Wallace, 1959). Although the majority of women reported being in a nondistressed marital relationship (70%) and were currently not depressed (84%), 53% of the sample reported having prior episodes of depression, 30% reported family histories of depression, and 52% of women with previous births reported prior experiences with postpartum blues. Consistent with other studies in the literature (Beach et al., 1994), we found that current depression was associated with a history of depression and current relationship distress. Furthermore, risk factors were related to marital status: Women who were in a partnered relationship (but not married) were three times more likely to experience distress in their relationships and were twice as likely to be depressed than their married counterparts.

Seventy-two percent of those completing the surveys stated that they would be interested in participating in the prevention trial that would focus on changes during the transition to parenthood, including how to communicate better with their partners, what to expect as new parents, and how to recognize and cope with postpartum depression. We also asked women if they thought their partners would be interested in this program; 44% of women with spouses or partners responded positively.

The majority of women (72%), whether distressed or nondistressed in their relationships, and whether or not they were currently depressed, were interested in taking an intervention that offered help in their relationship and with their moods. The women who reported

current depressive symptomatology expressed greater interest than nondistressed women (93% vs. 68%, respectively), whereas 55% percent of women in distressed relationships and 78% in nondistressed relationships reported interest.

In general, these findings support the proposition that people are receptive to opportunities for interventions (and, therefore, may take part) during periods of transition when stress is high and new skills are required for positive adjustment (Bloom, 1985). Furthermore, interest in intervention was expressed by women from various ethnic backgrounds and, in particular, by those reporting multiple risk factors and who might be most in need of help during this transition period. Even though there is clearly much to learn about the possibilities for dissemination of preventive interventions such as PREP with these populations, what is especially encouraging about these results is that a significant percentage of people, at varying levels of risk, appear to be interested in an educational approach designed to help them at a key transition point in life. For those at greater risk for relational or affective problems due to pre-existing symptomatology, the focus would be called more properly *secondary* prevention, but prevention nevertheless.

General Issues in Implementing a Prevention Program in Health Care Agencies

In our community of Denver, Colorado, as well as communities nationwide, the majority of programs concerned with pregnancy, childbirth, and early parenting are provided through health care organizations, such as clinics, hospitals, and social service agencies, and are delivered by professional health care providers working within these organizations (Stulp, personal communication, June 1995). Our feasibility study demonstrated that a community medical facility was receptive to and cooperative in conducting research with expectant parents. Not only is this another kind of setting with excellent access to those who could benefit, but the preliminary data presented above suggest that both minority and financially disadvantaged populations may be effectively aided through such settings. Implementing a prevention program within health care organizations that are currently involved in community education programs appears to be a feasible avenue for dissemination of preventive programs that can reach people in need.

CONCLUSIONS

In this day of tight budgets and managed health care, it becomes more important than ever to gear our society toward the possibilities of preventing serious problems from developing in the first place. It seems probable that prevention becomes all the more cost effective as budgets for intervention become squeezed. Furthermore, people interested in strengthening marriages and families should consider carefully where prevention efforts have the greatest chances of success. Most importantly, prevention efforts that have demonstrated empirical evidence of success within university or laboratory-based settings must ultimately be transferred into the hands of those practitioners who can reach the most couples.

Here, we have tried to acquaint the reader with some of the exciting opportunities we are pursuing in our research program and in our efforts to disseminate PREP where it may help more couples. Two exciting avenues of potentially great impact are in the religious and childbirth domains. Most couples will get married in religious institutions, and, likewise, a great many couples having children will become involved in pre-birth education of some sort. Refreshingly, organizations serving couples' needs at these transitions need no convincing of the relevance of prevention. Furthermore, there is good evidence that, through a combination of institutional and participant motivation, many couples could be aided by the increased availability of preventive interventions.

One worry among prevention specialists over the years is that those who need preventive efforts the most may be those who are the least interested or motivated. Although this has not been a major focus of our research efforts, we note with some relief the evidence presented here that a very significant number of couples who could benefit from preventive work will likely be interested in it. Even though there is much research left to do, perhaps generating interest in prevention is not as hard to come by as some of us have feared—if only we look to those who have the greatest access to, and trust of, the couples themselves.

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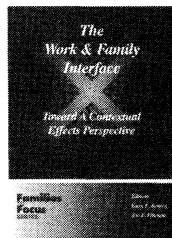
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