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CONFLICT IN COUPLES THERAPY: ENHANCING RELATIONSHIPS
THROUGH A VIDEO TAPE FEEDBACK INTERVENTION INTENDING TO
DEVELOP EFFECTIVE CONFLICT COMMUNICATION SKILLS

by

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A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota
December
2013

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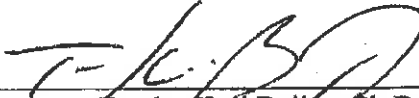
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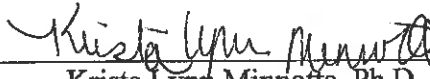
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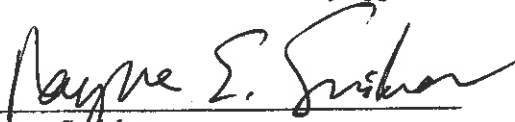


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Degree Doctor of Philosophy

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ABSTRACT

The current study examined the effectiveness of a Gottman-based intervention (2007) aimed to increase effective conflict communication. The study utilized a single case design to examine two couple's conflict interactions through the use of a video tape feedback intervention and psychoeducation about effective and ineffective conflict communication. Couples completed a four week pre-test measurement phase, three sessions of video tape feedback, and four week post-test measurement phase. Through visual analysis, the study investigated the effect that this conflict management intervention had on relational satisfaction and adjustment, life satisfaction, overall distress levels, and conflict abilities. Findings of the current study were mixed. Overall, the use of a video tape feedback intervention had a positive impact on couples conflict abilities. However, there was less support found for the impact on relationship satisfaction, overall satisfaction, and overall well-being. Implications and considerations for future research are discussed.

CHAPTER I

INTRODUCTION

Couple therapy has a long history; however, in research, it has often been subsumed within family and individual therapy disciplines (Gurman & Fraenkel, 2002). Research that has been completed on the effectiveness of couple therapy has demonstrated that couple therapy is generally effective. This has been examined through a meta-analysis (Shadish, et al., 1995) and an overview of empirical research (Pinsof & Wynne, 1995), both of which demonstrated couple therapy works. Shadish et al. (1995) also found that there is no sufficient evidence that any one orientation to couple therapy is best. This is a similar finding as general psychotherapy literature (Nathan, Stuart, & Dolan, 2003).

What appears to be less clear is the effectiveness of particular interventions (such as a video tape feedback intervention; Gottman, 2007) on conflict management. This chapter serves to introduce readers to the current study and point out key concepts from the literature review. Thus, the chapter will briefly review benefits to individuals in satisfied relationships and the role conflict plays in satisfaction. Additionally, four common couple therapy theories and the current study are introduced.

Benefits of Relationship Satisfaction

Understanding what particular interventions are effective and not effective in couple therapy seems important, especially considering the benefits of being in a satisfied relationship and the drawbacks of being in an unsatisfying relationship. Waite and Gallagher (2000) stated that couples who remain together tend to be healthier economically, mentally, and physically. Additionally, relational satisfaction has been shown to be a predictor of life satisfaction and overall well-being (Fincham & Beach, 2010; Proulx, Helms, & Buehler, 2007). On the other hand, couples in dissatisfied relationships have been shown to have increased problems with mood, anxiety, and substance use disorders (Overbeek, et al., 2006) and various physical health issues such as cardiovascular disease, immunological and endocrinological changes, and elevated blood pressure and fasting glucose (i.e., Kiecolt-Glaser, et al., 1997; Whisman, Uebelacker, & Settles, 2010). While these findings speak to the importance of understanding what is effective in bringing about relationship satisfaction, the mechanisms of change in couple counseling are not well isolated (Baucom, et al., 2008).

Conflict, or disagreements in a relationship (Kline, et al., 2006), has been highly studied in relation to relationship satisfaction. Conflict has likely been so studied because unhealthy conflict may lead to intimate partner violence (Fincham & Beach, 2010) and less satisfied relationships (i.e., Gottman, 1999). Furthermore, research has shown that the content of couple's conflict is less important than the ways in which conflicts are managed (Bertoni & Bodenmann, 2010; Gottman, 1999). Couples in

satisfied relationships tend to use more constructive conflict (such as compromise resolution styles), rather than destructive resolution styles (such as violence or avoidance; Bertoni & Bodenmann, 2010). Thus, creating more effective conflict management skills may be one area that would be helpful to study further in order to better isolate what is effective in couple counseling.

Conflict Management

Unfortunately, there seems to be little research that examines the direct effects that conflict management interventions have on relationship satisfaction within couple counseling. There have been several skills based couple programs that aim to increase couple's relationship skills and lower their risk of future relational problems (Halford, Markman, Stanley, & Kline, 2008). For example, the Prevention and Relationship Enhancement Program (PREP; Renick, Blumberg, & Markman, 19992) includes lectures on communication skills and relationship issues, such as differences in expectations and beliefs. Part of the aim of this program is to improve conflict management, though this is not the sole focus. Another program is Compassionate and Accepting Relationships Through Empathy (CARE; Rogge, Johnson, Lawrence, Cobb, & Bradbury, 2002; as cited by Rogge, Cobb, Lawrence, Johnson, & Bradbury, 2013), which is based on IBCT (Rogge, et al., 2013). CARE offers lectures on acceptance-based skills in order to increase couple's empathy and acceptance, which again, does not directly impact conflict management though, does offer skills learning. Neither of these programs seems to have research examining the effectiveness of their conflict management components on couples' relationship satisfaction.

Gottman's (1999, 2007) conflict management intervention is likewise understudied. As part of the Sound Marital House theory, Gottman (1999) identified four conflict behaviors that he views as most damaging to relationships, which include criticism, contempt, defensiveness, and stonewalling (called the "Four Horseman"). His conflict management intervention (2007) makes use of videotaped feedback and psychoeducation for couples, with the intent of increasing a couple's ability to take responsibility for their behaviors and additionally for the couple to move away from an attack-defend mode (a common problematic conflict interaction style). Gottman (2007) theorized that video-taped feedback would be an effective means for intervening upon a dysfunctional conflict management style, though his hypothesis has limited empirical data. While specific interventions addressing conflict have been less studied, there are several theories within couple counseling that have been well researched.

Effective Theories in Couple Counseling

There are several theories within couple counseling that have been more thoroughly researched, including Cognitive-Behavioral Couple Therapy (CBCT; Baucom, et al., 2008), Integrative Behavioral Couple Therapy (IBCT; Dimidjian, Martell, & Christensen, 2008), Emotionally Focused Couple Therapy (EFT-C; Johnson, 2008) and Gottman Method Couple Therapy (Gottman, 1999; Gottman & Gottman, 2008). The current study is based on Gottman's (1999) approach to working with couples.

For example, CBCT recognizes the importance of problem solving and communication skills (Karney & Bradbury, 1995) as well as the importance of having a

low number of negative interactions (Jacobson & Margolin, 1979) in a healthy relationship. Furthermore, CBCT focuses on the needs and motives of couples (Epstein & Baucom, 2002). IBCT identifies the relevance that assessing a couple's patterns in conflict has to understanding satisfaction/dissatisfaction in a relationship, as destructive ways or patterns are connected to dissatisfaction (Dimidjian, et al., 2008). IBCT also postulates that happy relationships occur when couples are able to face their differences with acceptance and tolerance (Dimidjian, et al., 2008). EFT-C focuses on emotions in a relationship and the importance of a secure bond in order to obtain reciprocated emotional responsiveness (Johnson, 2010).

Gottman (1999; 2007; 2011) has completed a great deal of research related to working with couples. Through a series of inductive empirical observations, he developed the Sound Marital House theory, which depicts what he views as important in a healthy relationship. The Sound Marital House theory highlights the importance of positive relationships interactions, more effective conflict management, and the role of shared meaning. Consequently, Gottman's theory, like many theories of couple therapy, addresses the importance of the ways in which conflict is managed in a relationship (i.e., Dimidjian, et al., 2008; Karney & Bradbury, 1995).

Current Study

The purpose of the current study was to test Gottman's (2007) hypothesis that the use of video tape feedback for conflict management would be effective for improving conflict management skills and overall relationship satisfaction. Specifically, it was hypothesized that increasing effective conflict communications through the use

of a video tape feedback intervention would positively impact couples' ability to manage conflict, their satisfaction and functioning within the relationship, and their overall well-being and life satisfaction.

The current study used a single case design in which couple's completed weekly measurements during four weeks of baseline, three weeks of intervention sessions, and four weeks of post-test measurements. During each session, couples were asked to have a conflict interaction that was videotaped. They immediately watched their videotaped conflict interaction and, with the help of the therapist, critiqued their own conflict style. As part of the Gottman-based (1999; 2007) intervention, they were also taught about effective and ineffective conflict behaviors as described in the Sound Marital House theory (Gottman, 1999). The next chapter of this dissertation reviews, in greater detail, the literature related to couples satisfaction, couple counseling, and conflict management interventions.

CHAPTER II

LITERATURE REVIEW

In order to provide the reader with background information related to the impact of video tape feedback on couples conflict skills, literature within couple therapy is reviewed. The history of couple therapy is briefly reviewed first, including a definition of couple therapy. Research on relationships, including satisfied and unsatisfied couples, is then reviewed in order to explore current thinking regarding what constitutes a healthy relationship. Conflict is discussed next, as literature is revealing that the ways in which conflicts are managed may impact a couple's satisfaction. Following the discussion of conflict, a rationale and reasons for seeking couple therapy is reviewed. Next, four main theories of couple counseling are examined, including cognitive-behavioral, integrative behavioral, emotion-focused, and the Gottman method. Following this, the change process and client's perceptions of the change process in couple therapy are examined. Finally, the videotape feedback literature is reviewed.

History of Couple Therapy

Couple therapy within psychotherapy has a long history but only limited scholarly attention (Gurman and Fraenkel, 2002). For most of its history, couple therapy generally remained hidden within family and individual therapy disciplines.

Most early family therapy counselors did not perceive couple therapy to be an integral part of their work. Similarly, early textbooks only devoted a small portion of space to couple therapy (Gurman & Frankel, 2002).

Gurman and Fraenkel (2002) identify four overlapping phases that the history of couple therapy has moved through. According to Gurman and Fraenkel, the first phase was the “Atheoretical Marriage Counseling Formation (p. 6)” from the years of 1930 to 1963. During this phase, marital counseling was seen more as “guidance” for everyday problems and was practiced by various service providers, such as clergyman and family life educators (Gurman & Fraenkel, 2002; Gurman, 2008). The clientele that were served would not have been described as severely disturbed or have been diagnosed with mental health disorders. During this phase, counseling was typically brief and didactic as well (Gurman, 2008).

The second phase was titled “Psychoanalytic Experimentation” and lasted from 1931 to 1966 (Gurman & Fraenkel, 2002, p. 207). This phase consisted of a move towards experimentation (Gurman & Fraenkel). During the first phase marriage counseling did not have a theory or technique; therefore, the second phase sought out to use psychoanalysis to begin formulating ideas and techniques within marriage counseling (Gurman, 2008). Psychoanalysis was utilized because it was the general influential approach during this time (Gurman).

The third phase, titled “Family Therapy Incorporation,” lasted from the years of 1963 to 1985 (Gurman & Fraenkel p. 6, 2002). During this time, family therapy began to develop greater importance. There seems to have been some controversy about the

relationship between family and marital counseling. Some believed the two fields were merging while others believed that marital counseling was not relevant to family therapy (Gurman & Fraenkel). Due to marriage counseling identifying first with a psychoanalytic approach and family therapy pushing against these views, marriage therapy was left behind when family therapy began developing. Therefore, this was family therapy's "golden age," but a time period when marriage counseling stalled (Gurman).

The fourth and final phase, "Refinement, Extension, Diversification, and Integration," began in 1986 and continues to the present (Gurman & Fraenkel, p. 6, 2002). This phase involves refinement of theories, including such theories as behavioral/cognitive and emotionally focused couple therapies (Gurman). In addition to theoretical development, other perspectives such as multiculturalism, feminism, and postmodernism have influenced and broaden our understanding of couple therapy (Gurman & Fraenkel, 2002). For example, these perspectives lead therapists to consider the impact that broad, social beliefs had on the couple. This was different than solely focusing on the dyad or couple. Furthermore, the research base within couple therapy has been increasing (Gurman & Fraenkel, 2002). This increase seems to have added to theories of couple counseling and more specific aspects of a couple's relationship. In particular, there is a significant amount of literature on conflict within couples.

These phases of couple therapy history provide a context for the development of couple therapy. What they do not offer, however, are clear definitions of couple therapy

throughout the history of its development. The literature does not seem to address this issue in great detail, which is unfortunate due to the many complexities and political undertones of defining couple therapy.

Defining Couple Therapy. The terms ‘marital’ or ‘marriage’ counseling have recently been replaced by the term ‘couple’ counseling (Gurman, 2008). As Gurman describes, this change has occurred due to the term ‘couple’ having “its emphasis on the bond between two people, without the associated judgmental tone of social value implied by the traditional [marriage] term,” (p. 12). However, the term marriage is still embedded in the identity of the marriage and family therapy (MFT) profession (Murray & Murray, 2009). Terms such as *marriage* or *marital* exclude many different types of couple relationships, while the terms couple or even relationship are much more inclusive of other types of intimate relationships (Murray & Murray, 2009).

In a very basic sense, couple therapy refers to therapy with a couple that present together within therapy (Gurman, 2008). This is distinguished from individual therapy about relational problems in which couples’ issues are discussed with only one partner present (Gurman, 2008). Other distinctions of couple’s relationships may include the presence of “intimacy, closeness, and interdependence” (VanLear, Koerner, & Allen, 2006, p. 95). For the purpose of the current study, couple therapy will be defined as two people in a romantic, committed relationship who are attending therapy together. This is meant to be more inclusive of the various types of intimate relationships, such as couples who are married, cohabitating, or in same-sex relationships.

Romantic Relationships

There is a significant amount of literature on romantic relationships in general, and satisfaction within relationships in particular. Thus, this review focuses on relationship satisfaction for couples who are in a committed, romantic relationship. As reviewed below, researchers have worked to better understand what qualities in a relationship lead to greater satisfaction within the relationship. Additionally, understanding the impact of satisfied and dissatisfied relationships on the individual, couple, and family has been examined in a variety of life domains (i.e., health and general well-being; Gurman, 2008). This section first reviews literature on relationship satisfaction and dissatisfaction in order to help determine what satisfaction is and how satisfaction impacts a relationship. Following this, conflict within romantic relationships is further explored. This includes how conflict is defined, types of conflict, and interventions utilized for conflict. Understanding relational satisfaction and conflict in relationships may assist with improving couple therapy interventions.

Relationship Satisfaction

Couple satisfaction appears to have been studied most within heterosexual, married couples, which seems to be a significant limitation within the satisfaction literature. This limits the generalizability of the findings on satisfaction within a couple's relationship, as it does not consider potential similarities or differences within same-sex, dating, or cohabiting couples. Thus, it is important to keep this shortcoming in mind throughout this section, as it may impact the usefulness of some of the information.

In order to understand relationship satisfaction, we must first define it. A related construct, marital quality, has been defined as an “assessment of the cognitive, behavioral, or affective quality of the marriage” (Proulx, Helms, & Buehler, 2007, p. 577). As defined by Spanier (1976), relational satisfaction on the Dyadic Adjustment Scale examines the amount of tension present in a relationship. While these definition do not name what specific aspects are present in a satisfied relationship, there have been characteristics identified that attempt to describe what components are present in a satisfied relationship.

According to Fincham and Beach (1999), marital quality (relationship satisfaction) may actually encompass both positive (i.e. love, positive attitudes) and negative (i.e. negative attitudes, unhealthy conflict) dimensions that coexist. This is different than simply identifying relationship satisfaction as being the opposite of marital distress. What this means is that couples in satisfied relationships demonstrate mostly positive dimensions, while those in dissatisfied relationships are categorized by mostly negative dimensions. This does not imply that couples in dissatisfied relationships do not show any positive elements (Bertoni & Bodenmann, 2010), which is a reason that these couples cannot be viewed as directly opposite of couples in satisfied relationships.

This idea is similar to Gottman’s balance theory, which states that there is a ratio of positivity and negativity that is fundamental to examine when defining a quality relationship (Bertoni & Bodenmann, 2010; Gottman, 1999). This ratio is 5 to 1 (positive to negative), which means that couples in satisfied relationships do still

demonstrate negative behaviors at times. However, there are a greater number of positive interactions (Gottman, 1999). This balance theory is discussed more when examining Gottman's theory later in this paper.

Another aspect of satisfaction that is important to note is that couples' satisfaction can change over time, and Johnson et al. (2005) demonstrated that satisfaction declines rapidly in couples who show little positive affect and high negative behaviors. These findings highlight the importance of examining a couple's affective climate and the effects this climate may have on the relationship quality (Fincham & Beach, 2010).

There are many factors that may affect a couple's satisfaction, including but not limited to trust, commitment levels, conflict management, finances, coping strategies, and security (i.e. Campbell et al., 2010; Givertz, Segrin, & Hanzal, 2009; Gottman, 1999; Hardie & Lucas, 2010; Lawrence et al., 2008; Papp & Witt, 2010; Young & Kleist, 2010). In addition, gratitude has been shown to be related to relationship satisfaction both for an individual partner's satisfaction and for his/her partner's relationship satisfaction (Gordon, Arnette, & Smith, 2011). The authors note that an individual partner expressing gratitude provides his or her partner both a positive expression and communicates an appreciation for the partner.

Related to the current study, research on conflict within relationships has identified that the way in which conflicts are managed is more important than the actual content of the conflict (Bertoni & Bodenmann, 2010; Gottman, 1999). Bertoni and Bodenmann (2010) studied 226 married couples, of which 85 were satisfied couples, 55

were dissatisfied couples, and 86 were couples in marital therapy. To determine satisfied from dissatisfied couples, they use the Marital Adjustment Test (MAT; Locke & Wallace, 1959). When both partners scored higher than 100, the cut-off score, the couple was considered to be in a satisfied relationship. If at least one partner scored below the cut-off score, the couple was categorized as dissatisfied. Two of the other scales used, Scale on Positive dimensions and Scale on Negative dimensions, were created by Bertoni. The final scale, Disagreement Scale (Camara & Resnick, 1989), was used to gain information about the style of couple conflict within the relationship.

The authors found that, similar to Gottman's balance theory findings (1999), couples in satisfied relationships did differ from dissatisfied couples in their conflict management (Bertoni & Bodenmann, 2010). Satisfied couples tended to score lowest on measures of destructive conflict resolution such as offence, avoidance, and violence and highest on measures of constructive conflict resolution styles such as compromise. Additionally, the researchers did examine Gottman's positive to negative ratio. While they did not find the ratio of 5:1 in satisfied couples, they did find satisfied couples had higher positive than negative interactions (women = 4.0:1.7 and men = 4.1:1.6). For dissatisfied couples the positive to negative ratios were 3.5:2.2 for women and 3.5:2.1 for men. Therefore, dissatisfied couples demonstrated a higher number of negative and lower number of positive interactions.

In addition to the various factors influencing a couple's satisfaction, some research suggests that there are differences in marital quality across gender. For example, partners' perceptions of the amount of support and adequacy of the support

demonstrated some gender effects (Lawrence et al., 2008). This study included two samples and the inclusion criteria do limit the generalizability of these findings. The first sample only included newlywed (married less than six months) couples who were living together, in their first marriages, between the ages of 18 and 55, and were reasonably fluent in English. This sample was taken from Iowa. The second sample had more strict inclusion criteria including: married less than six months, living together, between the ages of 18 and 35, no children, not expecting children currently, good health, and at least a 10th grade education. This sample was obtained in Los Angeles, California. Keeping in mind the samples obtained, the findings did show wives' perceptions of both the amount of support they received (how much support) and the adequacy of that support (how good the support is) predicted their husbands' marital satisfaction (Lawrence et al., 2008). Furthermore, wives' perceptions of the amount of support received were a stronger predictor of their own marital satisfaction compared to their perception of the adequacy of the support they received. Husbands' perceptions of their support received did not predict their own marital satisfaction (Lawrence et al., 2008).

In sum, there are many aspects within a relationship that have been shown to impact satisfaction (i.e., trust, commitment levels, conflict, finances). While satisfaction is not clearly defined, it seems researchers agree that satisfied couples demonstrate a greater number of positive interactions as compared to negative interactions (i.e., Bertoni & Bodenmann, 2010; Gottman, 1999) and that satisfaction can change over time (i.e., Johnson, 2006). Next, the benefits of satisfaction and drawbacks to

dissatisfaction are briefly reviewed, which speak to the importance of considering relational satisfaction in couple therapy.

Benefits of Relationship Satisfaction. Research on heterosexual couples in satisfied relationships has demonstrated many emotional and physical health benefits for the persons involved. Even couples who do experience some distress but remain together tend to be healthier economically, mentally, and physically (Waite & Gallagher, 2000). Additionally, couple satisfaction (a separate construct from simply remaining married) has been shown to be a predictor of life satisfaction and overall well-being (Fincham & Beach, 2010; Proulx, Helms, & Buehler, 2007). Similarly Whisman (2001) examined depression, one component of well-being, and found that having a quality marriage was associated negatively with symptoms of depression. Therefore, it seems that understanding how to help couples develop satisfied relationships may provide numerous health and well-being benefits in their lives.

Dissatisfaction. On the other hand, research has revealed numerous drawbacks and disadvantages for couples in unhappy relationships. Dissatisfaction in a couple's relationship has been shown to increase the likelihood of mood, anxiety, and substance use disorders (Overbeek et al., 2006) and physical health issues such as cardiovascular disease, immunological and endocrinological changes, and elevated blood pressure and fasting glucose (i.e. Kiecolt-Glaser et al., 1997; Whisman, Uebelacker, & Settles, 2010).

These disadvantages not only affect the couple, but when children are involved conflict and dissatisfaction have been shown to produce struggles for the children as

well (i.e. Papp, Cummings, & Schermerhorn, 2004; Schoppe-Sullivan, Schermerhorn, & Cummings, 2007). For example, research has provided evidence that marital distress and conflict may negatively affect children on a number of facets, including increased anxiety, depression, conduct problems, and physical health issues (i.e. Gurman, 2008).

In sum, research has demonstrated various physical and emotional well-being benefits for those in satisfied relationships; while, dissatisfaction in relationships has been connected to physical and emotional difficulties. Furthermore, dissatisfaction and distress in relationships have been shown to negatively affect children. Researchers such as Bertoni and Bodenmann (2010) and Gottman (1999) have pointed to the importance of considering the impact that conflict can have on relationship satisfaction and quality. Thus, next is a review of conflict in romantic relationships in order to offer a better understanding of how conflict impacts couple relationships.

Conflict

There is an immense amount of literature on conflict that covers an array of issues related to conflict. A basic search for *conflict* and *couples* on PsychINFO reveals over 4,100 articles. Even with this large amount of literature, it should be noted that finding articles that define conflict and its components in depth is rather challenging. Additionally, a limited number of the articles defining conflict and conflict management seem to be scientific and of high quality. It is still evident, though, that conflict is a highly examined area of relationships.

Conflict in romantic relationships has been examined in various ways. For example, some research has studied the impact of conflict on the relationship quality

(i.e. Bertoni & Bodenmann, 2010; Fincham & Beach, 2010; Gottman, 1999), while other research has studied types of conflict or ways in which conflict is handled (i.e. Cummings, Goeke-Morey, and Papp, 2001; Gottman, 1999; McCoy, Cummings, & Davies, 2009). Examining couples' conflict is important because unhealthy conflict may lead to intimate partner violence (Fincham & Beach, 2010) and less satisfied relationships (Gottman, 1999). Gaining an understanding of conflict thus aids in prevention of intimate partner violence (IPV) and in the enhancement of relationship satisfaction through assisting couples to develop healthier conflict styles or practices (i.e., Gottman, 1999). Before examining the research on conflict management, conflict is defined.

Defining Conflict. In order to gain a better understanding of conflict and review specific topics around conflict, we must first define it. Broadly speaking, interpersonal conflict has been defined as, “an interaction between persons expressing opposing interests, views, or opinions,” (Kline, Pleasant, Whitton, & Markman, 2006, p. 445). Within couples, conflict has been described as interactions in which partners hold “opposing goals” (Bradbury, Rogge, & Lawrence, 2001, p. 59). Therefore, conflict in relationships seems to be an expression of an opposing view or disagreement between the partners involved.

Types of Conflict. Conflict can be categorized in various ways, which may also lead to a better understanding of the various definitions or views to describe it. Conflict is often thought about as an overt process, an interaction that involves people expressing something; however, research on conflict has also addressed covert conflict

(Kline et al., 2006). Covert conflict refers to conflict that is not expressed outwardly (Kline et al., 2006) and may not be detected by one partner in a relationship or may have a minimal impact on a partner (Fincham & Beach, 1999). Furthermore, conflict can be categorized as violent (physical) or non-violent (non-physical; Kline et al., 2006).

Cummings, Goeke-Morey, and Papp (2001) differentiated destructive and constructive conflict by examining the impact of these two types of conflict on children. Destructive conflict has been described as conflicts that are, “hostile, angry and contain conflict tactics, such as physical aggression, verbal aggression, threat, and personal insult” (McCoy, Cummings, & Davies, 2009, p.270). Under destructive conflict, Cummings et al. (2001) list the following: physical aggression or violence, non-verbal conflict or the silent treatment, intense conflict, conflict about child-related themes, and withdrawal. Constructive conflict has been defined as handling conflict in, “positive ways by displaying behaviors, such as verbal and physical affection, problem solving and support” (McCoy et al., 2009, p. 270; Goeke-Morey, Cummings, Harold, & Shelton, 2003). Constructive conflict includes: mutually respectful, emotionally modulated conflicts, conflict resolution, and progress toward resolution and other information about resolution (Cummings et al., 2001). These two types of conflict were examined in parents by looking at the impact on children. It seems that destructive conflict increases a child’s risk for problems and constructive conflict has very little negative effects on a child and may, in fact, have protective functions within the family

context (Cummings et al., 2001). Unfortunately, Cummings et al., (2001) do not look at the effects of conflict on the couple's relationship.

Another approach to understanding or describing conflict, particularly for dissatisfied couples, is the use of "demand-withdraw" or "pursuer-distancer" patterns (Gottman, 1998, p. 183). This approach to conflict involves one partner bringing up the issues (pursuing or demanding) while the other partner avoids the conflict discussion (withdrawing or distancing). Roberts (2000) noted that these patterns have often been similar to and been studied through traditional gender stereotypes. Thus, the patterns have been seen as the "hostile nagging wife" (pursuer, demander) and the "emotionally withdrawn husband" (withdrawer, distance; Roberts, 2000, p. 701). However, her study on 97 newlywed couples found a difference in this pattern. When first completing the surveys, couples had been married for an average of 1.5 years. The couples were then contacted near their third anniversary to complete another survey by mail. Roberts' (2000) results demonstrated that wives' satisfaction decreased when their husbands were responding with hostility. In contrast, husbands' satisfaction decreased when their wives withdrew. She notes that these findings appear to contradict the traditional gender stereotypes about conflict in relationships. Therefore, she recommends that further research should be completed to better understand these processes and how they relate to dissatisfaction.

A final area of conflict that has been more well-defined and classified conflict into specific types is within intimate-partner violence (IPV). Johnson (2006) notes that there are three types of IPV, namely intimate terrorism, violent resistance, and

situational couple violence. Understanding the differences between these types of conflict is important because they each have different origins, dynamics, and consequences (Johnson, 2006). Therefore, if violent conflict is not correctly classified and understood, errors may be made in research, theory, and practice (Johnson, 2006).

The first type of IPV, intimate terrorism (IT), is when the perpetrator uses violence as a means of long term control (Johnson, 2006). The individual violent interactions have an overall goal of power and control, even if the short term goals of the violence appear to be for a different reason. Johnson notes that this is the type of violence that most people think of when they hear *domestic violence*. The power and control wheel (Pence & Paymar, 1993; see Figure 1) can be used to understand this type of violence as well (Johnson). This wheel demonstrates the various means of control in a relationship.

The second type of violent conflict is violent resistance (VR). This occurs when a partner fights back at the partner who is violent (Johnson, 2006). The key pattern with VR is that the resisters are violent but they are not controlling and their partner is both violent and controlling (i.e. their partner is using IT; Johnson). The partners who fight back may think that they can keep their partner from attacking them further, both in the moment or in the future. For example, these partners may believe that they can stop their partner when the violent act is occurring and perhaps fight back enough that their partner will stop being violent in the future.



Figure 1. The Power and Control Wheel (Pence & Paymar, 1993, p. 3)

The third type of violent conflict is situational couple violence (SCV). With SCV, there is not an attempt to gain power or control. The violence occurs situationally (Johnson, 2006). For example, there may be an interaction between a couple in which tensions and emotions lead one partner to respond with violence (Johnson). SCV may entail a single episode in which one partner becomes violent (i.e. pushes or slaps) and then immediately feels guilty and apologizes or it may be a chronic problem in a relationship where the violence occurs often.

In sum, there are a variety of ways in which conflict has been described, defined, and understood within romantic relationships. In addition to defining and describing conflict, researchers have also worked to determine how to address conflict and conflict resolution in romantic relationships, which is reviewed next.

Conflict Interventions. Finding literature that specifically addresses conflict interventions within couple counseling is challenging. This is not because there are no articles that explore interventions, but because conflict is such a widely studied topic within couple relationships. The articles on interventions do not seem to consistently identify that the purpose of the intervention is to target couple's conflict, but rather seem to be programs to address various components of relationships such as communication, empathy, problem solving, and listening skills. On the other hand, Gottman (1999) seems to be more specific with his interventions in that he notes the purpose of a particular intervention is to change some aspect of a couple's conflict. Furthermore, in the general research on conflict in couples, conflict resolution is the major target intervention (Bradbury, Rogge, & Lawrence, 2001). Several interventions that address conflict are reviewed below.

One intervention that aims to prevent couple distress and divorce is the Prevention and Relationship Enhancement Program (PREP; Renick, Blumberg, & Markman, 1992). The development of PREP was grounded in empirical research, particularly research on relationship distress (Renick et al., 1992). PREP attempts to improve a couple's skills for managing conflict, in order to decrease couple distress and divorce. PREP is offered in varying formats, such as six, weekly group sessions or a

more intense weekend format (Renick, et al., 1992). The program includes lectures on communication skills and relationship issues and, sometimes, provides couples with a consultant who they work with to practice the skills and receive feedback. Additionally, there is a focus on listening skills throughout the entire program (Renick et al., 1992). Several topics are addressed throughout the program as a way to improve a couple's relationship in some way. For example, couples spend time talking about fun in their relationship, problem solving, their physical relationship, and their individual belief systems (e.g. spiritual, expectations). Thus, PREP works to develop more effective communication skills around conflict as one part of the program; however, there are also many other components that aim to decrease distress in a relationship.

Another couples program that has been developed as a distress prevention program is Couples Coping Enhancement Training (CCET, Bodenmann, 19997; Bodenmann & Shantinath, 2004). CCET is based on stress and coping; therefore, the primary goal is to help partners develop new, more adaptive behaviors for managing stress in their lives (Bodenmann & Shantinath, 2004). This goal is addressed through improving individual stress management, a couple's ability to cope with stress together, and improving communication and problem-solving skills. The program is 18 hours total and can be offered in six weekly sessions or a weekend format. The goals are met through a variety of methods, including lectures and information about stress and coping, role-plays, and questionnaires to better understand one another's skills and needs (Bodenmann & Shantinath, 2004). The communication skills portion includes instruction on constructive and dysfunctional communication, including contempt,

defensiveness, stonewalling, and criticism from Gottman's (1999) ineffective conflict communication skills. Similar to PREP, CCET incorporates conflict communication skills though mainly addresses stress and coping abilities in order to increase relational quality.

Another highly used conflict intervention in couple therapy, rather than within a couples intervention program, is the active listening model (Gottman, 1999). It has been thought that couples in happy and stable relationships use active, empathic listening when they are involved in a conflict discussion (Gottman, 1999). This means that these couples have the ability to be non-defensive and empathic listeners during conflict. Gottman (1999) reports that this typically is found in couple therapy through used some type of listener-speaker exercise. A basic example of this is allowing one partner to talk while the other listens for several minutes. Then the listening partner would paraphrase what he or she heard, both in content and emotion. The partners would then switch roles.

While active listening models are often implemented into couple therapy, Gottman (1999) expresses concern that the literature does not necessarily support this model because these types of interactions rarely occur during conflict interactions. He is quick to point out that this does not mean couples should stop being empathic towards one another, but that this may not be a natural reaction during a conflictual interaction. Therefore, Gottman (1999) stated that it is necessary for partners to listen to one another and *how* this is accomplished likely needs to be further examined and altered.

Gottman (1999) describes several other interventions that can be used for couples in conflict. One such intervention is the stress reducing conversation (Gottman, 1999). The purpose is to teach the couple how to have daily stress reducing conversations (Gottman, 1999). With this intervention, a couple is asked to talk with one another for 20 minutes a day about recent or upcoming stresses. Some of the goals are to give support and better understand one's partner's stress, and not necessarily to solve the problem or give advice (Gottman, 1999).

Another intervention for addressing conflict communication that Gottman (2007) discusses is a videotape feedback intervention. With this, couples are videotaped having a conflict interaction and then they watch the video. The purpose is to move couples from blaming to taking responsibility for their part in the interaction (Gottman, 2007). Therefore, it is important that couples are able to notice their part of the interaction and focus on using more effective conflict communication skills (Gottman, 2007). This intervention is the central focus of this research project, and is described more fully later.

Summary

While research may not fully understand what a satisfied and dissatisfied relationship consists of, it does seem to show that couples who are in a satisfied relationship benefit in numerous ways. These couples tend to be healthier economically, mentally, and physically (i.e. Waite & Gallagher, 2000) and have more positive than negative interactions with one another (i.e. Gottman, 1999). In addition, women may be more impacted by their perceptions of the amount of support they

receive and adequacy of the support received than men (Lawrence et al., 2008). Furthermore, the way in which couples manage conflict has been shown to be an important factor to their satisfaction (i.e. Bertoni & Bodenmann, 2010; Gottman, 1999). Unhealthy conflict can be a detriment to a relationship. These couples may be more likely to have mood, anxiety, and substance use disorders (Overbeek et al., 2006) and have more physical health issues (Kiecolt-Glaser et al., 1997; Whisman et al., 2010). Therefore, couple therapy may assist couples in moving towards healthier and happier lives if therapy does indeed increase their satisfaction in the relationship and ability to manage conflict more effectively.

While the previous sections explored components of relationships that are relevant to the current study (e.g., defining couple, satisfaction, dissatisfaction, conflict), the next sections delineate aspects related to couple counseling, as the current study is an intervention within couple counseling. Thus, a review of why couples seek therapy, preconditions for change, perceptions and rate of change in therapy, and effective couple therapy models are reviewed below.

Reasons for Seeking Couple Therapy

The reasons for couples to seek out therapy are many, and understanding why couples come to therapy may help therapists' better reach out to couples and provide better services to match the needs of couples (Doss, Simpson, & Christensen, 2004). In relation to the current study, understanding reasons that couples tend to enter therapy may provide insights into areas of conflict that may need to be addressed during therapy. The array of reasons couples attend therapy may include emotional

disengagement, communication difficulties, infidelity, sexual dissatisfaction, abuse and violence, a desire to improve the relationship, and many others (Doss et al., 2004; Gurman, 2008). This section briefly reviews some of therapists' and clients' identified reasons for couples to attend therapy together.

Therapists' Viewpoints

Whisman, Dixon, and Johnson (1997) examined therapists' views on why couples seek therapy by mailing therapists a survey addressing this question. This study was similar to Geiss and O'Leary (1981); however, the authors wanted to test if the issues found in 1981 were still relevant in the 1990s. Therefore, Whisman et al. followed the survey format of Geiss and O'Leary, which asked about the frequency of occurrence, treatment difficulty, and damaging impact of 29 different problems within couples' relationships. In Whisman et al.'s study (1997), data was obtained from 122 therapists, which was only a 24% response rate after eliminating blank, inactive practicing therapists, and undeliverable surveys. This low response rate may have affected the results of the study.

The results of Whisman et al.'s study (1997) suggest that therapists view the most frequent problems found in couples therapy to be communication and power struggles, the most difficult issues to treat to be lack of loving feelings and alcoholism, and the most damaging problems to be abuse and affairs. Whisman et al. (1997) found that when looking at occurrence, difficulty, and impact together therapists found the following couple issues as most important: lack of loving feelings, power struggles, communication, affairs, and unrealistic expectations. An important limitation to

consider for this study is that it does not seem therapists were provided definitions of the various problems nor does it provide an explanation for why the 29 problems were chosen, aside from that Geiss and O’Leary examined those problems. Therefore, therapists may have conceptualized some of the problems in different ways or have written down different problems if the questions were asked in an open manner.

Clients’ Viewpoints

Unfortunately, the majority of studies examining why couples seek therapy are from the viewpoint of the therapists and not the couples (Doss et al., 2004). Therefore, Doss et al. examined the degree of agreement between married couples about the reasons they were entering therapy. A total of 147 heterosexual married couples participated in this study. Each individual completed an open-ended prompt asking him or her to list the main factors that led each individual to couple therapy. In addition, all individuals completed the Marital Satisfaction Inventory-Revised (MSI-R; Synder, 1997). The results indicated that when the husbands and wives were collectively examined as a whole group, men and women generally reported similar reasons for attending therapy. However, when individual couples were examined, it was found that the level of agreement was lower. Unfortunately, the article does not make it clear what aspects the individual couples disagree on or what impact this disagreement may have within couple therapy. However, it seems that an important implication of this finding is the need to ask each spouse for his or her reason for attending therapy in order to better understand what might be helpful within therapy (Doss et al., 2004).

Summary

There does not seem to be an abundant amount of research on why couples seek therapy. Perhaps this is due to the range of reasons couples may choose to attend therapy or to overlooking the importance of why couples attend therapy in relation to their treatment. It appears more research has been conducted on therapists' views of why couples seek therapy than on couples' views. It may be useful to more closely examine why couples choose to seek therapy and understand why some do not seek therapy, in order to better serve this population. For example, if couples are attending therapy in order to improve their communication skills, therapists may offer different interventions than couples coming to therapy to work on managing the stress of a newborn. While it may be unclear as to the impact of understanding why a couple enters therapy, research has examined couples' perceptions of what leads to change, which is reviewed next.

Couples' Perceptions of Change Processes

In general, clients spend a meager one hour of 168 hours in any given week in therapy (Thomas, 2006). Due to the short number of hours clients spend in therapy, one may wonder about what in therapy can lead to such change. The common factors model within therapy has been explored to examine what leads to change in therapy (Sprenkle & Blow, 2004; Thomas, 2006). Common factors are briefly reviewed to describe what research has found leads to change across different theories and techniques. Then, more specifically, couples' perceptions of change in therapy are reviewed. This information is important to examine because the current study is looking to create change within a

couple's interaction with one another when in conflict through a therapeutic technique. Thus, understanding overall change mechanisms provides a foundation for change within an intervention. Additionally, further understanding therapy change mechanisms and process will assist with understanding other components that may lead to change within this study's particular videotape feedback technique.

Common Factors Model

The four common factors that have been identified come from the work of Lambert (1986) and include client and extra-therapeutic change factors (estimated to account for 40% of outcome variance in therapy), common factors (estimated at 30%), technique or model factors (estimated at 15%), and hope or expectancy factors (estimated at 15%; Hubble, Duncan, Miller, & Wampold, 2010; Thomas, 2006). It is important to note that the percentages in parentheses are simply estimates and are not necessarily scientific facts, as some believe (Thomas, 2006).

Each of these four factors is outlined here in order to better understand the components. The client and extra-therapeutic factors includes everything that affects improvement within therapy but is independent of the treatment itself (Hubble et al., 2010). For example, this includes events in the life and environment of a client that affect his or her change such as the support system, chance events, readiness for change, strengths, and faith (Hubble et al., 2010; Thomas, 2006). The common factors are the relationship factors within therapy, such as the therapeutic alliance (Hubble et al., 2010). The model or technique factors encompass items such as the therapist's theoretical orientation, the therapeutic methods or strategies employed, and the unique

components to the specific theories of therapy (Thomas, 2006). The videotape feedback intervention for the current study would fall into this category. The hope and expectancy factors include the client becoming hopeful and believing in the treatment (Sprenkle & Blow, 2004).

Within couple therapy, Sprenkle and Blow (2004) add three common factors that they believe are unique to working with couples. These are relational conceptualization, the expanded direct treatment system, and the expanded therapeutic alliance. Putting the client's difficulties into relational terms entails offering an understanding of the problems while considering the relationship. Therapists also expand treatment to more than the identified client, thus the couple system and, at times, other systems are a necessary focus. Finally, expanding the therapeutic alliance involves forming a therapeutic relationship with the individuals who are in therapy and subsystems or family as a whole (i.e. the couple together; Sprenkle & Blow, 2004). While the above common factors offer information as to components that may impact the outcomes of therapy, these do not speak to what clients perceive as helpful in making changes.

Client Perceptions of Change within Couple Therapy

Understanding how clients see change occurring may provide therapists with valuable information to help inform their practice (Blow et al., 2009). Few qualitative articles were found that specifically examined couples' perceptions of change within counseling (Christensen, Russell, Miller, & Peterson, 1998; Greenberg, James, & Conry, 1988; Helmeke & Sprenkle, 2000; Thomas, 2006; Wark, 1994). Similar to

understanding the common factors within therapy, gaining knowledge of client's perceptions of change offers further information as to other components within therapy that may impact the outcome of a therapy intervention.

Thomas (2006) completed a study to examine the common factors (client and extra-therapeutic change factors, therapeutic relationship, technique or model factors, and hope or expectancy factors within therapy) within therapy. She compared client and therapist perceptions of the impact these common factors have on the client's change process. A total of 30 clients being seen at an accredited marriage and family therapy (MFT) doctoral program's clinic participated. Clients were being seen individually (11), in couple therapy (14), and in family therapy (5). A survey was first given to clients and therapists asking each person to assign percentages to each of the four common factors in accordance with how he or she perceived the factor contributed to the change. Next, therapists and clients were each asked to assign percentages to how much they perceived the client and therapist contributed to the change within therapy. Therapists, who consisted of 10 doctoral students, completed a survey once for each client/client system, making a total of 24 surveys (Thomas, 2006). Clients each completed the survey once; individually of the therapist and anyone they may have been in counseling with, such as a partner.

The data was analyzed only with descriptive statistics, as there was a low sample size and an unequal number of participants in the different modes of therapy. The findings demonstrated that therapists and clients did not perceive the same factors to account for change. Overall, therapists found the therapeutic relationship to be most

important when combining clients from all categories (individual, couple, and family); while clients believed the most important factor was hope and expectations. The clients and therapists both agreed that clients were the leading contributors to change. This is relevant to consider when examining the results of the current study, as these components of therapy process will be important to consider in eliciting change.

There are several limitations to this study. The sample was not randomly selected and was recruited from only one MFT program. Additionally, the sample size was small and unequal across the modes of therapy. There was also little diversity within the client and therapist participants. Considering these limitations, it is still apparent that Thomas (2006) has provided initial evidence about how clients and therapists perceive change among the common factors within therapy.

Greenberg et al. (1988) completed a qualitative study examining client perceptions of change within couple therapy following EFT treatment. The study included 21 couples in which at least one partner was in the distressed range (<100) on the Dyadic Adjustment Scale (DAS). Greenberg et al. (1988) examined critical change events or incidents through interviewing each partner individually approximately four months after therapy was terminated. The critical incidents were elicited by saying to each individual, "Please describe specific incidents in therapy that stood out for you as helpful or hindering" (p. 8). Five of the 42 individuals reported there were no helpful incidents and were therefore dropped from the sample.

A sorting procedure developed by Miller et al. (1967) was used (as cited by Greenberg et al., 1988). This allowed sorters to individually work in creating categories

from the content of the interviews. The data was sorted into categories by 37 graduate students in counseling psychology, who were allowed to create as many or as few categories as seemed appropriate. Then a latent partition analysis (LPA) was completed which assigned each incident to a latent category through summarizing the sorters' categorizations.

The findings of this study produced five latent categories (Greenberg et al., 1988). The first category identified touched on the idea that expressing underlying feelings modifies interpersonal perception and thus produces interactional change in the relationship. For example, when one member of a couple observes his or her partner expressing feelings, the partner develops a new perception which allows him or her to relate differently. The second category demonstrated the importance of expressing feelings in order to lead to expressing needs and the positive valuing of the expression of feelings. The third latent category is acquiring understanding, either intellectual, emotional, or a combination of both. Fourth, taking responsibility for experience within the relationship may lead to a taking a self-focus rather than assigning blame. Finally, the fifth category stated that receiving validation can lead to change for the partner receiving the validation.

This study has several limitations. The authors do not note many demographic characteristics of the sample, such as race/ethnicity, which makes it difficult to generalize the study. Furthermore, it seems as though the study includes heterosexual couples due to using terms such as marital counseling; however, the authors do not directly state the sexual orientation of the couples. The couples were all receiving EFT

treatment, which may have different change factors than other therapies. The authors collected data approximately four months after the termination of therapy because they hypothesized that couples would only remember the most salient incidents following this time lapse. No further information was given about why this time lapse was chosen or about the potential influences outside of therapy that couples' may incorrectly relate to the therapy experience.

There are several implications from this study in regard to the current study. Greenberg et al. (1988) reported that acquiring an understanding of one's partner (intellectual, emotional, or a combination of both) leads to change in the relationship. Furthermore, it is stated that change occurs when partners take personal responsibility rather than attributing blame. This is relevant to the current study because it is possible that through watching a videotaped conflict interaction couples may acquire a better understanding, take personal responsibility, and provide validation to their partners after viewing how they interact with one another. This is in-line with Gottman's (1999) stated purpose of, and discussion questions following, the use of videotaped conflict interactions in therapy; to move from blaming to taking responsibility.

Christensen et al. (1998) utilized a grounded theory research design to examine the change process in couple therapy. In this study, 24 married or engaged couples in heterosexual relationships were interviewed. Thirteen couples were represented, as two partners did not participate in the study. Participants attended between six and thirty sessions; eighteen of which couples only attended conjoint therapy and six who were involved in a combination of conjoint, individual, or family sessions. The women in the

study ranged in age from 18 to 55 years, with a mean of 30.5, and the men ranged in age from 25-57 years, with a mean of 32.0. Each of the participants was seen at a university-based family therapy clinic. The participants' racial/ethnic background and length of time in the current relationship was not reported. This study included nine therapists, of which eight were female. Participants were recruited through their therapists informing the couple about the study. Researchers then contacted couples willing to participate.

The interviews for the study generally lasted about one hour. It is not clear when the interviews occurred in relationship to the therapy process except for stating that the interviews did not immediately follow a therapy session (Christensen et al., 1998). The couples were simultaneously interviewed individually by separate research investigators and all interviews were transcribed. While the exact questions were not provided, generally participants were asked to share what his or her therapist did to help produce change and what was occurring when he or she believed the most was being achieved. In addition, participants were asked to discuss turning points of therapy in which afterwards they either thought or felt different about their situation, self, or relationship. Data gathered from these questions was coded and analyzed concurrently and constantly.

Through this study, Christensen et al. (1998) identified three clusters of change--affect, cognition, and communication--which happened along with increased relationship satisfaction. The change was found to start in any one of these clusters, but generally each cluster ultimately showed some change. Participants often discussed

affect components of therapy when talking about the change process. For example, participants reported they and their partner now have the ability to express how they feel. Additionally, affect often influenced communication. For example, one couple described a situation from the past in which they let their emotions escalate to the point that they blew up, whereas now they are able to deal with their emotions and talk it out. The importance of communication was understood in a variety of ways, including reconnecting emotionally or coming to a new understanding or perspective within the relationship. Change in cognition was evidenced by participants discovering new information and knowledge that altered their awareness within the relationship. For example, one participant stated, “I didn’t know that was important to my partner” (Christensen et al., 1998, p. 182). The participant’s new awareness was categorized into gains in insight, perspective, and understanding within the relationship.

Christensen et al. (1998) indicated that, as is suggested by many schools of couple therapy, change occurred through alterations in affect, cognition, and communication. The authors do not indicate what theories they are referring to specifically or how these change process occur within theories, but rather state that in one way or another most schools indicate change occurs through shifts in affect, cognition, and communication. One might find that the affect component may be thought of as more important in EFT and the cognitive component in CBCT. Changes in communication are likely seen as important in most theories, as the ways in which couples interact are an important part of the therapy process (Baucom, et al., 2008; Dimidjian et al., 2008; Gottman & Gottman, 2008; Johnson, 2008).

The Christensen et al. (1998) article contains several limitations, some of which have been briefly mentioned above. The race or ethnicity of the participants was not mentioned; however, there were many other demographic variables discussed. It is unclear when the interviews were completed in the therapy process. The interviews were not completed following a therapy session, but there is no information more specific than this. The therapists used in the study were primarily female, and little demographic data was provided about the therapists. Even with these limitations, this study demonstrates that affect, cognition, and communication may be important components to couples' change in therapy. The current study will likely include all three of these components during the videotape feedback intervention; therefore, understanding how affect, cognition, and communication may play a role in couple's change experiences is important.

Helmeke and Sprenkle (2000) designed a study to expand on the previously explained studies looking at client perceptions of change within couple therapy. Rather than focusing on general aspects of change, this study focused on a specific type of change process, or pivotal moments. Helmeke and Sprenkle (2000) utilized grounded theory to identify the key themes of pivotal moments within therapy based on the clients' perceptions in couple therapy.

Participants were obtained through an accredited marriage and family doctoral program clinic and included three White, heterosexual couples who were in their first marriage and had one child. The same doctoral student was the therapist for all three couples in order to help control for therapist differences. Following each session, each

partner individually completed a post-session questionnaire (PSQ). This asked him or her to note any pivotal moments that were experienced and to describe any change during that session. The therapist completed a similar PSQ and identified moments she thought either partner may have thought was pivotal.

Following either 10 sessions or the completion of therapy, whichever came first, the researcher interviewed the couples on two different occasions. The first interview was with the couple together. During this interview they watched clips from videos of their therapy that they had identified as pivotal on a PSQ in order to remember the events. The couples were asked to share what made those moments pivotal. The second interview was completed with the couple and therapist together. This interview shared the findings from the first interview and allowed the participants and therapists to check for accuracy and hear each other's views about pivotal moments in order to gain greater accuracy in identifying these moments (Helmeke & Sprenkle, 2000).

The results of this study demonstrated that pivotal moments can be identified. There were 24 total moments within the 23 sessions analyzed across all three couples. Wives tended to name somewhat more pivotal moments than husbands, 15 and 9, respectively. The second session had the most pivotal moments identified, at seven. Helmeke and Sprenkle (2000) stated one of the most interesting findings was the lack of concurrence between partners, which may indicate a need to pay attention to each client's personal theory of change. For the 24 total moments, only three were moments that both partners identified as pivotal. This lack of agreement was also found between the therapist and client identified moments, as only 10 of the 24 pivotal moments were

matching. Another important finding is that for 79% of the moments identified, the content being discussed was related to the couple's presenting problem that brought them to therapy. In addition, only four of the 24 pivotal moments happened when a topic was being discussed for the first time. Most moments occurred during topics that had been discussed continually in therapy.

The content or themes of these pivotal moments was not focused on within the results of this study; however, there were individualized experiences briefly discussed. The participants tended to focus more on a change in themselves (67%), and less on change in the relationship (29%). Therapist characteristics were described as essential prior to experiencing pivotal moments. For example, some of the characteristics listed as important included using positive reinforcement, having persistence when the couple had doubts, giving positive feedback, having the ability to be in tune, and developing trust with the couple. Additionally, providing practical suggestions appeared pivotal in itself in some cases. This included formal communication exercises, role-plays, homework, and other such tips for couples to utilize in their lives.

Helmeke and Sprenkle's (2000) study contains limitations that should be considered. The low sample size limits the generalizability of the study. Another potential limitation is that participants were asked on numerous occasions about pivotal moments in therapy which may have created more awareness and expectancy of these types of moments. An additional major limitation is that while the study was examining pivotal moments in therapy, the results discussed limited aspects of these pivotal moments. For example, it may have been useful to categorize the content of the

moments couples discussed as pivotal in order to attain a better understanding of what exactly couples perceive leads to change from their experiences in therapy. The study provided evidence that couples do not perceive the same events or number of events pivotal, but we do not know much about the content of these pivotal events. Therefore, for the current study it is likely that couples will experience videotape feedback differently and each partner will likely find different components pivotal to their change within the sessions.

Preconditions for Change

While couples may find different components of an intervention as pivotal to their change, there are several factors within therapy that may assist couples with experiencing greater change, similar to the common factors model. Christensen et al. (1998) completed a qualitative study examining couple's perceptions of change, as described above, in which five contextual factors were also identified that may contribute to a client's perceived change. The first factor identified was safety. This requires that clients feel therapy is a safe space in which they have a trusting connection with the therapist. In addition, it is important that partners are not scared of possible repercussions for their actions and what they say in therapy. Second, fairness may be important to consider. This means that partners are given the opportunity to express themselves and the therapist does not align with one partner. The third factor is normalization. When clients enter therapy feeling out of control in a situation or event that has led them to therapy, allowing them to feel their problems are understandable appeared to be helpful during the change process. Fourth, it was found that hope may

play a part in allowing change to come easier for clients. When participants felt confident and hopeful that things would improve, change seemed to be made easier. The fifth factor was pacing. Through pacing, the therapist slowed the discussion and communication to increase participants understanding of the content in the session. Again, these factors may assist couples in furthering their change within therapy.

Couples' Perception of Change Summary

Taken together, the literature about couples' perceptions of change within therapy has several themes, limitations, and implications for the current study. The research demonstrates that clients and therapists do not always agree on what produces change in therapy (Thomas, 2006). In addition, partners may not perceive the same moments in therapy as helpful to their change processes (Helmeke & Sprenkle, 2000). Furthermore, it is likely that change processes that are perceived as helpful involve components such as affect, cognition, and communication (Christensen, et al., 1998; Greenberg, et al., 1988). Studies have typically left out a variety of demographic characteristics to describe the participants, especially race/ethnicity, sexual orientation, how long couples had been together, and the length of time couples had been attending therapy. Additionally, it was not always clear when the interviews were completed and by whom the interviews were completed. Considering these limitations, there are implications for the current study. It is likely that couples will perceive different components of the videotape feedback helpful. Additionally, participants may perceive aspects surrounding affect, cognition, and communication as helpful to their change

processes. With this greater understanding of common factors and perceptions of change in therapy, more specific theories of couple therapy are now addressed.

Effective Theories of Couple Therapy

Before delving into more specific theories, this section provides an overview of the efficacy of couple therapy in general. The primary question that needs to be asked is whether or not couple therapy works. According to Shadish et al.'s (1995) meta-analysis findings and Pinsof and Wynne's (1995) overview of empirical research, it is clear that couple therapy does work. Shadish et al.'s article is reviewed in more detail momentarily.

In addition to looking at the general effectiveness of couple counseling, researchers have also looked to address the relative effectiveness of specific couple counseling approaches. Shadish et al (1995) report that there is no sufficient evidence demonstrating that any one orientation is best, which is similar to findings from general psychotherapy literature (Nathan, Stuart, & Dolan, 2003).

Shadish et al. (1995) completed a meta-analysis on 163 randomized experiments published through 1988 that examined the effects of marital and family therapy (MFT) on distressed couples. In 71 studies, MFT was compared to an untreated control group and in 105 studies one MFT was compared to another MFT, or a different kind of psychotherapy all together. The article does not provide any further breakdown of the studies included in the meta-analysis. Therefore, no additional information about the types of populations studied, demographics of participants, type of therapy and how

it was monitored, or how the studies were chosen for this particular meta-analysis was offered.

When the analyses tested marital therapy (MT) separately from family therapy (FT), Shadish et al (1995) found significant effect sizes $d = .60$ (MT) and $d = .47$ (FT), which were not significantly different from one another. Effect sizes were examined for varying presenting problems for attending MT as well. Shadish et al. note couple therapy is often studied for issues relating to global marital dissatisfaction or communication and specific problem-solving.

A limitation to this study relevant to MT is that the authors do not operationalize or describe what they consider MT. Rather it seems that an appropriate assumption is that studies included with MT were completed with heterosexual couples who are married by law. In sum, couple therapy has been shown work and there does not appear to be one theory that is ultimately superior than any other theory.

Theoretical Orientations

While Shadish et al. (1995) indicated that couple therapy in general is effective, this section of the literature review focuses on four main theories. These four theories include cognitive-behavioral, integrative behavioral, emotionally focused, and Gottman method couple therapies. Several studies have compared these different approaches, and these studies are reviewed after a general review of the four theories. The format for the description of these theories follows Gurman's (2008) format, which provides a structure that better allows the reader to compare the different theories with ease. More specifically, each theoretical discussion includes the theory of health and distress, the

therapy process, mechanisms of change, and related research. The Gottman method of couples counseling is a more in-depth review because of its relevance for the current project.

Cognitive-Behavioral Couple Therapy

Cognitive-Behavioral Couple Therapy (CBCT) emerged in the early 1980s from three primary areas including behavioral couple therapy (BCT), cognitive therapy (CT), and basic research on information processing within cognitive psychology (Baucom, Epstein, LaTaillade, & Kirby, 2008). CBCT is one of the most widely researched and evaluated couple treatments (Shadish & Baldwin, 2005).

Theory of health and distress. Within CBCT, a healthy relationship is believed to enhance the well-being, needs fulfillment, and development of both partners (Baucom et al., 2008). In addition, when one partner is at a stressful place the other partner serves as a source of instrumental or emotional support. In a healthy relationship both partners are able to make decisions, develop closeness, and resolve problems. When going through normative and non-normative events in life, healthy couples can adapt with time to the situation. This may be done through collaboration in solving problems, for example (Baucom et al.).

In traditional BCT therapy, there has been a focus on interactive processes involved in determining a happy and unhappy couple (Baucom et al., 2008). Some research has characterized unhappy relationships as couples who are lacking in communication and problem-solving skills (Karney & Bradbury, 1995) and have a high number of negative interactions by both partners (Jacobson & Margolin, 1979).

Therefore, distress may develop in couples when communication and problem-solving skills are poor, as well as having more negative interactions from both partners (Baucom et al., 2008). As the negativity continues, the couple may become stuck in the process and become unhappy.

In addition, when the individuals within the couple have different wants or desires, relationship distress may develop. Epstein and Baucom (2002) identified various needs and motives that may become an issue in a couple's relationship. Examples of some of these needs include a need for intimacy, to be attended to by one's partner, or to be a part of a relationship. Partners' differences in these needs may lead to distress in the relationship (Baucom et al, 2008). Furthermore, current day CBCT approaches take into consideration the couple's broader environment (Baucom et al.). Distress may occur in a relationship when a couple's environment becomes overwhelming due to the accumulation of the stress of different events or situations (Baucom et al.).

Therapy process. The number of sessions within CBCT may range from a few to over 20 weekly sessions (Baucom et al., 2008). Booster sessions may be used in order to maintain the skill mastery that a couple attained when learning new ways of interacting in the relationship. Homework assignments may be used regularly between sessions in order to gain real life practice of the skills being learned. Baucom et al. (2008) noted there are a number of behavioral interventions used within CBCT and these interventions fall into two groups: guided behavior change and skills-based interventions. Guided behavior change focuses on behavior change but does not contain

a skills component. For example, therapists might encourage clients to include small, positive behaviors in their everyday life to make their partner happier, such as washing the dishes. Skills-based interventions generally require the therapist to provide instructions to the couple about behavioral skills through didactic means. Following the instructions, couples practice the new behaviors.

Mechanisms of change. Baucom et al. (2008) noted mechanisms of change in couple therapy have not been isolated in any theory, thus it may be that different couples benefit from different specific mechanisms of change or that there are more general mechanisms that are found across the different theoretical orientations. Therefore, a therapist may need to have specific interventions that they are able to adapt to different couples as well as understand there may be broad characteristics of therapy that produce change. Different couples may require different changes in their understanding of one another's experiences, behaviors to be changed, or in how they provide support to one another (Baucom et al., 2008). While these ideas seem logical (that different people require different help), these ideas do not seem to focus on the mechanisms of change to specific CBCT theory.

Another consideration addressed by Baucom et al. (2008) is the therapist factors that may lead to change in couples, which has received little research attention. The authors noted that in their experience it is the therapist who is able to "process information quickly and respond in the moment" who are most effective with CBCT (p. 60). Due to the lack of research of therapist factors within CBCT, it is important to note that these ideas come from Baucom et al.'s personal experience in training and

supervising therapists over the years. In addition, it is pointed out that therapists still need to be realistic about what they are able to achieve in couple therapy, as it is not guaranteed that when couples learn how to interact more positively with one another they will still remain together.

Research. Epstein (2001) provides an overview of the empirical status of CBCT. He notes that many of the outcome studies on CBCT have only truly tested the behavioral components of this therapy, such as communication training, problem solving training, and behavioral contracts. Outcomes from these behavioral components suggest that one-third to two-thirds of couples move to a non-distressed range after treatment; however, a limited number of these studies have completed follow-up assessments to determine if this change is lasting (Epstein, 2001).

In his review of empirical studies, Epstein does not hesitate to point out some of the limitations of the research on CBCT. For example, the lack of follow-up assessments completed within studies, lower number of studies examining the cognitive component, and likely differences in the way therapy is utilized in studies. While this article was published in the early 2000s, it may be noteworthy to point out that the studies reviewed were mostly from the 1980s and earlier 1990s. Additionally, there does not seem to be a vast amount of literature since the 2000s that specifically examine CBCT (both cognitive and behavioral components) and not just one component of this theory.

Integrative Behavioral Couple Therapy

Developed by Andrew Christensen and Neil S. Jacobson, integrative behavioral couple therapy (IBCT) was designed to assist couples in improving satisfaction and adjustment within the relationship (Dimidjian, Martell, & Christensen, 2008). IBCT primarily grew out of traditional behavioral couple therapy (TBCT) and is a contextually based behavioral treatment (Dimidjian et al., 2008).

Theory of health and distress. Within IBCT it is assumed that all couples will experience some difference and disagreement (Dimidjian et al., 2008). This is considered a normal process of relationships. Therefore, the distress couples experience is not a product of disagreement, but rather comes about from the destructive ways used to respond to the differences.

There are typically three destructive patterns found within distressed couples' disagreements including mutual coercion, vilification, and polarization (Dimidjian et al., 2008). Mutual coercion can reinforce and shape the behaviors of a couple. For example, one partner may withdraw while the other criticizes, which then begins a cycle of engaging in these behaviors more extremely. Eventually, the couple may begin to belittle one another, thus finding themselves in the vilification pattern. As the difference between members of a couple grows, they may polarize and the gap between them may grow wider. It is unclear from Dimidjian et al. if couples tend to work through each of these patterns, beginning with mutual coercion, or if couples tend to fall into one of these patterns as their particular style of interacting, but it does seem that couples would move through each stage.

On the other hand, happy couples have the ability to face their differences (Dimidjian et al., 2008). This can be accomplished with acceptance and tolerance. Through acceptance, couples are not drawn into the destructive patterns but instead they have the ability to sustain their positive connection. An increase in acceptance within a relationship may allow couples to feel less threatened by the differences present in the partnership.

Therapy process. On average, therapy utilizing IBCT ranges from 15-26 sessions (Dimidjian et al., 2008). When considering termination of therapy, it is important to remember that within IBCT disagreements are considered a natural part of relationships, thus not all problems need to be solved when deciding to end therapy. Dimidjian et al. note that in their empirical studies of IBCT they devote the first three sessions to evaluation, the fourth session to feedback about the evaluation, and then focus on interventions in the remaining sessions. There are typically one or two sessions at the end of therapy in which a summary of therapy and termination are discussed. During evaluation, therapists typically would meet with the couple together for the first session and then ideally meet with each partner individually for sessions two and three. When moving into the feedback session, it is important to ask for the couple's reactions to the therapist's understanding of the couple's problems and goals that may be appropriate in alleviating the problems. Dimidjian et al. state that the interventions utilized fall into three categories. The first is acceptance strategies, which attempt to bring couples to a new experience within their issue in order to allow for greater intimacy. The second category is tolerance strategies, in which couples are

allowed to stop their efforts of changing one another. The third category is change strategies, which aim to directly change couple's behaviors through tasks such as communication and problem solving training.

Mechanisms of change. IBCT postulates that changes occur through behavior and changes in the acceptance of a behavior (Dimidjian et al., 2008). One of the goals of therapy then is to alter destructive patterns, thus creating behavior change. Rather than asking couples to behave differently, IBCT believes that change can occur through looking at features of the problems themselves. Therefore, the solutions may be found in the problems themselves. For example, if a couple has unspoken thoughts or emotions, it may be helpful to vocalize the thoughts and emotions with the help of a caring therapist (Dimidjian et al.). This is different than directly teaching or instructing a couple to behave differently.

Research. Doss, Thum, Sevier, Atkins, and Christensen (2005) studied traditional behavioral couple therapy (TCBT) in comparison to IBCT. The study consisted of 134 married couples who were randomly assigned to either TCBT or IBCT. Up to 26 free sessions were provided to couples with an experienced doctoral-level practitioner. The article is not clear about if the therapists used manuals or what their demographics were. The authors only note that in TCBT the focus of therapy is typically teaching communication and problem solving skills and increasing the frequency of positive behavior; whereas in IBCT, the focus tends to be on the emotional acceptance of a partner's behaviors. The majority of the measures utilized were administered pretreatment, 13 weeks after pretreatment, 26 weeks after

pretreatment, and immediately following the final session. Doss, et al (2005) reported the following assessments were used: Dyadic Adjustment Scale (DAS; Spanier, 1976), Frequency and Acceptability of Partner Behavior Inventory (FAPBI; Christensen & Jacobson, 1997), and the Communication Patterns Questionnaire (CPQ; Christensen & Sullaway, 1984).

Doss et al. (2005) found that IBCT tended to produced more change than TBCT in emotional acceptance, whereas TBCT generally elicited more change in communication than IBCT. The results also demonstrated that with TBCT greater changes in the occurrence of targeted behavior were evident early on in the therapy. With IBCT, greater changes in the acceptance of targeted behavior were found both early and late in therapy.

There are several limitations to this study. As noted above, it is unclear what the therapists were asked to do in each session. Additionally, there is no discussion on how the therapists were monitored for fidelity or allegiance effects. Without this information, it is difficult to discern what occurred in therapy and thus what led to the changes. Furthermore, there does not seem to be any follow-up assessments after treatment. Therefore it is unclear if these effects remain over time or if relapse occurs.

Emotionally Focused Couple Therapy

Emotionally focused couple therapy (EFT-C) formed as an integration of experiential and family systems approaches to counseling (Johnson, 2008). As the name may suggest, EFT-C's central focus is on emotion (Johnson, 2010). Having a safe emotional connection is of utmost importance. This component of EFT-C theory is

derived from attachment theory, which provides “an empirically validated theory of adult love” (Johnson, 2008, p. 107). Four attachment styles have been identified; namely secure, fearful avoidant, anxious-ambivalent, and dismissive avoidant (Greenberg & Goldman, 2008). The secure attachment style is important to EFT-C. This style allows a partner to feel there is safety, comfort, and protection provided to him or her by the partner (Greenberg & Goldman).

Johnson (2010) described three ‘pearls of wisdom’ within EFT-C. The first states that emotion is the heart of the matter, so it is best to follow it. Emotions can guide us and show us what is important to us. Therefore, EFT-C therapists create a safe space for couples to connect with deeper emotions through revealing their feelings. The second component involves the importance of focusing on attachment. Partners have a need to feel they have a safe connection and when this connection is not met, anxiety may arise. The third element involves behavioral rehearsal; that is, in order to create a new positive pattern clients have to rehearse the behaviors. In order to learn new responses, they must be practiced in a way that moves a couple to respond as though securely attached partners might respond.

Theory of health and distress. At its most basic sense, a healthy relationship within an EFT approach is a secure attachment bond (Johnson, 2008). In order to have a secure bond, partners must demonstrate reciprocated emotional accessibility and responsiveness. Security is important in order to regulate emotions and communicate clearly (Johnson). With a secure attachment, partners are able to recognize distress and then turn to others for support. This then improves a couple’s ability to manage stress in

their lives. Healthy, secure couples believe others are dependable and trustworthy while also viewing themselves as lovable (Johnson, 2008).

In contrast, EFT views distress through an insecure attachment style and the presence of separation distress (Johnson, 2008). This insecure attachment will generally create a predictable series of responses. First, there is generally anger due to losing an attachment figure. Next, in separation distress there is typically a clinging and seeking behavior, which may eventually lead to depression. Finally, if nothing works, a relationship will end and be grieved. This separation can be quite stressful or traumatic for an individual (Johnson).

Johnson (2008) also relates many of Gottman's findings on couples to EFT. For example, the demand-withdraw pattern previously discussed can be detrimental to a relationship. EFT conceptualizes this pattern's harm to a relationship through the attachment insecurity that the pattern maintains, which in turn does not allow for a safe emotional interaction (Johnson). Additionally, Gottman's findings on the destructiveness of contempt in a relationship can be explained in EFT through the idea that interactions with one's attachment figures affect one's models of the self. Therefore, contemptuous interactions or comments may impact a partner's feelings of unworthiness. This then may create pain and reactivity in couples who are distressed (Johnson).

Therapy process. Establishing an alliance is an important first step in EFT therapy (Johnson, 2008). Following this formation there are two basic therapeutic tasks, which are exploring and reformulating emotion and restructuring interventions. During

the former task, the therapist assists couples in identifying, expressing, and restructuring emotional responses. The focus tends to be on emotions that are central to a couple's negative interactions with one another. Reformulating emotions allows the couple to move to more core emotions. For example, a couple may move from anger to shame or fear. Within the exploring and reformulating emotion task, therapists may utilize items such as reflecting emotional experience, validation, highlighting key experiences, and formulating new meanings. Next, in restructuring interactions therapists examine the negative cycle that limits partners' responses to one another. These problems are then reframed to attachment needs and fears. When working with restructuring interventions, therapists may slow down and clarify the interactions, shape interactions, and shift the meaning of certain responses to more positive items.

Mechanisms of change. The process of change within EFT therapy can generally be described through a couple's ability to have more depth in their experiencing, particularly around their emotions (Johnson, 2008). This change process was broken down into three stages and nine steps (Gurman, 2008; Johnson & Greenman, 2006); however, it has more recently been expanded on and made into five stages with 14 steps (Greenberg & Goldman, 2008). The first step is 'validation and alliance formation' which involves creating a safe space and collaborative alliance with the couple. Stage two is 'negative cycle de-escalation' and this entails reducing the emotional reactivity between the couple. The third stage, 'accessing underlying feelings,' involves identifying the underlying emotions. Stage four is 'restructuring the negative interaction' and this is when the couple learns to interact in new ways. The

fifth and final stage, 'consolidation and integration,' involves supporting the new narratives the couples have developed (Greenberg & Goldman, 2008).

Research. EFT-C has been described as an “empirically validated approach to marital therapy” (Greenberg, Warwar, & Malcolm, 2010, p. 30). There have been recovery rates found that range from 70 to 73% (Johnson et al., 1999). Furthermore, Johnson et al. (1999) note that using EFT-C therapy has demonstrated improvements on relationship distress at the end of therapy and at follow-up.

Greenberg, Warwar, and Malcolm (2010) designed a study to evaluate the effectiveness of EFT-C to facilitate forgiveness in couples in which one partner had not recovered from an emotional injury, having the injury for at least 2 years. The study included 20, mostly White, couples. The emotional injuries included affairs, abortions, perceived abandonment, and perceived humiliation. There were eleven therapists in the EFT-C condition, of which nine were female. For this study, a specialized EFT-C treatment manual was created in order to help work towards a resolution within the emotional interpersonal injuries. The measures were administered pretest and posttest and included the following (as cited by Greenberg, Warwar, and Malcolm, 2010): The Enright Forgiveness Inventory (EFI; Enright, Rique, & Coyle, 2000), Forgiveness measure (Enright et al., 2000), Trust Scale (Rempel, Holmes, & Zanna, 1985), Unfinished Business Empathy and Acceptance Scale (UFB EA; Singh, 1994), Unfinished Business Feelings and Needs Scale (UFB FN; adapted from Singh, 1994), Dyadic Adjustment Scale, Target Complaints Discomfort and Change Scale (Battle et al., 1968), Global Symptom Index (GSI) of the Symptom Checklist 90 Revised (SCL-

90-R; Derogatis, 1983), The Couples Therapy Alliance Scale (CTAS; Pinsof & Catherall, 1986), and the Structured Clinical Interview for DMS-III Axis II (SCID-II; Spitzer et al., 1990). Couples served as their own wait-list control, which was approximately 10-12 weeks before entering therapy.

The results found that injured partners changed significantly with treatment compared to no significant change during the waitlist time on numerous measures. At the three month follow-up there were no significant differences at the .05 level for either group on the DAS, EFI, GSI, TC Discomfort, or the TC Change. However, significant deterioration effects on Trust ($t = 3.48, p < .01$) were found within the injured partners at the three month follow-up. Therefore, injured partners did show more improvement during the EFT condition than the waitlist condition.

There are several limitations to consider when examining these results. The study used the couples as their own control, and it appears that the pre-assessments were only given once approximately 1 week prior to treatment. In doing this, there does not seem to be a way to control whether or not the couple worked on their issues during the 10-12 week wait period. There was no random assignment into treatment or no-treatment groups and a stable baseline would not have been obtained, thus making it difficult to be certain that change was due to the therapy. Additionally, the follow-up was only obtained three months from treatment so lasting effects beyond this time period are unknown.

Gottman Method Couple Therapy

In order to develop a theory about or interventions for couple therapy, Gottman and Levenson found it important to first have a solid research base (Gottman & Gottman, 2008). It is through years of studying distressed and well-functioning couples that they have developed an understanding of healthy adult romantic relationships. This has assisted in the development of goals for Gottman's couple therapy as well. Gottman and Gottman then developed their theory on how relationships function or fail to function and how to create change in couples' relationships (Gottman & Gottman, 2008).

Multi-Method Approach to Measurement. When completing any study it is important to consider what will be utilized to measure what is being examined. Gottman and his colleagues made use of three different measurement domains; interactive behavior, perception, and physiology (Gottman & Gottman, 2008). The interactive behaviors involved examining couples' interactions in various contexts through coding of the couples' behaviors and emotions (Gottman, 1999). Using perception as a measurement method entailed learning about each partner's perceptions of the self and other partner. This was accomplished by using questionnaires, video recall procedures, attributional methods, and interviews (Gottman, 1999). Measurements of physiology were completed through evaluating autonomic, endocrine, and immune system responses (Gottman, 1999).

Core Triad of Balance. The domains which Gottman and his colleagues obtain measurements from are the same domains that create the core triad of balance, or a

steady state within a relationship; interactive behavior, perception, and physiology (Gottman, 1999). An important component within the interactive behavior domain is negative affect reciprocity, which consistently distinguishes happy and unhappy married couples (Gottman, 1999). This means that a couple is more likely to be unhappy if a partner's emotions have an increased probability of being negative immediately following his or her partner displaying negative emotion (Gottman, 1999). Another factor that is important to consider within interactive behavior is a couple's start-up to conflict. For example, a dissatisfied couple is more likely to demonstrate harsh start-ups—that is, they are more likely to quickly move from a neutral affect to negative affect.

Negative affect within interactive behaviors were first viewed similarly by Gottman and his colleagues (1999); however, it was later discovered that not all negatives were equally damaging in a relationship. Through this Gottman named four behaviors (what he called the Four Horsemen of the Apocalypse) that were most damaging to a relationship; including criticism, defensiveness, contempt, and stonewalling. According to Gottman, these four behaviors are seen in happy marriages, albeit seen less often. The exception to this is contempt, which Gottman (1999) noted is rarely, if ever, found in happy marriages.

The first of the four horseman, criticism, can be anything that “implies that there is something globally wrong” with a person's partner (Gottman, 1999 p. 41). This typically will create defensiveness from a partner. An example of criticism that helps to differentiate it from complaints is when a partner uses the “you always” or “you never”

before any statement. Defensiveness is when someone attempts to protect themselves from a perceived attack. Often this will include taking little to no responsibility for the problem. Contempt is defined as “any statement or nonverbal behavior that puts oneself on a higher plane than one’s partner,” (Gottman, p. 45). An example of contempt that is quite common is mockery, in which only one partner is laughing when making fun of the other partner. Stonewalling means that one or both partners withdraw from the interaction. This may entail a partner leaving the situation or becoming very quiet during an interaction.

The next core triad of balance Gottman (1999) discusses is perception. This encompasses examining how each partner perceives and interprets one another’s actions, both the positive and negative. Gottman (1999) notes that couples in happy, stable relationships tend to view negative actions by their partner as situational; whereas, couples in unstable relationships view negative actions as more stable. In contrast, couples in happy relationships tend to perceive positive actions by their partner as stable and internal to their partner and couples in unhappy relationships perceive positive actions as situational.

The final core triad of balance is physiology. Gottman (1999) has used physiology to predict what will happen in a relationship. For example, when studying married, heterosexual couples, Gottman (1999) found that relationships that will end in divorce have husbands and wives who had different physiological responses than couples whose relationships that do not end in divorce. For example, husbands’ heart rates were 17 beats per minute higher when the relationship ended in divorce, as

compared to husbands in stable marriages. Wives in relationships that ended in divorce had faster flowing blood than those in stable marriages.

Types of Couples. Through years of studying couples, Gottman discovered that there are three different types of stable, happy couples (Gottman, 1999). These are volatile, validating, and conflict-avoiding. Importantly, regardless of types, stable happy couples displayed a 5 to 1 ratio of positive to negative exchanges. This ratio suggests that for every negative interaction it is necessary for a healthy relationship to have five positive interactions. Gottman found that those couples who are more likely to divorce have shown a 0.8 to 1 positive/negative ratio (Gottman, 1999).

In defining the three different types of couples, Gottman indicates that no one couple type is superior to another (Gottman, 1999). As one might imagine, volatile couples are emotionally expressive and express a great deal of both positive and negative emotion. These couples begin interactions with attempts to influence and persuade their partner and continue this throughout a conflict interaction. Openness and honesty are important to these couples and Gottman's (1999) research has shown these are the couples who stay romantic for years and years.

Validating couples believe in we-ness and companionship. These couples influence attempts are often highest in the middle of an interaction (Gottman, 1999). Additionally, they express emotions in moderation. In contrast, conflict-avoiding couples tend to minimize problems and typically decide to agree to disagree (Gottman). These couples may be emotionally expressive; however, they are generally calmer. Conflict-avoiding couples are able to talk about their strengths in the relationship. Their

goal in conflict is generally acceptance (of agreeing to disagree) and not compromise or problem solving.

The couple types discussed above describes those couples who have matching types, meaning that both partners fall into the same type. What happens if a couple's type does not match? The results are not clear. Gottman (1999) has suggested that these couples may often feel as though the marriage is "just not working" (p. 95) even if they appear to be a picture perfect couple to others. Not all researchers believe mixed couple types typically do not fit together. Fitzpatrick (1988) has claimed that it is possible to have successful mixed type couples.

Sound Marital House Theory. Gottman's research has identified two fundamental characteristics of marriages that work and these are "(1) an overall level of positive affect, and (2) an ability to reduce negative affect during conflict resolution" (Gottman, 1999, p. 105). The concept of the Sound Marital House (Figure 2) is based on these two necessary components and introduces more specific aspects to consider in a couple's relationship.

At the base or foundation of the Sound Marital House is the marital friendship and ability to create positive affect when conflict is not present (Gottman, 1999). The bottom three items are what Gottman considers the foundational elements of a marital friendship. These three components may increase or decrease the marital friendship, depending on their strength. The *cognitive room* is about the space that partners give to one another. For example, how well do they know one another and understand one another? Gottman (1999) uses interventions known as Love Maps to assess couples'

cognitive space for one another. The second level examines how often couples express fondness and admiration for one another. The third and final level that encompasses the marital friendship is turning toward one another versus away from one another during non-conflict interactions. The emotional bank account, within turning toward one another, relates to the 5 to 1 positive/negative ratio for interactions between a couple. The size of one's emotional bank may be increased through engaging in positive interactions (Gottman, 1999).

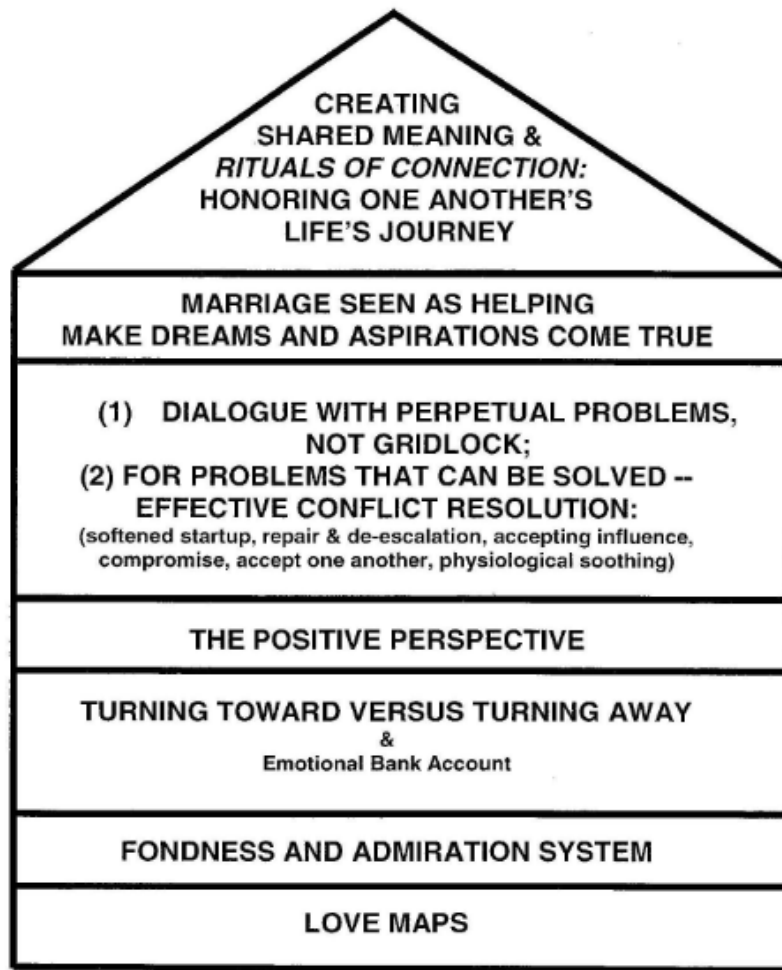


Figure 2. The Sound Marital House Theory (Gottman, 1999, p. 105)

These three base components allow for positive sentiment override, the next level. Gottman (1999) believes that positive sentiment override develops through couples showing positive affect during non-conflict interactions. Positive sentiment override allows for one partner to experience their partner's negative affect in a more neutral than negative way. This ability then impacts the next level, allowing couples to successfully de-escalate negative affect in conflict interactions. Being able to de-escalate negative affect also impacts a couple's physiological mechanisms, allowing them to sooth. Therefore, the imperative piece to happy relationships is how a couple regulates most conflict interactions, and not necessarily the resolution they arrive at through conflict (Gottman, 1999). Restated, it is the way in which couples engage in conflict and not necessarily the content or resolution of the conflict that is important to happiness within a relationship.

The final two components of the Sound Marital House involve supporting one another's dreams and creating a shared meaning. Gottman (1999) states it is important that each partner feel his or her dreams in life are supported. This leads to the top of the Sound Marital House, which is creating a shared meaning. This piece truly encompasses the uniqueness of all couples and families, as this relates to their ability to create a shared meaning within their own experienced culture (Gottman, 1999). Hence, culture within Gottman's theory is not limited but includes each person's individual meaning of things in his or her life. For example, each partner likely comes from a different family culture in regards to what a family dinner, money, parenting, or love means.

Areas that Gottman (1999) often examines for shared meaning include rituals, roles, goals, and symbols. Rituals involve a broad range of activities a couple completes together. These may be daily events (e.g. meals) or annual events (e.g. holidays). There are many roles that partners often fill within their relationship and/or family, such as student, manager, son, daughter, artist, brother, etc. Examining shared meaning, or lack thereof, within goals includes both short and long term goals each partner and couple has for their lives. Gottman refers to symbols as “intangible existential ponderings around the fundamental question, what is the *meaning* of...” (Gottman, 1999, p. 109). Virtually anything can be filled in here, such as family, love, work, and et cetera.

Therapy Process. Gottman method couple therapy begins with one conjoint session and two individual sessions (one for each partner) in order to begin the assessment of strengths and challenges in the couple’s relationship (Gottman & Gottman, 2008). During these sessions, the therapist uses interviews to obtain information from the couple. Additionally, couples are videotaped during a conflict discussion in which they are physiologically monitored (Gottman & Gottman, 2008). The information obtained in these first sessions is then compiled and organized for the third session. During this session, the therapist tells the couple what he or she has learned about the couple’s strengths and challenges through the assessment (Gottman & Gottman, 2008). Furthermore, treatment goals are discussed and agreed upon by the couple in order to begin interventions.

Gottman method couple therapy is “emotion-focused, experiential, and centered in the here and now,” (Gottman & Gottman, 2008, p. 142) while still providing a ‘map’

to guide the therapist and couple towards achieving the goals. As much as possible, therapy is dyadic (Gottman & Gottman, 2008). The therapist teaches the couple more effective alternatives to replace the couple's destructive interactional patterns. Additionally, the therapist validates, is compassionate, and interprets each partner's feelings and needs within the relationship (Gottman & Gottman, 2008).

Mechanism of Change. Gottman & Silver (2000) identify seven principles that make a relationship work. All of the principles are briefly reviewed here, with a focus on those principles more related to conflict. The first principle is about being "intimately familiar" (Gottman, 2000, p. 48) with one another's lives. This entails the couple knowing facts about one another's lives, important events and beliefs, or even favorites and typical things each other likes. The second principle involves fondness and admiration for one another and Gottman & Silver (2000) note this is an important component to maintaining relationships. Fundamentally, this is about believing that one's partner is worthy of respect and honor.

The third principle, turning toward one another rather than away, involves connecting with one another and being able to engaging in general small talk (Gottman & Silver, 2000). Turning toward one another means staying emotionally engaged in the relationship and is important in everyday interactions, not just during conflict (Gottman & Silver, 2000). Couples who turn toward one another may engage in activities together, asking questions about one another's day, or enjoying one another's company.

Principle four is about accepting influence from your partner, meaning that couples allow their partners to influence them, share power, and treat one another with

respect and honor (Gottman & Silver, 2000). For example, couples who accept influence from one another allow their partners to influence their own decision making because they are listening to their partner's opinions and feelings about the situation (Gottman & Silver, 2000).

The fifth principle is solving the solvable problems, essentially through the use of good manners (Gottman & Silver, 2000). For instance, Gottman describes using a softened start-up to the conflict because *how* something is brought up often impacts how the conflict discussion will progress. This includes not using the Four Horseman, which were previously discussed in greater detail in the Gottman method section. These include criticism, contempt, defensiveness, and stonewalling.

The final two principles are about gridlock in conflict and shared meaning in the relationship. The sixth principle, overcoming gridlock, entails moving from being perpetually stuck in a conflict topic to being able to have dialogue (Gottman & Silver, 2000). Gridlocked conflict is conflict that will likely never be solved and in order to move from gridlock to dialogue couples often need to understand the cause of the gridlock (Gottman & Silver, 2000). The final principle is about creating a shared meaning about the couple's life together (Gottman & Silver, 2000). This includes creating rituals and stories about the relationship and family of the couple (Gottman, 2000).

Related to these principles, Gottman and Gottman (2008) stress several components that are likely to make a relationship more successful. One such component is learning to decrease the negative affect escalation during conflict

interactions, which can be helped by not using criticism, contempt, defensiveness, and stonewalling (Gottman & Gottman, 2008). Similarly, the increase of positive affect during conflict discussions and non-conflict moments impact a couple's success and change in a relationship (Gottman & Gottman, 2008). This means having more positive interactions than negative interactions, a concept that has already been discussed.

Research. Gottman (1999) noted that his research includes seven longitudinal studies with a total of 677 couples. Additionally, he has followed some couples for as many as 15 years. The vast array of couples he has studied has allowed him to develop an in-depth theory on relationships, which is seen above. His research has included people across the lifespan, from newlyweds to those into retirement. Gottman has developed his own institute and held workshops for couples that take place over the course of a weekend. Through these workshops he has seen over 900 couples (Gottman, 1999), which is likely a much higher number today.

Gottman has multiple published articles that examine aspects of a couple's life and interactions with one another. Driver and Gottman (2004) examined 49 couples' conflict and everyday interactions. For the conflict interactions, the couples were videotaped having a 15 minute conflict discussion. The videotape was coded using the Specific Affect Coding System (SPAFF; Gottman, Coan, & McCoy, 1996). The couples were then invited to live in an apartment laboratory for 24 hours, from which their dinnertime interactions were examined.

The couples who participated in this study were heterosexual couples who had been married for less than six months, in their first marriage, and without children

(Driver & Gottman, 2004). The study matched Seattle's racial and ethnic group so that 5% of the couples identified from non-White ethnic groups and 25% were mixed ethnic-racial couples. Driver and Gottman does not report the racial backgrounds of the participants further than these percentages, nor does he describe his sample in any more detail. This is a significant limitation because it is unknown what the characteristics of the sample were, thus reducing the generalizability of the study.

By using a path model, Driver and Gottman (2004) determined that positive everyday interactions may help the couple use affection and humor when having an argument. The limitation behind this statement is that this is based on correlational data and Driver and Gottman (2004) recognizes this would need to be studied through the use of an intervention in order to begin examining the causality of this finding.

Gottman et al. (1998) examined interaction processes that predict relationship dissolution or relationship stability. During the first phase (survey phase) of the study, 179 heterosexual couples completed a set of questionnaires about their relationship, well-being, and health. This phase is not described more than this and the measures are not listed, which is a limitation.

In the second phase, 130 heterosexual couples participated in an interaction in the laboratory and completed questionnaires. Gottman et al. (1998) does not describe the demographic information of the couples, aside from stating they fit the major ethnic and racial groups of the local area. For six years, the couples' marital status and satisfaction was assessed once per year. At the end of the six years, 17 divorces had occurred.

The couples completed the same laboratory exercise as in Gottman (2004) in which they discussed a conflict for 15 minutes while being videotaped. These tapes were analyzed using the SPAFF coding system. Gottman et al. (1998) found that anger did not predict relationship dissolution; however, high-intensive negative affect (such as the use of the Four Horseman) did predict relationship dissolution.

The Love Lab. Gottman created an apartment laboratory, often called “The Love Lab,” (Gottman & Gottman, 2008) in which couples would live for 24 hours (Gottman, 1999). The couples were videotaped in the apartment laboratory for 12 hours of the day (Gottman, 1999). During this time couples were asked to do what they would normally do on any given Sunday at home. Gottman observed how the couples interacted throughout their various conversations, including whether the topics were enjoyable or involved conflict. In another lab the couples’ physiological responses were measured. Some measurements that were obtained include respiration, electrocardiogram, skin conductance, gross motor movement, and blood velocity to the ear and a finger (Gottman, 1999).

When the videotapes were later played for the couples, Gottman asked each to use a rating dial, a 180 degree arc that contains the labels “extremely positive” to “extremely negative” (Gottman, 1999). The purpose was to note how the person within the couple was thinking and feeling. In addition to producing a rating for themselves, couples were asked to guess how their partner was thinking and feeling. Through using physiological measurements, researchers found that when a person’s physiology matched their partner’s physiology (versus their own) while watching a videotape they

were able to better match their partner's rating data. In effect, they were better able to guess how their partner was feeling during the interaction. Gottman (1999) used this as a way to physiologically define empathy.

Numerous questions can be asked about Gottman's method of studying couples in an apartment laboratory. Gottman (1999) notes there are two common questions. The first is about how intrusive his research methods are for couples. The second, which he addresses, is about how natural couples' behavior is in an apartment laboratory. Yes, couples' behaviors are different in the apartment laboratory than they are in the comfort of their own homes. In fact, Gottman has found that couples are nicer to one another in the laboratory than at home. This was completed through studying couples' interactions at home with the use of audio and/or videotapes the couple made while not having an observer present. This means that the laboratory studies Gottman has completed have likely underestimated true differences between unhappy and happy couples (Gottman, 1999). After time in the laboratory, approximately 45 minutes, Gottman notes that couples seem to forget about the cameras and recording devices being used.

General Critique of Gottman Research. Gottman (1999) notes that he has studied hundreds of couples; however, it is difficult to ascertain what the demographics of his participants include. This seems to be a significant limitation throughout Gottman's research. Without knowing who he is studying, it is difficult to generalize his results to others.

Additionally, Gottman does not always fully describe his methods used in his research. For example, several studies simply stated that couples completed

questionnaires but did not identify what the questionnaires were. Gottman (1999) lists many forms and questionnaires that measure aspects specific to his method of couple therapy. These are for couples to complete and the assessments may provide useful information about the components of Gottman's method. Unfortunately, these measures and questionnaires do not have reliability and validity information available because for many of them the psychometric properties have not been examined.

While there are numerous limitations to Gottman's research, his work has significantly added to the field. He has completed several longitudinal studies to examine a couple's relationship over time (Gottman, 1999). Additionally, when reviewing literature on couples it is evident that Gottman has impacted the field in important ways. For example, some aspect of his work is cited in the majority of other couple theories and general information on couples' relationships.

Integrated Research on Theories

Wood, Crane, Schaalje, and Law (2005) completed a meta-analytic review of research of couple therapy with regard to marital distress levels. Due to the ability to convert scores between several scales measuring marital satisfaction or distress, the analysis was able to separate mild, moderate, and severe levels of distress through creating an equivalent DAS score. In order to be included in this meta-analysis, studies needed to contain the following elements: (a) focus on conjoint therapy of marital distress; (b) involve both spouses in treatment; (c) utilize one of the following measures--Marital Assessment Test (MAT), Revised Marital Adjustment Test (RMAT), Kansas Marital Satisfaction Scale (KMSS), Revised Dyadic Adjustment

Scale (RDAS), or the DAS; (d) publish the study between 1963 and 2002. The couples' scores were coded to be used in the analysis instead of using the individual partner's scores. Twenty-three studies were coded.

Due to the small number of studies included in this meta-analysis, the power of the study to detect differences was lowered (Wood, Crane, Schaalje, & Law, 2005). Additionally, the majority of the treatment groups fell into the moderately distressed group ($n = 33$; DAS score between 80 and 95.9). The mildly distressed treatment groups ($n = 7$; DAS score between 96 and 107) and the severely distressed treatment groups ($n = 1$; DAS score less than 80) had fewer treatment groups and thus were not the focus of the results.

With this in mind, it appears that for mildly distressed couples any intervention is better than no intervention. For those couples who appear moderately distressed, receiving a full treatment model rather than isolated components of a treatment may be more beneficial. More research with a larger number of studies included is necessary to gain a clearer understanding of these findings.

Byrne, Carr, and Clark (2004) looked at behavioral couple therapy (BCT) and EFT efficacy in lessening distress. A total of 20 studies were found through completing computer-based literature searches, 13 which evaluated BCT and seven which evaluated EFT. Within the 20 studies there were 827 couples; 578 in the BCT studies and 249 in the EFT studies.

There are several conclusions about the efficacy of BCT that may be drawn (Byrne, Carr, & Clark, 2004). First, most couples treated with BCT are 83% better off

than couples who were wait-list controls (mean effect size = 0.95). In addition, 62% of couples were in the non-distressed range on psychometric measures of distress following treatment and 54% sustained this at 6 month to 4 year follow-ups. BCT alone likely leads to similar outcomes as BCT combined with cognitive therapy techniques. Byrne, Carr, and Clark (2004) noted that couples treated with EFT fared better at the end of treatment than 89% of couples who were untreated (mean effect size = 1.27).

Effective Theories Summary

The four theories of couple therapy reviewed here are among some of the most predominately used, studied, and written about. Overall, these theories have focused on couple distress and satisfaction. Yet there still are many questions that are left to be answered about couple distress and satisfaction. The studies within the different theories seem to lack diversity and, at times, solid scientific methods. The majority of the theories and research use heterosexual married couples, which limits the generalizability of the findings. Gottman seems to have one of the most comprehensive theories about couples in relationships and the current study aims to test the effectiveness of one of Gottman's specific interventions, videotape feedback for conflict interactions. The limited literature on using videotape feedback follows.

Videotape Feedback

In looking for literature on videotape feedback interventions for conflict, it seems that very few studies have been conducted that utilized this as an intervention in therapy. Gottman utilizes this intervention, but does not appear to have a standardized format for completing the intervention in order to be most effective within couple

therapy. A brief review of the literature seems to show that videotape feedback interventions are more common in sports literature and even in training in education for counselors and supervisors. However, within therapy it does not appear that much research has examined this intervention in depth.

One study examined different methods of teaching an exercise program (Reo & Mercer, 2004). There were 40 participants, who were mostly White, had at least some college education, and exercised at least once per week. The participants were randomly assigned to one of four teaching methods; live skilled model, videotape of a skilled instructor and a model who demonstrated errors and corrections, a skilled model in an error-free videotape, and handout only.

The teaching methods were for five different shoulder exercises (Reo & Mercer, 2004). Participants were tested immediately following the instruction and 24 hours after through the use of videotaping them completing the exercises. The videotape was then examined for various components of each exercise. The analyses demonstrated that having a live model or videotape led to better performance than only having a handout. A significant limitation is the small number of participants, 10, in each method of teaching.

Darden (1999) discussed the use of videotaped for a teaching tool. There were four learning stages identified that student's move through when being taught with videotape feedback. The first stage is shock (Darden, 1999). This involves feeling uncomfortable and anxious when first watching oneself on the videotape. The second stage is error detection. This entails the viewer being capable of noticing his or her

errors. During this time, Darden (1999) suggests students may become frustrated and lose motivation because of detecting their errors. Therefore, teachers can help in this process by drawing attention to the critical elements and not all of the errors. The third stage is error correction (Darden, 1999). Again, the author reminds that the critical errors are what should be noted and corrected first. The fourth stage is independence (Darden, 1999). This is when students are able to consistently detect and correct their own errors from the videotape.

Overall Summary

Given the emotional and physical health benefits of being a relationally healthy couple (i.e. Fincham & Beach, 2010; Gurman, 2008), identifying factors that can facilitate that relational health has relevance to counselors and psychologists. There are many reasons why couples may seek therapy, and understanding these reasons may be important in better serving the population. There are numerous theories within couple therapy. These theories provide a belief on how couples change, how to approach therapy, and how couples have healthy or distressed relationships. Going beyond the theories, it is important to consider how change is brought about in couple therapy. There are four common factors have been identified, and three added specifically for couples. The literature is scarce in client's perceptions of change in couple therapy and in utilizing the previous knowledge gained it is important to expand on previous studies.

All of this information comes together to demonstrate how the current study may provide a missing area of information to the literature on couple therapy. The gap

in literature that was addressed through the current study is the effect of a specific intervention within couple therapy to address conflict within the couple's relationship. The current study examined changing couples conflict styles and skills through using videotape feedback in therapy. A single case design methodology was used to determine the effectiveness of the intervention. This methodology is described below.

Support for Single Case Design

In the last two decades, there has been an emphasis in clinical and counseling psychology on the use of randomized controlled trials (RCTs) when examining psychological interventions (Kratochwill & Levin, 2010). Randomization is utilized to minimize threats to the internal validity of a study. Additionally, much focus in research has been examining groups of individuals in order to compare group differences (Kazdin, 2003).

Single case designs focus on an intense study of an individual, group, institution, or society and provide rich, detailed information about the participants (Kazdin, 2003). While the recent focus has been on RCTs, single case designs have been utilized from the first psychology studies on individuals (Heppner, Kivlighan, & Wampold, 1999). In single case designs, the individuals serve as their own control and are compared to themselves (Ray & Schottelkorb, 2010).

Kazdin (2003, 2011) notes that case studies are often used in the development of therapeutic techniques. This is in-line with the current study that aims to study the use of a recently developed technique for improving conflict styles--videotape feedback interventions for couples. Using this methodology in the current study will allow for an

in-depth analysis of couples who participate in a videotape feedback intervention in order to determine its usefulness in therapy to change conflict interactions and thus improve relationship satisfaction for couples.

Four key characteristics of single case designs are outlined in order to allow one to draw inferences about an intervention (Kazdin, 2003, 2011). These are continuous assessment, baseline assessment, stability of performance, and use of different phases. Continuous assessment is “the most fundamental design requirement” (Kazdin, 2003, p. 274) and involves completing observations/measurements over time. This provides researchers with information on an individual’s data with and without the intervention, as the individual serves as his or her own control.

During the baseline assessment, data is collected on an individual for some length of time before the intervention is implemented. This will provide information about an individual’s current level of functioning. Kazdin (2003) notes that this serves two purposes. The first is to obtain a “descriptive function” (p. 275) about one’s current performance or the degree of the participant’s current problems. The second is a “predictive function” (p. 275) in which a prediction can be made about a participant’s performance in the immediate future if the intervention is not implemented. In essence, this is the control phase of a study which allows a researcher to determine the effectiveness of an intervention (Ray & Schottelkorb, 2010).

The stability of performance involves obtaining consistency on observation methods during the baseline assessment. Kazdin (2003) describes a stable rate as, “relatively little variability in performance or the absence of a slope (or trend) in the

data” (p. 276). Typically, the greater the variability within the data during the baseline assessment the more difficult it will be to draw conclusions about the effectiveness of the intervention. When there is less variability it is easier to predict future performance if the intervention is not implemented. Thus, determining the effects of the intervention will be made easier as well. A slope in the data means that there is an increase or decrease in performance that occurs consistently over time during the baseline assessment. This may or may not impact the ability to determine the effects of an intervention, depending on if the baseline slope moves in the same direction (more difficult to determine effects) that is expected from the intervention (Kazdin).

The use of different phases involves how the intervention is presented and examined over time (Kazdin, 2003, 2011). The ABA design is the most basic design and involves obtaining a baseline phase (A), an intervention or treatment phase (B), and returning to a no-intervention or treatment phase (A; Ray & Schottelkorb, 2010). There are variations of this design that can be utilized as well, such as the ABAB design (Kazdin). This design is also known as a reversal design because it is expected that the performance will change between each of the phases depending on whether or not the intervention is being implemented. Therefore, if the performance changes from baseline to intervention to baseline to intervention a clearer demonstration is obtained about the effectiveness of a particular intervention (Kazdin). The current study will utilize an ABA design.

Purpose of Current Study

Satisfied relationships appear to have many benefits to the couple, including their physical and mental health (i.e. Waite & Gallagher, 2000). Additionally, dissatisfied relationships can decrease one's physical health (i.e. Kiecolt-Glaser et al., 1997) and increase the likelihood of mood, anxiety, and substance abuse disorders (Overbeek et al., 2006). Conflict may often be associated with unhappy relationships; however, research has demonstrated that it is the ways in which conflict is managed that impacts the satisfaction within the relationship (i.e. Gottman, 1999). Therefore, the current study examined the impact of a videotape feedback intervention targeted at improving how a couple manages a conflict interaction.

Videotape feedback was developed as a technique that allows a couple to gain a greater awareness and understanding of themselves and each other, particularly in how they handle conflict. Videotape feedback has been studied within a six-week empathy training program for couples; however, this intervention has neither been well studied in couple therapy (Long, Angera, & Hakoyama, 2006) nor been explored from a single case design. Therefore, the purpose of this study is to examine the usefulness of videotaped feedback for conflict discussions with couples in therapy.

More specifically, in order to study the effectiveness of videotape feedback at improving conflict management skills, relationship satisfaction, and general life satisfaction, two couples were enrolled in a multiple single-case design study. A single case design was chosen in order to obtain continuous assessment of quantitative information related to conflict, relationship satisfaction, and life satisfaction before,

during, and after the videotape intervention. This allows each couple to be their own controls, in order to monitor change that occurred in their relationship before and after the intervention is implemented.

Research Questions

On the most basic level, this study aims to add to the scant literature on the effectiveness of a videotape feedback intervention aimed at improving a couple's skills at handling conflict interactions. The primary research question being asked is, does video-taped feedback, as conceived by Gottman (1999), work—especially in regard to conflict skills, relationship satisfaction, and life satisfaction. What effect does this intervention have on a couple's conflict interactions, relationship satisfaction, and life satisfaction?

Hypotheses

1. The first hypothesis stated that each individual's distress levels would not show significant improvement directly following the intervention; however, distress levels would show a gradual improvement throughout the study (baseline, intervention, and post-test phases), as measured by the total score on the OQ-45.

2. The second hypothesis stated that individuals would show a gradual increase in their level of overall life satisfaction throughout the study, as measured by scores on the SWLS.

3. The third hypothesis stated that couple's relationship satisfaction would gradually increase throughout the study, as measured by the KMSS.

4. The fourth hypothesis stated that individuals would show a gradual increase in their relational adjustment/functioning throughout the study, as measured by the total score on the DAS.

5. The fifth hypothesis stated individual's would demonstrate an immediate increase in their ability to more effectively manage conflict communications following the intervention, followed by a slight decrease in their effective conflict management skills during post-test, though not reaching baseline levels. Conflict abilities were measured with the IAI.

6. Hypothesis six stated that couples would show an increase in their ability to effectively manage conflict following the intervention and this ability would gradually decrease during the post-test phase, as measured by the three separate scales on the KMCS (a trial scale).

CHAPTER III

METHODS

This chapter overviews the participants of the current study and provides detailed information regarding the measures, intervention, and analyses utilized. The measures in this study were chosen based on the areas that were expected to see change when implementing increased conflict communication skills. For example, research has suggested that couples in happy relationships use more effective conflict interaction skills (i.e., Gottman, 1999) and are happier overall (i.e., Diener & Seligman, 2002). Therefore, measures were chosen that aim to examine constructs related to relational and overall happiness, conflict in relationships, and distress levels. Additionally, the current study is a therapeutic intervention. Thus, a measure was included that has been used to track progress in therapy, the OQ-45. Following a review of the measures, the procedures of the study are outlined. Then, detailed information about the intervention sessions is provided. This includes the use of the video tape feedback as well as more detailed information about each of the three sessions and how each couple responded to each session. Finally, therapist characteristics are briefly outlined.

Participants

Two couples in committed relationships participated in this study. Each couple was informed about the study by their therapist at the UCC and they voluntarily

participated in this study. Both couples completed a baseline, treatment, and follow-up phase. Each individual received gift cards in varying amounts at three points in the study; following baseline data collection, after the completion of the three intervention sessions, and following the completion of the post-test data collection period. *Please note that the names used below to discuss the couples are pseudonyms in order to help protect the identity of the participants.*

The first couple, Mike (22) and Kim (23) reported they had been together (at times off and on) for four years and five months. Kim and Mike reported they had been living together for 9-10 months and had a daughter (8 months old) together. The couple noted their annual household income was between \$5,000 and \$14,999. They reported that they first attended couple counseling in order to improve their communication, increase trust, and to learn how to balance their different beliefs about committed relationships, as Kim had recently discovered Facebook conversations that were flirtatious and sexual that Mike was having with another woman (they called this an “emotional affair”). At the start of the study (when completing the demographic form), the couple noted they had been attending couple counseling once a week for two months.

The following information about both Kim and Mike was taken from the demographic form that each of them completed individually. Kim identifies as a white woman. On the demographic form, Kim stated she had been in two significant relationships since she was 18 years old. She noted she had received her Bachelor’s degree already and was working part-time for three months as a teller at a bank. She

identified as being ‘not at all religious/spiritual’. Kim reported that a family member (her mother) decided she should go to couple counseling. She marked the following reasons for attending couple therapy: conflict, communication issues, trust issues, and unhappy/dissatisfied in relationship.

Mike identifies as an African American male. He reported that he had been in one significant relationship since he was 18 years old. He stated he was currently attending college to complete his Bachelor’s degree, thus had some college completed during the study. He also noted he was working part time as both a bar manager at a local bar (for two years) and student assistant for a campus office (for three years). He identified that he is ‘somewhat religious/spiritual’. Mike reported that both he and his partner decided they should attend couple counseling. He marked the following reasons for attending couple therapy: communication issues and trust issues.

The second couple, Joe (22) and Stacey (22) reported they had been together for 10 months. During this time, they noted they were engaged for a short time; however, he called the engagement off until they could improve their relationship. Both noted that their relationship had been “rocky” at times and they have both threatened to end the relationship. They reported they had been living together for 10 months and both reported having no children. The couple noted their annual household income was between \$5,000 and \$14,999. They reported that they first attended couple counseling due to communication challenges. More specifically, Stacey reported that she felt as though Joe did not understand her and did not open up to her. She described him as more “logical” and herself as more “emotional,” which they felt lead to some of their

misunderstandings with communication. At the start of the study (when completing the demographics form), the couple noted they had been attending couple counseling once weekly for about one month. Both reported attending individual and group counseling in the past as well.

The following information about both Stacey and Joe was taken from the demographic form that each of them individually completed. Stacey identifies as a white woman. She noted she had been in two significant relationships since she was 18 years old. She reported she had received her Bachelor's degree and had been working full-time as a waitress for the past six months. She identified as being 'neutral' in regard to how spiritual/religious she considered herself. She noted that both her and her partner decided they should attend couple counseling. She marked the following reasons for attending couple therapy: conflict, communication issues, infidelity, family conflict, financial concerns, sexual issues, trust issues, and unhappy/dissatisfied in relationship.

Joe identifies as a white male. He stated he has been in two significant relationships since he was 18 years old. He noted he was currently attending college to complete his Bachelor's degree, thus had completed some college. He stated he was not currently working due to attending school. He identified as being 'somewhat religious/spiritual'. He stated that he decided that they should attend couple counseling. Joe marked the following reasons for attending couple counseling: conflict and communication issues.

Measures

Demographic information. Prior to interviewing participants, each couple was asked to individually complete a demographic form (see Appendix A). Items included on the form include gender, age, race/ethnicity, number of significant romantic adult relationships, current relationship status and length, sexual orientation, whether or not they were living together and for how long, number of children, educational level, employment status, annual household income, how religious/spiritual each individual considered themselves, who decided they should attend couple therapy, length of time in couple therapy and how often they attend sessions, presenting concerns and reasons for attending couple therapy. Each couple was asked if they had any questions in regard to the demographic form to which they responded they did not.

Outcome-Questionnaire-45.2 (OQ-45.2). The OQ-45.2 was designed to measure a client's progress within therapy (Lambert, et al., 1996). The measure is intended to be administered repeatedly, which is important to the current study. It examines three different areas of client's life; subjective discomfort/symptoms, problems in interpersonal relationships, and problems in social role performance (Ellsworth, Lambert, & Johnson, 2006). These three areas also represent the three subscales of the OQ-45.2. The intrapersonal symptoms mainly consist of items measuring depression and anxiety due to these being the most prevalent within therapy, followed by substance use (Lambert, et al., 1996). Interpersonal relationships items were included due to many clients attending therapy for problems that have some interpersonal component, and for the importance that intimate relationships have shown

in research on one's well-being (Lambert, et al., 1996). The social role performance items were designed to measure dissatisfaction and distress in tasks such as work, family, and leisure (Lambert, et al., 1996).

The OQ-45.2 consists of 45 items that are scored on a five-point scale (Ellsworth, et al., 2006). The total score can range from 0-180, with higher scores indicating more distress in a client's life. The scale is written at a 6th grade level and takes approximately five minutes to complete. The cut-off score has been estimated at 64, meaning if a client's score falls below this score this likely indicates that his or her functioning is more similar to non-clients than clients (Ellsworth, et al., 2006). Internal consistency of the OQ-45.2 has shown to be acceptable ($r = .93$). Test-retest reliability has also show to be acceptable at three weeks ($r = .84$; Ellsworth, et al., 2006). The OQ-45.2 was validated on two non-clinical and three clinical populations (Lambert et al., 1996). The non-clinical population included 424 undergraduate students and 102 community members. The clinical population was obtained from 504 employee assistance program (EAP) clients, 100 people receiving therapy at a community agency, and 76 people attending therapy at a university outpatient clinic. The clinic clients were taken from both urban and rural neighborhoods (Lambert et al., 1996).

Concurrent validity was measured by comparing the OQ-45.2 to other various assessments (Lambert et al., 1996), including the Symptom Checklist 90-Revised (SCL-90-R), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), Zung Self-Rating Depression Scale (ZSDS), Zung Self-Rating Anxiety Scale (ZSAS), Inventory of Interpersonal Problems (IIP), and Social Adjustment Scale (SAS).

Lambert et al. (1996) found moderate to high validity coefficients for all criterion measures as compared to the total OQ-45.2 score. More specifically, the depression and anxiety measures demonstrated the strongest relationship. For example, the ZSDS was 0.88 and BDI was 0.80 (Lambert et al., 1996).

Dyadic Adjustment Scale (DAS). The DAS (Spanier, 1976) was developed to measure relationship adjustment. The scale contains 32 items and takes approximately 5-10 minutes to complete. The DAS is written at an 8th grade reading level. The theoretical possible range for a total score is 0-151. The higher the scores obtain, the less likely there are to be problems in the relationship.

The DAS contains four subscales, namely dyadic satisfaction (10 items), dyadic cohesion (5 items), dyadic consensus (13 items) and affectional expression (4 items; Spanier, 1976). Dyadic satisfaction measures the amount of tension present in a relationship, with higher scores indicating satisfaction with one's current relationship. Dyadic cohesion measures the interests and activities that are shared by a couple. Dyadic consensus measures agreement the couple has on important aspects of a relationship, such as religion, friends, and recreation. Affectional expression measures each partner's satisfaction with the affection being expressed in the relationship, including sex.

Spanier (1976) explains the various validity types and reliability that were obtained in the original norming sample. This sample consisted of 94 divorced individuals who were obtained from those who had a final decree granted to them within the previous year. There were 218 married couples who participated as well and

were obtained through four employment sites in Pennsylvania. For content validity, the items were evaluated by three judges. Items were only included if the judges believed they were relevant for contemporary relationships, were consistent with definitions for adjustment and aspects of this (satisfaction, cohesion, and consensus), and were judged to be carefully worded.

Criterion-related validity was obtained through comparing the scores of married and divorced individuals. It was found that these two samples differed significantly, with married individuals scoring higher than divorced individuals. Construct validity was examined through comparing the DAS and the Lock-Wallace Martial Adjustment Scale (MAS; 1959). The correlations obtained between these two scales were .86 for married individuals and .88 for divorced individuals. Additionally, Spanier found that three of his hypothesized aspects of adjustment (dyadic satisfaction, cohesion and consensus) were present when a factor analysis on the items was completed.

Spanier examined the reliability for each of the subscales as well as the total scale through using Cronbach's Coefficient Alpha to estimate the internal consistency. The total scale was found to have high reliability ($r = .96$); perhaps even suggesting that the DAS contains some redundant or unnecessary items. The following reliability estimates were obtained for each subscale: dyadic consensus ($r = .90$), dyadic satisfaction ($r = .94$), dyadic cohesion ($r = .86$), and affectional expression ($r = .73$). All subscales seem to have adequate to high reliability among their items.

Ineffective Arguing Inventory (IAI). The IAI (Kurdek, 1994; see Appendix B) measures communication in relationships, particularly how a couple handles conflict. The scale contains eight items that are rated on a six-point scale. The questions are based on work from Gottman about the characteristics of ineffective arguing, meaning the couple's interactional patterns that are present around arguments (Kurdek, 1994). These patterns may include fighting over the same issues or knowing how a fight will end before it is actually over.

Kurdek (1994) examined the psychometric properties of the IAI through the participation of both partners for 74 gay, 51 lesbian, 108 heterosexual married non-parent, and 99 heterosexual married parent couples. Most of these participants were White and employed. When examining if these four groups differed significantly in any way, it was found that the gay and lesbian couples generally were older, had higher levels of education and personal income, and lived together for more months than the heterosexual couples. Therefore, Kurdek advises that caution should be taken if comparing the couples.

Internal consistency for the IAI was reported by using Cronbach's alpha. These values were high across all four groups, ranging from 0.86 to 0.89. Kurdek (1994) examined the stability of IAI scores through assessing the scores over a period of one year. Pearson correlations were used to analyze the stability. These correlations were found to be significant and moderate in size, ranging from 0.63 to 0.84 (Kurdek).

Validity was examined in several ways. For example, validity was shown through positively correlating one partner's IAI score with the other partner. Pearson's

r was 0.64 for gay and lesbian couples and 0.55 for heterosexual couples. Additionally, Kurdek believed that each couple's IAI scores should negatively correlate with the global relationship satisfaction; measured through using the Kansas Marital Satisfaction Scale. This was supported by correlations ranging from -0.62 to -0.71. Therefore, those couples with frequent ineffective arguing also demonstrated low relationship satisfaction.

Kansas Marital Conflict Scale (KMCS). The KMCS was developed based on Gottman's work on patterns within marital conflict in both distressed and non-distressed couples, which included three stages (Eggeman, Moxley, & Schumm, 1985; see Appendix C). Therefore, the scale examines three stages of conflict. These are agenda building, arguing, and negotiation. During agenda building a couple works to have their issues voiced as each partner perceives the issues (Eggeman, et al., 1985). Next, each partner is to argue his or her point of view and understand areas of disagreement between the two of them. In the negotiation stage, couples work to find a mutual compromise that is satisfactory to each partner (Eggeman, et al., 1985). It is important to note that the KMCS is being used as a trial scale in the current study due to the small norming group. However, the KMCS aims to measure conflict management in a way that is consistent with the current study's goals.

The KMCS consists of three separate scales, one for each stage. The first and third stage scales have 11 items and the second stage scale has five items (Eggeman, et al., 1985). Each item, in the original study, was answered on a five point scale ranging

from *almost never* (1) to *almost always* (5). For each scale, higher scores represent lower conflict (Fischer & Corcoran, 1994).

When developing the scale, the purpose of the study was to examine the effectiveness of a marriage-enrichment program designed for newlywed couples (Eggeman, et al., 1985). The study consisted of only 10 couples, of which all were White with the exception of one husband who was Hispanic. Each partner completed the KMCS and measures of marital satisfaction, marital social desirability, individual social desirability, cohesion and adaptability, regard and empathy, self-esteem, and marital goal orientation (Eggeman, et al.). Posttest was completed six months after the pretest.

Analyses revealed good internal consistency for the KMCS, with *as* above .80 for both husbands and wives on each conflict scale. It is unclear what statistics were completed to obtain these results and it is important to remember the statistics are being completed on a very small sample size. Additionally, test-retest correlations were acceptable, ranging from .63 to .96. It does not appear that the validity of the scale was examined and Eggeman, et al (1985) suggest that the validity of the scales be assessed in future research. Therefore, again, the KMCS is being used as a trial scale.

Satisfaction with Life Scale (SWLS). The SWLS (Diener, Emmons, Larsen, & Griffin, 1985; see Appendix D) was developed to measure global life satisfaction. Diener et al. (1985) developed the scale with the idea that life satisfaction consists of a cognitive, judgmental process of one's circumstances. This is a brief self-report

measure consisting of five items. The items are rated on a seven-point scale ranging from *strongly disagree* (1) to *strongly agree* (7).

Content validity was examined through the development of the SWLS. Initially, the SWLS contained 48 items (Diener et al., 1985). Factor analyses revealed three factors, including positive affect, negative affect, and satisfaction. All of the affect items were eliminated, in addition to all satisfaction items that had factor loadings less than 0.60. This left 10 items, of which five were removed due to having redundant wording (Diener et al.).

The first study Diener et al. (1985) completed was to examine the psychometric properties of the SWLS. This study consisted of 176 undergraduate students who were taking an introduction to psychology class. The SWLS was given in a group format. Following the first administration, there was a re-test completed two months later. The findings revealed high internal consistency. The reliability coefficient alpha was .87 and the test re-test correlation coefficient was .82.

The second study consisted of a different set of 163 undergraduate students enrolled in an introduction to psychology class (Diener et al., 1985). This sample was given the SWLS and numerous other subjective well-being measures. These analyses revealed moderately strong (most being above .50) correlations with other subjective well-being measures. This study provided evidence for criterion validity.

The third study associated with the validation studies for the SWLS expanded the sample to a geriatric population (Diener et al., 1985). The sample was smaller, consisting of 53 elderly who had an average age of 75 years. Criterion validity was

examined by comparing SWLS scores to an examiner's life satisfaction rating provided about each participant after an interview about the subject's life. The two interviewers rating correlated at .73.

Kansas Marital Satisfaction Scale (KMSS). The KMSS contains three items and assesses marital satisfaction (Schumm et al., 1983; see Appendix E). The items are rated on a seven-point scale ranging from *extremely dissatisfied* (1) to *extremely satisfied* (7). Funk and Rogge (2007) modified the original items to make them more appropriate for dating relationships and not only for those in a marriage. For example, the first question, "how satisfied are you with your marriage" was altered to "how satisfied are you with your marriage or partnership?"

The development of the KMSS is not clear. Schumm et al. (1983) is the original article cited by others; however, the article identifies two previous samples in 1977 and 1978 that used the KMSS items. No further citation is provided to gain further information about these samples and studies.

Schumm et al. (1983) completed a study to examine the psychometrics of the KMSS. The study included 84 married mothers from three different communities. The authors do not include men in this study and do not indicate a reason for doing this, which is a significant limitation. In addition to completing the KMSS, participants completed six items from the Edmonds' Marital Conventionalization Scale (Edmonds, 1967). This scale is not described in the Schumm et al. (1983) article, but the authors note that alpha is estimated to be .67. Additionally, Schumm et al used six items from

the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964) to measure individual social desirability.

The findings of Schumm et al. (1983) reveal an internal consistency alpha of .98 for the sample. The sample for which this data was obtained included mothers ranging in age from 19 to 52 years old. The mean age was 34.7 years. The women were married on average for 13 years with an average of 2.76 children. The majority of the sample was White (92.9%) with at least some college education (47.6%). The demographics of the sample is a limitation and may impact the generalizability of these results.

Procedure

The couples in the current study were obtained from a University College Counseling Center (UCC) in the Mid-West. At the time of the study, the university had a student population of over 24,000, including both undergraduate and graduate programs. Additionally, the counseling center offered couple counseling when at least one partner was a student of the university. An attempt was made to recruit couples from a local community agency, though the director did not respond to inquiries to assist with recruitment for the current study. The therapists at the UCC told couples who were beginning therapy and those who were already in therapy about the opportunity to participate in a study with videotape feedback. One couple that was recruited to participate was already in couple therapy for some time and one couple was recruited who had recently entered couple therapy.

The participants who chose to be a part of the study were willing volunteers. The principle investigator contacted couples who demonstrated interest to their

therapist in order to provide them with more information. The couples received a thorough informed consent (see Appendix F) that detailed the length of time the study asks for their participation and what their participation would entail. Each couple agreed to participate after thoroughly reviewing both the research and therapy informed consent documents. The study was approved by the IRB of both the PI's home institution and the institution where the study took place.

Following the couples' agreement to participate, they completed all listed measures (demographic information, OQ-45.2, IAI, KMSS, KMCS, DAS, and SWLS). Following that initial assessment, each partner completed all scales on a weekly basis for four weeks. This provided a baseline for each partner and the couple. As previously discussed, it was important to attempt to reach a stable baseline in order to demonstrate that any changes may be due to the intervention (Kazdin, 2011).

After a baseline was obtained, each couple completed the three intervention sessions. This is described in greater detail below. Immediately following each intervention session, the couples again completed all of the scales individually. When the three intervention sessions were finished, the couple individually completed all of the scales on a weekly basis for four weeks. For the final assessment date, the couples completed all scales.

Intervention

Video Tape. This section provides a general overview of the video tape intervention, with further detail about each of the three sessions and how each couple responded in sessions detailed next. Refer to Appendix G for a check-list of items that

each session followed. To complete the intervention, the couple was asked to discuss a problem that is an area of continuing disagreement. Gottman (1999) has created an *Areas of Disagreement* form that clients can complete if they are having difficulties coming up with an area of disagreement. It was important that the conflict topic be a real issue for each partner (Gottman, 2007). After deciding on a topic, each couple was asked to have their conflict discussion for 10 minutes. During this time, the therapist was behind the video camera and let the couple know that she would not say anything for at least 10 minutes. The therapist took notes on the interaction, using an optional Observation Checklist (see Appendix H). Gottman (2007) stated the videotape can run longer than 10 minutes if you believe what is to come may be interesting or useful, taking care not to prematurely cut off an interesting conflict discussion. To begin the intervention, the therapist stated something similar to what Gottman (2007) recommends (which was slightly altered in sessions two and three):

To help me understand how the two of you manage conflict, I'd like you to please discuss a problem for 10 minutes. I'm not going to intervene. Instead, I'm going to just watch for now. This way I can get an idea of how you talk over problems at home. It might not look exactly the same as at home. That's OK. I can get the basic idea. The problem can be anything you like. What would you like to discuss? OK—go ahead now. Just pretend I'm not here (p. 10-2).

Immediately following the videotaping, each couple was thanked for allowing the therapist to watch their interaction and they were asked how typical that particular interaction was in order to obtain an idea of the similarity of the current conflict interaction with others outside of the office. Following this, the video feedback was set up for the couple to view the conflict interaction they just recently had taped. In order

to prepare the couple to watch the video, they were encouraged to focus on their own behavior, not their partner, when watching the videotape. Couples were also encouraged to try not to discuss what they saw while watching the tape until the end. It was hoped that these viewing instructions would assist each partner in becoming more self-aware. Through this awareness, each couple may then be able to move from an attack-defend mode to an admitting-mode (Gottman, 2007).

When the couple was watching their conflict interaction, the therapist did not elicit conversation from either partner until the entire interaction had been seen. If a couple made numerous statements, the therapist would use his or her best judgment to note if it is necessary to pause the video. Efforts were made to not begin processing the interaction with the couple until the couple had seen the whole interaction. Therefore, when a couple began talking too much the therapist would say something like, “Ok. Let’s finish watching the interaction.” After each couple watched their conflict interaction, each partner was asked questions in order to provide some structure to how the intervention was discussed. Depending on the session number, different questions were asked (see session break-down below and Appendix G for detailed descriptions).

The goal was to have the couple move from an attack-defend mode to an admitting mode, in which they take responsibility for their role in the discussion and can admit what their part was in the interaction (Gottman, 2007). Further, this goal involves completing this task without beginning the fight between the couple all over again. This means that it was the therapist’s task to step in when the couple was obviously entering the conflict discussion again and redirect them to the task at hand.

First meeting. The couple participated in four total meetings with the therapist (author) in order to complete the pre-intervention information (one meeting) and the actual intervention sessions (three, weekly meetings). Prior to the three sessions, there was an initial meeting to orient the couple to the study. The first task of this meeting was to complete informed consent with the couple. Informed consent included standard therapy information (such as limits to confidentiality) and information about the research project. Due to limited literature on videotape feedback interventions, it was important to inform couples of the possible benefits and risks to participating in the sessions. Benefits may include improved conflict communication, life satisfaction, and relationship satisfaction. Potential risks included feeling uncomfortable while being videotaped and when watching the tape, negative or difficult feelings and thoughts that develop after watching their conflict interaction, or no change in their conflict or life and relationship satisfaction.

After completing the informed consent process, the couple had the opportunity to ask any questions they had about the process. Each partner was asked what questions he or she had and was encouraged to ask questions that come up as his or her participation continues with the project. Each couple reported having no questions regarding the study at the initial meeting, outside of setting up the following assessment and intervention requirements.

Session One. Each couple determined what topic they wanted to discuss for the conflict interaction. They were then videotaped having a 10 minute conflict interaction and immediately watched their tape (following the instructions detailed above).

Following the completion of the videotape and viewing, the focus of this session was to teach the couple about the Four Horseman (see Appendix I); defensiveness, contempt, stonewalling, and criticism. Additionally, the couple was taught about the Antidotes to the Four Horseman (see Appendix J; Gottman, 1999); gentle start-up, taking responsibility, building a culture of appreciation, and self-soothing. The purpose was to teach each couple the concepts of ineffective and effective ways of having conflict and have them begin thinking about these concepts. Each couple was encouraged to ask any questions they had about the new concepts they were taught in order to ensure they gained a better understanding. Each couple reported that they understood the concepts. At the end of the first session, each individual identified one thing they would try to do different to have more effective conflict (i.e. using an Antidote) until next session. They were encouraged to practice the new skill for the week. Immediately following the session ending, the couple again completed the assessments and rescheduled for the next session.

Session one, Couple One (Mike & Kim). When deciding on a conflict interaction, Couple One struggled to determine what they would like to discuss. They decided to look at Gottman's Areas of Disagreement form. From this, they both identified areas of continued disagreement including sex, religion, chores, and childcare. They decided to discuss household chores for this session. Throughout the conflict interaction, it did not seem that each individual was overly distressed or upset. They noted that their discussion was typical for the topic. Neither individual needed to be re-directed while watching their video tape.

When discussing what they saw after watching their tape, Mike noticed that he used a sarcastic tone of voice and Kim identified that her facial expressions were not welcoming and she tended to continue to restate the same argument, even when Mike did not understand her. Both were able to identify ineffective skills they engaged in and both chose a more effective skill to practice in the upcoming week. Neither had questions about the skills, and noted that the skills were helpful and made sense. Kim chose to work on reminding herself of Mike's positive qualities, while Mike chose to work on showing more respect for Kim through asking questions to better understand her.

Session one, Couple Two (Joe & Stacey). When deciding on a conflict interaction, Couple Two struggled to determine what they would like to discuss. They decided to look at Gottman's Areas of Disagreement form. From this, they decided to discuss issues of power in their relationship, which included problems related to their dog's behaviors and who chooses where they go out to eat. It became apparent during the interaction that Joe tends to remain very quiet, that both partners tried to "win" the argument, and that neither felt appreciated. The conflict interaction was allowed to run about two minutes longer. The couple noted that the interaction was quite typical of one they may have at home. While watching the tape, Stacey began to make many critical comments about herself and she was encouraged to focus on what she was saying. The tape did not need to be stopped and she was able to shift her focus.

While discussing what each individual noticed, after watching the tape, Joe stated he appeared "stoic" (stonewalling; verbal and non-verbal behavior) was

defensive at times, and used criticism. Stacey identified that she felt she gave in often and was not listening to Joe (stonewalling) and that she used defensiveness and criticism at times. When taught ineffective and effective skills, neither had questions and both noted that the skills were helpful and made sense. Both chose a more effective skill to use until next session. Joe chose to take responsibility for his part in the relationship problems and Stacey chose to describe, more specifically, what was happening in the moment without making judgments.

Session Two. This session began with asking each couple about the use of their new skill they chose from last session, including what it was like to use this skill and what, if any, barriers were present with using the skill. The Four Horseman and Antidotes were then reviewed by use of the handouts. Each couple was then asked what they each would like to focus on doing differently for the 10 minute conflict interaction during this session. The couple then completed the same videotape feedback process (i.e. deciding on conflict topic, taping 10 minute interaction, viewing tape). Each couple was asked similar questions as session one following the videotape viewing, such as how typical the interaction was and what they noticed in regard to ineffective and effective ways of communicating. They were each then asked perspective taking questions in order to attempt to assist each couple with understanding his or her partner's view on the situation and demonstrate to one another that he or she understands that perspective. At the end, each participant again chose what they would like to work on for the upcoming week as an effective skill and then completed the surveys and scheduled their final intervention session.

Session two, Couple One (Mike & Kim). Prior to beginning the video tape feedback intervention, each partner briefly discussed what it was like to use their new skill. Kim stated she was able to better remind herself of Mike's positive qualities, though she expressed that this was more challenging when the conflict was more intense. Mike said he felt that he was better able to show respect for Kim. Both stated it was somewhat "weird" to use the new skills because they had to stop themselves during conflict. For the second session, Kim chose to focus on giving appreciation to Mike and Mike chose to remind himself of Kim's positive qualities. The couple did not use Gottman's Areas of Disagreement form. They chose to discuss church for the conflict interaction and the video tape interaction was allowed to run a few minutes longer. The discussion about church included that Mike and his family want to attend church when the couple goes to his family's home, though Kim does not feel welcome and does not want to go.

Their second conflict interaction session was more emotional than their first. Kim became upset and was tearful during the interaction, when watching the tape, and when discussing questions at the end. She noted she was tired, which was not helping her mood and effort in session. When initially asked what each individual saw when watching the tape, Mike stated he felt he was listening well and showing respect toward Kim because he was not being sarcastic and making jokes. Kim said that she felt she kept pushing him because she wanted to get her point across. In regard to the Four Horseman, Kim noted that she was stonewalling near the end and Mike said that his non-verbal behavior demonstrated defensiveness (i.e. head posture, facials).

During the perspective taking questions, each partner discussed what they were trying to convey to their partner. Mike said he was trying to defend the way he was raised and his family, which Kim noted that she understood wanting to support his family. Mike said that he felt Kim gained a better understanding of his view. Kim said that she was trying to get across the disrespect she feels and Mike noted he understood that she feels hurt and does not feel like a part of the family. Kim recognized that this was “nice to hear,” though she continued to struggle with not feeling Mike fully understood her. At the end, each person chose a skill to work until the following session. Mike chose to work on being more specific about what he understood in regard to Kim’s perspective. Kim chose to practice calming/relaxing (i.e. deep breaths) when she is overwhelmed, particularly when she is not feeling heard.

Session two, Couple Two (Joe & Stacey). Prior to beginning the conflict interaction, the couple reviewed how it was for them to use the more effective skill they chose at the first session. Both noted it was difficult to use more effective skills, particularly during conflict interactions. They did not need to look at Gottman’s Areas of Disagreement form for this session. The couple decided to discuss their communication while away from one another, as Stacey was soon going away for several days and they have struggled with their communication in these types of situations. Stacey chose to continue focusing on being more specific and describing behaviors without judging for session two. Joe chose to work on talking about what he needs more clearly and in positive terms (i.e. what he needs, rather than what he does not want). Neither individual needed to be reminded to focus on themselves/not talk

while watching the video during this session. They noted that this conflict interaction was “less heated” than one they may have at home.

After reviewing their tape, Joe identified that the first half of the interaction he seemed “controlling and defensive,” was bringing up past problems, and that his attitude appeared different (more negative) than what he was trying to do. Stacey stated that she noticed herself stonewalling and using criticism. Part way through the interaction, Stacey attempted to use a break by asking for a minute and pushing her chair away from Joe. She then took several breaths and came back to the discussion.

When discussing the perspective taking questions, Joe explained that he was trying to find a way that they could have open communication so that he does not feel he is “in the dark” (i.e. can worry less). Stacey validated his concern, noting that she understood his concern because in the past it has been “scary” at times when she has not communicated with him, particularly when she had been drinking. Joe expressed that it meant a lot to him to hear her state her understanding and he became tearful, noting he was happy. Stacey also then became tearful. Stacey expressed that she was trying to better understand what Joe was wanting from her, more specifically, because she was not clear about what he was asking. She also wanted him to understand that she is trying to make a change. Joe recognized that it must be frustrating for her when he is not reinforcing her positive changes and being clearer about what he needs. Stacey became tearful and noted his understanding of her felt very positive. Both chose to work on acknowledging what the other person is saying and ask more questions to understand one another’s perspectives until next session.

Session Three. This session was a repeat of session two. The reason for completing very similar sessions was to allow each couple to better learn the concepts and become aware of when they use them in their interactions with one another. There was one slight difference in session three. Prior to completing the surveys each individual was asked what they would take away from participating in the study/intervention. They then completed the surveys and scheduled their first post-test data collection. Each couple then returned for four weekly post-test data collection points.

Session three, Couple One (Mike & Kim). The couple noted that their fight from last session continued. They stated that they struggled to use more effective conflict communication skills over the week because their conflict was more “heated.” They discussed a need to slow down their communication when they are in more intense conflict interactions. Kim stated that for this session, she wanted to work on slowing down by taking a breath when needed. Mike said he wanted to use more “I” statements and take responsibility for his part. For session three, they did not need Gottman’s Areas of Disagreement form. The couple decided to discuss difficulties with trust that were present in the relationship. Kim noted that when Mike does not change his behaviors, it makes it difficult for her to believe that he will maintain more trusting changes currently. The couple also discussed how Kim’s trust in the relationship is reduced when Mike does not share his emotions with her. While this conflict topic was more sensitive for the couple, they were able to maintain much greater use of effective skills during the interaction than in previous sessions.

When discussing what they noticed in the video, Mike identified himself as defensive at times and Kim noted she was using criticism more often. Both were able to identify effective skills they used as well. For example, Mike noted he was using more “I” statements, taking responsibility more often, and reminding himself of Kim’s positive qualities. Kim said she saw herself trying to be more specific through describing the situation and pausing before she spoke in order to help her slow down.

While reviewing the perspective taking questions, Mike expressed that he feels they should talk about this topic more because he feels hurt when Kim is thinking about his past behaviors and not allowing him to change now. Kim was able to reflect her understanding of how her not moving on hurts him, which Mike noted, felt better that she is starting to understand him. Kim noted she was trying to express how it feels for her when Mike does not share his feelings, which Mike was able to reflect to her and understand how being more open may increase the trust in the relationship. Kim noted it felt good to hear him understand her and she recognized these changes will take a lot of work. Both chose a skill to continue working on. Mike said he wants to continue using “I” statements, but include how he feels as well. Kim noted she wants to continue working on slowing down and making sure Mike was able to finish what he was saying. Both noted the three intervention sessions were helpful to them, which is reviewed further in the results section.

Session three, Couple Two (Joe & Stacey). At the start of the final session, both noted that they were able to use more effective skills this week and that it was “great” to do be able to do this. They recognized that it was different to use more

effective skills, though they noticed that using more effective skills allowed them to remain more positive and have less intense conflict. For this session, Joe stated he would like to focus on talking clearly about his needs in positive terms again. Stacey noted she wanted to work on giving Joe appreciation for the positive things he does. The couple decided to look at Gottman's Areas of Disagreement form to decide on a topic. They decided to talk about recreational activities, such as what each person would like to do for fun and how finances play into these activities. Their conflict interaction was, overall, much more effective than previous session's conflict interactions. When watching the tape, neither individual needed to be reminded to focus on themselves. The video was paused once, very briefly, as Stacey recognized a point at which she was using contempt (i.e., eye roll).

When discussing what they noticed in the video, Joe recognized that he struggled to state what he needs/wants in positive terms because he was telling Stacey what he did not want to do. He also recognized that he was stonewalling at times. Stacey identified that she did much better not using criticism, though when she becomes frustrated she tends to use criticism more and sometimes engages in contempt. Joe also acknowledged that he felt "shut out" during the interaction; however, when watching it on tape he said it looked more like he was not speaking up when he could. Stacey noted she felt frustrated because Joe was not speaking up.

During the perspective taking questions, Joe shared that he was trying to express that he feels they need to be saving money and make better decisions financially; particularly when considering activities they can do for fun. Stacey

acknowledged that he wants to save money and shared that this was “respectable and responsible,” which she appreciated. Joe said he felt heard and appreciated with her understanding. Stacey expressed that she was trying to help them find a compromise on ways to have fun in their relationship without needing to spend as much money. Joe stated he understood the importance to her of doing things together and enjoying time with one another. Stacey said she felt heard. Both chose more effective skills to focus on in the future. Stacey stated she wanted to work on reducing the criticism found in her non-verbals and provide Joe a space to speak up by slowing down her responses/comments during interactions. Joe noted he wanted to continue working to talk about what he needs in positive terms. Both discussed how the intervention was helpful to them, which is further reviewed in the results section.

Therapist Characteristics.

Both couples completed the study, including all intervention sessions, with the same therapist (author). The author is a white female who was completing her doctoral degree in Counseling Psychology and was on Internship at the time of data collection for the study. She had approximately 5 years of counseling experience and in that time had worked with a number of couples in counseling. During the course of the study, the author was supervised by her advisor who is a licensed psychologist. Her advisor is a white female with 15 years of counseling experience who had received specialized training in Gottman therapy.

Methods Overview

Data was collected using a multiple, single-subject, ABA design. There were three phases within the current study; baseline (pre-test), intervention, and post-test. For each couple, the baseline lasted four weeks and consisted of weekly measurement through the use of the following scales: DAS, OQ-45, IAI, KMCS, KMSS, and SWLS. Each couple was participating in weekly couple counseling during the baseline; however, the videotape feedback intervention with Gottman's ineffective and effective conflict skills was not being used in the weekly couple counseling sessions. The intervention phase consisted of three weekly sessions to complete the videotape feedback intervention. During this time, each couple attended at least one couple counseling session with their primary therapist; however, this was not on the same day and did not utilize the intervention for the study. The post-test phase consisted of, again, having each individual complete the assessments listed above on a weekly basis for four weeks.

CHAPTER IV

RESULTS

As discussed above, there were seven hypotheses for the current study. These will briefly be reviewed here, in addition to the methods of analysis. The first hypothesis was that individual's overall distress levels would not show significant improvements directly following the intervention; however, distress levels would show a gradual improvement throughout the study (baseline, intervention, and post-test phases), as measured by the total score on the Outcome Questionnaire 45.2 (OQ-45.2). The second, third, and fourth hypotheses similarly stated that individual's would show a gradual increase in their levels of overall life satisfaction, relationship satisfaction, and relational adjustment/functioning throughout the study, as measured by the Satisfaction with Life Scale (SWLS), Kansas Marital Satisfaction Scale (KMSS), and Dyadic Adjustment Scale (DAS), respectively. These four hypotheses were determined by the researcher judgment from visual inspection of graphically displayed data. The fifth hypothesis was that individual's would demonstrate an immediate increase in their ability to more effectively manage conflict communications following the intervention, followed by a slight decrease in their effective conflict management skills during post-test, though not reaching baseline

levels, as measured by the Ineffective Arguing Inventory (IAI). The sixth hypothesis was that couples would show an increase in their ability to effectively manage conflict following the intervention and this ability would gradually decrease during the post-test phase, as measured by three separate scales on the Kansas Marital Conflict Scale (KMCS; a trial scale). These hypotheses were also determined by visual inspection of the mean, level, trend, and latency of change as displayed on a line graph.

Evaluating Data through Visual Inspection

Kazdin (2011) noted that visual inspection allows a researcher to, “make a judgment about the reliability or consistency of intervention effects by visually examining the graphed data” (p. 286). There are four primary characteristics that visual inspection primarily considers. These four characteristics are related to both the magnitude (mean and level) and rate of change (trend and latency) across the phases within a study (Kazdin). Each of these characteristics is outlined below.

Mean. Changes in the means relates to the shifts in the average level or number on a measurement across the various phases (Kazdin, 2011). Thus, for the current study the means were calculated for each phase and then graphed to examine them visually. When there are consistent changes in the means across the phases of a study, this pattern can suggest that the intervention was associated with changes (within this specific criterion). For example, if the mean during the baseline, intervention, and post-test show consistent shifts up or down with the start or stop of the intervention, the researcher may be able to state that the intervention impacted this change.

Level. Changes in level refer to “the shift or discontinuity of performance from the end of one phase to the beginning of the next phase” (Kazdin, 2011, p. 288). This change is independent of a change in means. This means that there may or may not be a shift in means when there is a change in level. The changes in level look more specifically at what happens immediately following the implementation or withdrawal of the intervention in a study (Kazdin, 2011). For example, researchers can review graphed data to determine if there is a shift up or down in the data immediately following the start or end of the intervention.

Trend. Changes in trend or slope look at “the tendency for the data to show systematic increases or decreases over time” (Kazdin, 2011, p. 289). This is particularly important during visual inspection of data. When the phases of a study change (i.e. baseline to intervention), there may be a shift in the direction (trend) of what is being measured. For example, there may be no trend during the baseline but then a marked acceleration or deceleration (slope) when applying an intervention. When there is an apparent change in the slope or trend, this may suggest that something more reliable occurred.

Latency. Finally, the latency of the change refers to “the period between the onset or termination of one condition (e.g., intervention, return to baseline) and changes in performance” (Kazdin, 2011, p. 290). When visually inspecting data, the more quickly change occurs after the conditions have been changed (e.g. introduction of intervention), the clearer the effect of the intervention. For example, if the data quickly shows improvement when stopping the baseline and introducing an

intervention this is more likely related to the implementation of the intervention. This is different than seeing no change initially following the start of the intervention and then greater change at the end of the intervention. Kazdin notes that the relative importance of the latency of change after beginning an intervention also depends on the type of intervention and what is being examined. For example, with weight loss we would likely expect to see more gradual changes after an intervention was implemented (Kazdin, 2011).

Nonoverlapping data. Kazdin (2011) also briefly discussed “nonoverlapping data” (p. 293) in which “the values of the data points during the baseline phase do not approach any of the values of the data points attained during the intervention phase” (p. 293). Thus, no data points within the baseline are the same as the data points during the intervention phase. When researchers have nonoverlapping data that shows variability between phases, Kazdin notes that this is impressive. When this occurs, researchers are likely able to state that the changes are reliable. However, as with statistical analysis, there are more challenges present when the data is not perfect (a more likely finding). Thus, visual inspection does not require data to be perfect (Kazdin, 2011), as discussed next.

Challenges and Considerations with Visual Analysis of Data. There are several items that are important to consider when using visual analysis of single-case data. First, Kazdin (2011) discusses the lack of concrete decision-making rules when determining whether any particular study shows or fails to show a reliable effect. With statistical analysis, there tends to be cut-off points (i.e., $p < .05$). Thus, researchers

should reach the same conclusions about data when statistical analyses are utilized. With visual inspection of data, there have been several studies that have shown judges (even when they are experts in single-case research) often disagree about data patterns and if the effects and changes were reliable or not (Kazdin, 2011). These concerns are more relevant when the data does not clearly show change.

Another challenge of visual inspection is the fact that there are often multiple variables that impact judgments about the data (Kazdin, 2011). There are many factors to consider when making a decision in visual analysis and how to utilize these various factors in order to make a determination about the data is not clear. Different individuals may weigh the variables (i.e. changes in mean, level, and trend, replication effects, etc) differently when making a decision.

An additional consideration with visual inspection is a criticism that visually evaluating data only considers effects that are very marked as significant. Thus, many interventions may show consistent effects, but these effects may be weak and would not be detected by visual inspection. A concern with this is that the research on interventions may then be prematurely ended, without further development of the intervention in order to strengthen the effects.

Rationale for Supplementing Visual Inspection. Methods for evaluating that data of single-case designs are a source a much disagreement among researchers (Kazdin, 2011). While visual inspection is the most commonly used method for evaluating single-case design data (Kazdin, 2011), there are a variety of challenges and limitations to relying only on visual inspection when determining conclusions

about the effectiveness of treatments. Thus, when ideal data patterns are not found, statistical tests may offer some advantages to evaluating single-case data (Kazdin, 2011). Below, situations in which statistical analyses may be useful are reviewed.

Kazdin (2011) reminds researchers who are using visual inspection of data that it is important to have a stable baseline. This means that one does not want to see a trend in the direction that the change is expected. Even when a trend is present in the baseline (in the direction expected) this does not mean that the intervention may not be needed. For example, it may be that having an accelerated rate of improvement (by use of an intervention) would be particularly helpful or necessary. This is particularly relevant to the current study. For example, one might expect that during baseline there would be a trend toward improvement on the measures because the couples were engaged in couple therapy at that time. It may be important then to more closely examine any accelerated change following the implementation of the intervention. Using statistical analysis can help with determining if change during an intervention phase is greater than what would be expected by a trend in the baseline.

An additional situation in which statistical analyses may be useful is when there is larger variability in subject performance. Due to single-case design research being expanded to situations and areas in which less control by the researcher may be possible, statistical analyses can help to reduce ambiguity when variability is present as to the reliability of the effect of an intervention.

Kazdin (2011) also notes that when examining new research areas it is more likely that intervention effects may be weaker due to researchers being unfamiliar with

the intervention and ways in which to maximize the impact and efficacy of the intervention. Furthermore, when an intervention is first studied the effects may appear weaker until researchers learn which participants the intervention is particularly well suited. Thus, interventions may need to be further developed in order to attain large effects that visual inspection will detect. This is particularly relevant for the current study as well, as there is little to no information on video tape feedback interventions for couples in therapy. Therefore, using statistical analyses may assist with detecting smaller, reliable changes that may in fact be important.

Another circumstance that Kazdin (2011) noted is that small changes in a study may be important. With visual inspection, the rational is to look for large changes. However, for some problems the value that the intervention holds cannot be determined through visual analysis of the magnitude of change in scores. Often times, small changes are quite important. Kazdin provides several examples of situations in which small changes are relevant. For example, when the effort and cost of delivering an intervention is low and the intervention can be provided on a large-scale basis even a small change may be quite significant. A second example he provides is that often times small change is important due to qualitative components, rather than quantitative features. Kazdin also notes that small changes in people's behaviors can develop to produce larger effects over time. All of these may be relevant for the current study. Finally, he argues that science has a goal of replicability of findings. Thus, statistical analyses may offer more consistency when determining conclusions.

Visual Inspection Results

Hypothesis One

The first hypothesis stated that each individual's distress levels would not show significant improvement directly following the intervention; however, distress levels would show a gradual improvement throughout the study (baseline, intervention, and post-test phases), as measured by the total score on the OQ-45. This hypothesis was analyzed using visual inspection of the mean, level, trend, and latency of change in OQ-45 scores when displayed on a line graph. As a reminder, the OQ-45 has a cut-off score of 63, meaning when a score falls at or below a 63 it is more likely that the participant is a part of the community sample rather than a patient sample (i.e. they are reporting less distress; Lambert, et al., 2004). Also, for the total scale of the OQ-45, the reliable change index is 14 points. Thus, when a participant's score changes by more than 14 points in either direction, their change is said to be reliable (Lambert, et al., 2004).

Hypothesis one Couple One (Mike & Kim). Mike tended to show more stability in his scores on the OQ-45.2 throughout the duration of the study. In looking at the visually displayed data (Figure 3), his scores do slightly decrease during the intervention phase, with a slight increase after intervention session two. It should be noted that Kim demonstrated a pattern during the baseline phase of decreases in her scores (i.e. improvement in reported stress). She had a significant increase in her score following the first intervention (reporting more distress) and then her scores continued to demonstrate a decrease, thus improvement in reported stress.

Mean and level—Couple One. The magnitude of change in scores was examined using visual inspection of changes in mean and level. Changes in mean were determined by analyzing shifts in the average scores between the different phases (i.e. baseline, intervention, and post-test). The mean scores on the OQ-45 during each phase are pictorially represented in Figure 3 by a dashed horizontal line for Mike and a dotted horizontal line for Kim. The mean total score on the OQ-45 for Mike was 63.75 during baseline, 59.00 during intervention, and 61.00 during post-test phases. He demonstrated a small shift from baseline to intervention phase and intervention to post-test phase. There does not seem to be visual support for Mike showing a gradual improvement in his distress levels (as measured by the mean on the total OQ-45 score).

To analyze the changes in level, the shift of scores is examined at the last baseline measure, compared to the first intervention measure, compared to the first post-test measure. As a reminder, when changes in level are noticeable between phases this can indicate a reliable effect that was created by the intervention (Kazdin, 2011). Mike's scores did demonstrate a slight shift toward improvement between baseline and intervention; however, there was a decrease in improvement demonstrated from the last intervention data point to the first post-test measurement (i.e. limited support for the hypothesis).

For Kim, of Couple One, the means of the total OQ-45 score was 44.25, 31.00, and 24.25 for the baseline, intervention, and post-test phases, respectively. Considering her tendency to show improved scores throughout the study (and more drastically during baseline), with a slight spike in her score following the first intervention, the

changes in means offer limited support for the hypothesis. In looking at changes in level for her scores, there was a large decrease in improvement shown from the last baseline to the first intervention data point and a smaller decrease in improvement from the last intervention to first post-test point. Thus, this does not support the hypothesis of continued, gradual improvement.

Trend and latency—Couple One. The rate of change in scores on the OQ-45 was assessed by examining the trend and latency of change. Trend is also referred to as the slope and is used to look for increases or decreases in the measured behavior over time and across the phases of a study (Kazdin, 2011). For Mike's OQ-45 total score, there does not seem to be a trend. Thus, this does not support the hypothesis. Latency of change refers to the time lapse between the start or end of a condition (i.e. baseline to starting intervention) and the changes in performance or scores (Kazdin, 2011). For both Mike and Kim, there did not seem to be support of hypothesis one for gradual improvement in distress levels when looking at latency of change. His scores did initially decrease; however, there was then an increase following intervention two. Her scores initially increased and then decreased again; however, she also seemed to show a trend towards decrease (improvement) during the baseline phase.

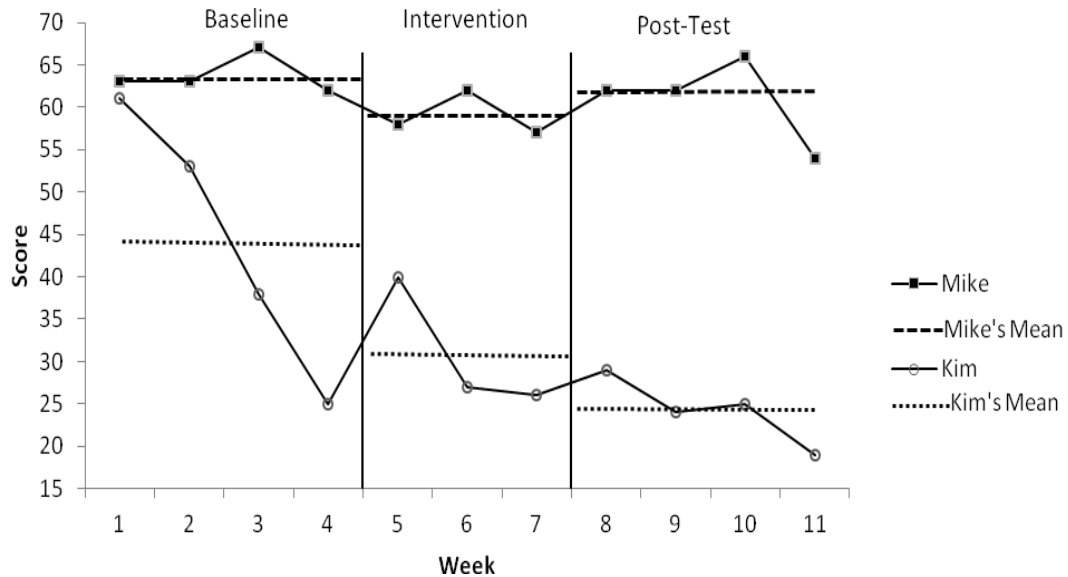


Figure 3. Weekly Scores from the Outcome Questionnaire-45.2 (OQ-45.2) for Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent greater distress. Scores at or below 63 likely indicate functioning is more similar to non-client than client population.

Hypothesis one Couple Two (Joe & Stacey). During baseline, Joe’s scores did not show a clear pattern, but rather tended to go up and down (Figure 4). Stacey’s scores seemed to show a slight decrease throughout baseline, meaning she was reporting less overall distress.

Mean and level—Couple Two. In visually analyzing Joe’s scores, the mean increased slightly during the intervention phase and then significantly decreased during post-test. This offers some support for the hypothesis in that his scores decreased during post-test (reporting less distress); however, they did not decrease during intervention, but rather went up slightly (reported more distress). An examination of the data levels found in Joe’s graphically displayed data does not support the hypothesis of a gradual decrease in distress, as he had an increase in scores at the first intervention

session and his score remained the same at the first post-test measurement. Stacey's data demonstrated support of a gradual decrease in distress when looking at the means across each phase because the means continue to decrease through each phase. In regard to levels within her data, there was not support of the hypothesis due to a slight increase in scores at the start of both the intervention and post-test phases.

Trend and latency—Couple Two. The rate of change was again examined by looking at trends and latency of change for each partner. There did not seem to be a visual trend in Joe's data during baseline; however, there seemed to be the start of a slight decreasing trend during intervention and post-test phases. His decrease in scores seemed to begin following the final intervention session and continue through post-test, thus the latency of his change did not provide clear evidence that the improvement is due to the intervention. Stacey's data seemed to demonstrate a slight decreasing trend during baseline, more significant decreasing trend during intervention, and no clear trend during post-test (though her total score remained steady with little distress reported). Her change began more quickly than his, as seen in the significant decrease in scores beginning after the second intervention session. This offers slightly more support for the intervention playing a role in her decreasing scores.

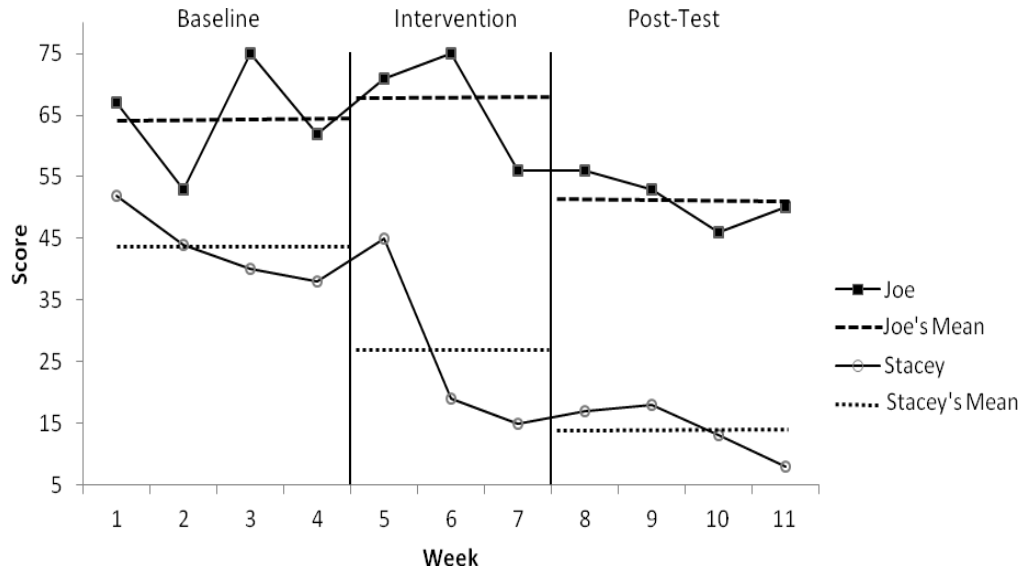


Figure 4. Weekly Scores from the Outcome Questionnaire-45.2 (OQ-45.2) for Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent greater distress. Scores at or below 63 likely indicate functioning is more similar to non-client than client population.

Summary hypothesis one. In looking at each couple separately, there seemed to be mixed support for hypothesis one, which stated that individual's would demonstrate a gradual decrease in distress levels across the study (as measured by the total score on the OQ-45). The first couple's data demonstrated very limited support of the hypothesis when using visual analysis of the means, levels, trends, and latency of change. Kim, of Couple One, seemed to have more stable, lower scores in post-test which does demonstrate improvements; however, Mike did not seem to have much decrease in his scores throughout the study.

Couple Two offers varying support of the hypothesis as well when examining the means, levels, trends, and latency of change. When analyzed visually, Joe's data did not seem to support the hypothesis and Stacey's data seemed to support the hypothesis

of gradual improvement in distress levels. It seems important to also note that both partners in Couple Two had fewer fluctuations in scores during post-test and they both had scores that remained below the cut-off score of 63, which suggests an improvement and may be important to consider.

Hypothesis Two

The second hypothesis stated that individuals would show a gradual increase in their level of overall life satisfaction throughout the study, as measured by scores on the SWLS. Diener (2006) identifies categories in order to understand scores better, ranging from extremely dissatisfied to very high score/satisfaction.

Hypothesis two Couple One (Mike & Kim). For Couple One (Figure 5), no clear pattern emerged in either partners' scores on the SWLS during the baseline phase; however, for both Mike and Kim their scores were stable for the final two weeks of baseline. Couple One's means for each phase continued to be in the "Average" range (Diener, 2006) throughout the study.

Mean and level—Couple One. The magnitude of change was again analyzed by examining the changes in mean and level, as seen in Figure 5. For Mike there was a slight decrease in means from baseline to intervention phases (less satisfaction) and then a very slight increase in means from intervention to post-test phases. When looking at level, his scores showed no change from both baseline to intervention phases and intervention to post-test phases (no support for hypothesis two). Thus, for both mean and levels of overall life satisfaction, there was not support for hypothesis two based on Mike's data. In analyzing Kim's scores, she demonstrated a shift up in means

(greater overall life satisfaction) from baseline to intervention phases and then a slight shift down from intervention to post-test phases. In regard to level, her scores show no change from both baseline to intervention phases and intervention to post-test phases (no support for hypothesis two). Overall, for both mean and levels of life satisfaction, there was not support for hypothesis two based on Kim's data.

Trend and latency—Couple One. The rate of change in life satisfaction was assessed using trend and latency analysis. When examining the trend of Mike's data, there may have been a very slight trend towards decreasing scores during baseline (less satisfaction); however, there was no trend during intervention and post-test phases. This visual data does not support hypothesis two. There was no rapidity of change in any direction within each new phase in his data, thus no support for hypothesis two when looking visually at the latency of change. In regard to the trend of Kim's data, there were not any clear visual trends. Her scores may have demonstrated a slight trend towards increase scores during baseline, no trend during intervention, and no clear trend during post-test (hypothesis two not supported). In looking at latency of change, the visual representation of her data did not demonstrate a clear shift or change in scores with the start of new phases, thus there is no support for hypothesis two.

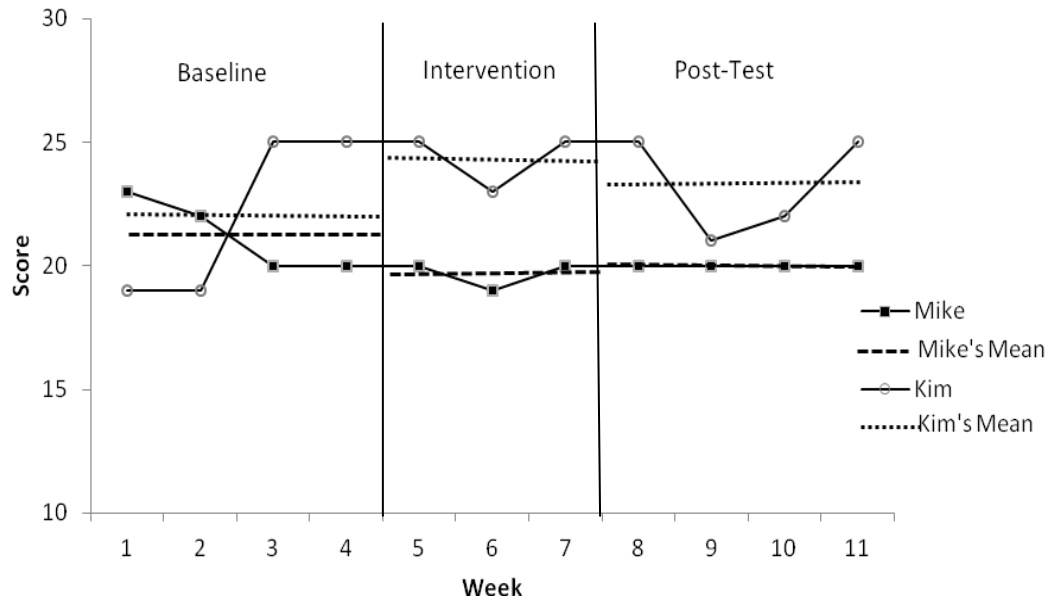


Figure 5. Weekly Scores on the Satisfaction with Life Scale (SWLS) during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent higher life satisfaction.

Hypothesis two Couple Two (Joe & Stacey). During baseline, Joe’s visual data demonstrated a continual decrease in life satisfaction, with a slight increase at the final baseline measurement (see Figure 6). Joe demonstrated a shift up from the “Dissatisfied” range during baseline and intervention to the “Slightly Below Average” range during post-test (Diener, 2006). Stacey’s life satisfaction remained quite stable throughout baseline. Stacey’s score on the SWLS remained “Average” during baseline and intervention phases, though shifted up to “High” during post-test (Diener, 2006).

Mean and level. The magnitude of change was analyzed by examining the means and levels of life satisfaction. Visually analyzing Joe’s data, the means showed some support for the hypothesis as each new phase (intervention and post-test) showed an increase in means. However, the intervention mean increase was very minimal. The

levels of his visual data did increase at the start of the intervention; however, they decreased at the start of the post-test measurement. Thus, mean and level analysis of Joe's data did not support hypothesis two. Stacey's data more clearly supported hypothesis two (gradual increase in life satisfaction) when looking at the means and levels. It is apparent that her means increased in both the intervention and post-test phases. Additionally, her level stayed the same at the start of the intervention and increased at the start-of post-test, which demonstrates an increase in her life satisfaction.

Trend and latency—Couple Two. Trends and latency of change were examined to determine the rate of change for life satisfaction. Neither individual in Couple Two seemed to show a clear visual trend during the baseline phase (he may be slightly decreasing). Additionally, Joe did not seem to show a trend during the intervention phase. However, Joe did show a positive, increasing trend (increasing life satisfaction) during post-test and Stacey showed positive trends during both intervention and post-test. Both tended to show a more consistent increase in life satisfaction during post-test. Since this increase is delayed from the start of the intervention, it is not clear that the intervention created this change.

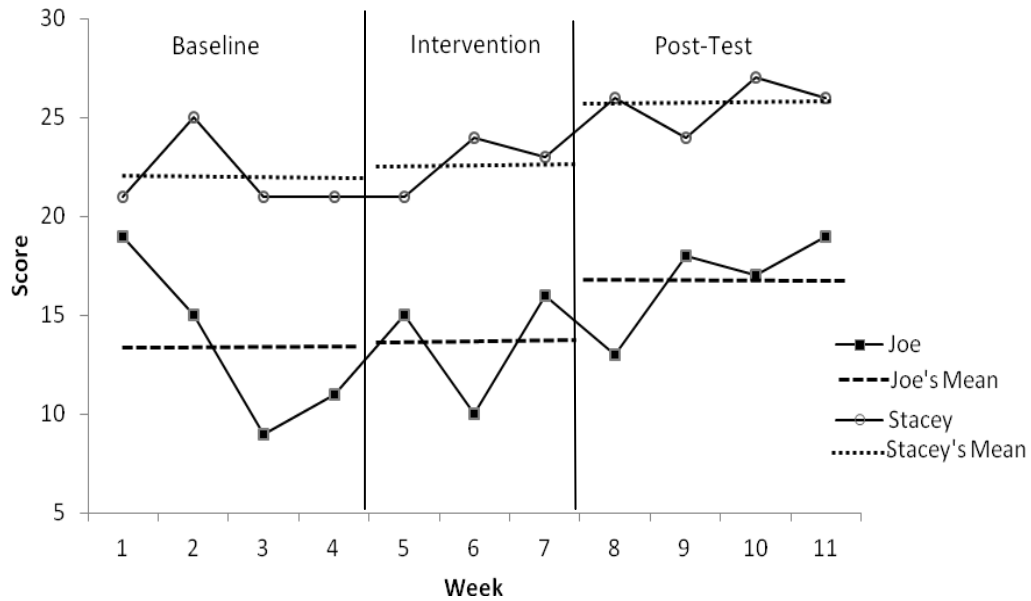


Figure 6. Weekly Scores on the Satisfaction with Life Scale (SWLS) during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent higher life satisfaction.

Summary hypothesis two. For all participants, except Stacey (of Couple Two), mean, level, trend, and latency analysis did not support the hypothesis of gradual increase in life satisfaction throughout the study. Mike, of Couple One, did not seem to show any support for gradual increases in general life satisfaction throughout the study and his scores were relatively stable from week three to the end. Kim, of Couple One, showed an increase in means during the intervention phase, which does not necessarily support the hypothesis but seems positive. Joe, of Couple Two, offered minimal support of the hypothesis, as his scores tended to go up and down throughout. However, his scores did seem to be increasing during the second half of the study. Stacey, of Couple Two, more clearly supported the hypothesis of a gradual increase throughout the study in overall life satisfaction. Her visual data analysis of mean, level,

trend, and latency of change seemed to demonstrate a gradual increase in life satisfaction throughout much of the study, with minimal improvement during baseline. Overall, however, hypothesis two was not supported by the data in this study.

Hypothesis Three

The third hypothesis stated that couple's relationship satisfaction would gradually increase throughout the study, as measured by the KMSS. As a reminder, a total score of 17 or above on the KMSS is classified as nondistressed, while a score of 16 or lower indicates some level of relational distress (Schumm et al., 1983).

Hypothesis three Couple One (Mike & Kim). The line graph with the KMSS displayed (Figure 7) shows that each partner's scores of Couple One tended to go up and down throughout the assessment period (baseline, intervention, and post-test phases); however, it appeared that each partner's scores more drastically changed during the baseline phase and less drastically shifted during the intervention and post-test phases. During baseline, Mike's data demonstrated no clear pattern. Kim's data showed an increase in relational satisfaction at week three that was maintained for the final baseline measurement.

Mean and level—Couple One. The magnitude of change of relationship satisfaction was assessed through visually examining the mean and level of the KMSS across time. For both Mike and Kim there were very minimal shifts in the means for each phase, which does not support hypothesis three. Kim had a slight shift up (increase in relationship satisfaction) from baseline to intervention phases, while Mike had a very slight shift down from baseline to intervention phases. In regard to level, Mike showed

a shift up from baseline to intervention phases and a slight shift down from the last measurement at intervention to the first measurement of post-test (no support for gradual improvements in relational satisfaction). Kim's data showed a decrease in level from the last baseline measurement to the first intervention measurement and remained the same from intervention to post-test phases. Overall, neither the mean nor the level data analysis of Mike and Kim's data supported hypothesis three.

Trend and latency—Couple One. The rate of change of relationship satisfaction was also examined by using the trend and latency of change. Looking at Mike's visual data showed no clear trend during the baseline, intervention, and post-test phases of the study. Kim's data seemed to demonstrate no clear trend during baseline and intervention and perhaps a small trend towards decreasing scores (less satisfaction) during post-test. This visual examination did not provide support for hypothesis three, that is; there was no gradual improvement in relational satisfaction across the three phases. In regard to latency of change, neither partner from Couple One seemed to show clear changes following the start or end of the intervention, and consequently there was no support in either Mike or Kim's data for hypothesis three.

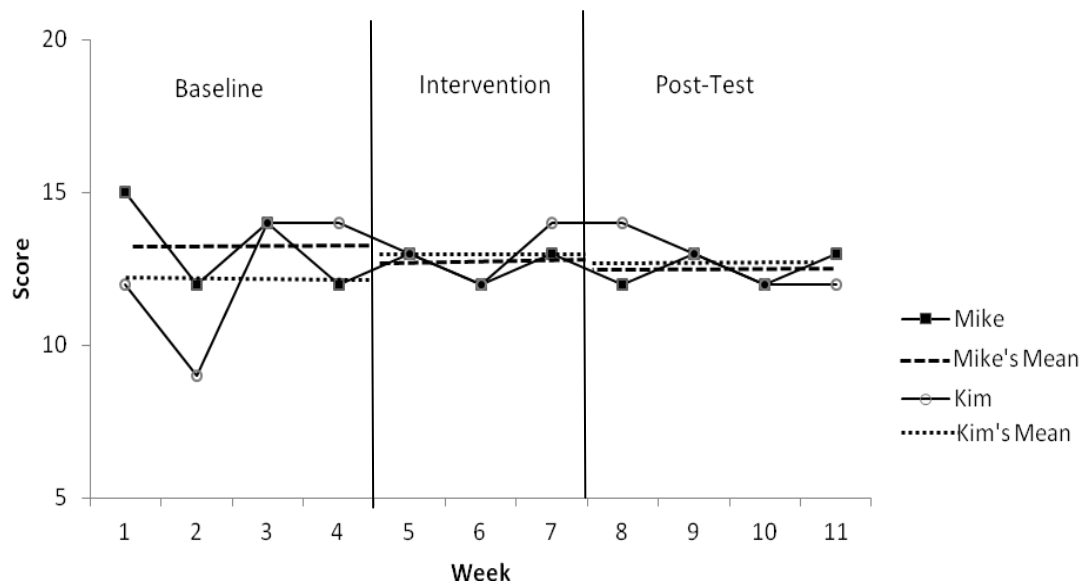


Figure 7. Weekly Scores on the Kansas Marital Satisfaction Scale (KMSS) during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent greater relational satisfaction. Scores at or below 16 indicate some level of relational dissatisfaction.

Hypothesis three Couple Two (Joe & Stacey). Joe's baseline data

demonstrated a pattern of decreasing relationship satisfaction during the first three measurements, with a slight increase in relational satisfaction occurring at the final baseline measurement. Stacey's baseline demonstrated a continual decrease in relationship satisfaction (see Figure 8).

Mean and level—Couple Two. The magnitude of change was examined by looking at the means and levels of relationship satisfaction across time. Joe's data for mean and level did not show support of hypothesis three, a gradual increase in the KMSS scores (relational satisfaction) throughout the study. Joe's means very slightly increased during the intervention phase, but did not increase during the post-test phase. Additionally, he did show an increase in level at the initial intervention measurement;

however, he also had a decrease in scores at the first post-test measure. Stacey's means and levels provided more support for hypothesis three due to a visual increase in means across phases (though very small between intervention and post-test phases) and an increase in level at the first intervention measurement (though remaining the same level at first post-test measurement).

Trend and latency—Couple Two. The rate of relationship satisfaction change was examined by looking at the trend and latency of change. Analyzing the trend in Joe's visually displayed data did not offer support of the hypothesis. He seemed to have a decreasing trend during baseline (decreasing relational satisfaction), very slight increasing trend during intervention (increasing relational satisfaction), and no clear trend during post-test. When looking at the latency of change there seemed to be more support for the hypothesis in that he did seem to exhibit gradual improvements during the intervention phase, which may be attributed to the intervention. Stacey's data demonstrated a decreasing trend during baseline (decreasing relational satisfaction), increasing trend during intervention (increasing relational satisfaction), and no clear trend during post-test. She also showed an increase in scores at the first intervention measurement, with continued improvement during the intervention phase. Due to this change occurring close to the intervention, it may be said that the increased relational satisfaction may be due to the intervention. Thus, there seems to be support that the intervention may have been impacting the couple's satisfaction; however, the hypothesis of gradual improvement in relational satisfaction throughout the study did not seem supported when looking at trend and latency of change.

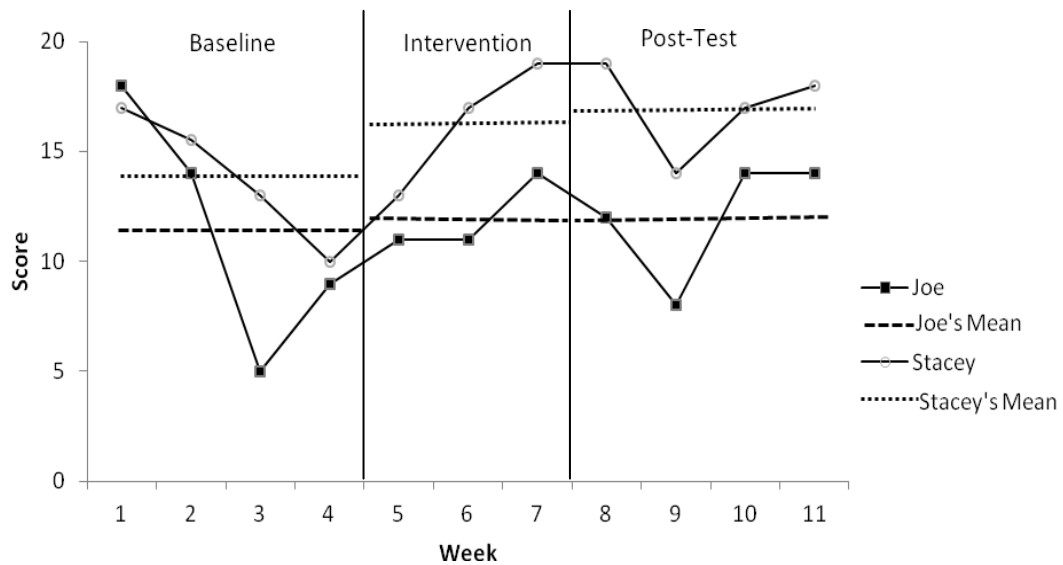


Figure 8. Weekly Scores on the Kansas Marital Satisfaction Scale (KMSS) during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent greater relational satisfaction. Scores at or below 16 indicate some level of relational dissatisfaction.

Summary hypothesis three. No support for the hypothesis (gradual increase in relational satisfaction) was found in three of the four individuals participating in this study. Couple One seemed to have less fluctuations in their up and down scores through the intervention and post-test phases, which seems positive, but not enough to support the third hypothesis. Joe, of Couple Two, also showed gradual increases in relationship satisfaction during the intervention phase, though while relevant to note did not rise to the level of full support for this hypothesis. However, when examining the means, levels, trends, and latency of change there was support found for the hypothesis when looking at the Stacey's data, of Couple Two. Her means continually increased across phases and there was a more steady increase in relationship satisfaction scores

throughout the intervention phase, which may mean that the intervention positively impacted her relationship satisfaction.

Hypothesis Four

The fourth hypothesis stated that individuals would show a gradual increase in their relational adjustment/functioning throughout the study, as measured by the total score on the DAS.

Hypothesis four Couple One (Mike & Kim). Mike's relational adjustment/functioning remained relatively stable throughout baseline, while slightly decreasing from weeks one through three and slightly increasing at final baseline measurement. Kim's relational adjustment/functioning initially decreased during baseline; however, then showed a significant increase at week three that remained for the final baseline measurement (see Figure 9).

Mean and level—Couple One. The magnitude of change was assessed by looking at the mean and level of relationship adjustment as measured by the DAS. Visually examining Mike's data showed a very slight increase in the means of relationship satisfaction between baseline and intervention phases and a slight increase in means from intervention to post-test phases. While there was a slight increase in scores and means throughout the study, the amount of shift is minimal, thus providing limited support of hypothesis four. In regard to level, Mike's scores showed an increase from the last baseline measurement to the first intervention measurement; however, there was a decrease in scores from the last intervention to the first post-test measurements (limited for hypothesis four). For Kim's scores, the means shifted up

from baseline to intervention phases and then down slightly from intervention to post-test phases. This also provided very limited support of gradual improvement in dyadic adjustment/functioning throughout the study. When examining the level of her scores, there was a slight shift down in scores from the last baseline to first intervention measurements and a slight shift up in scores from the last intervention to first post-test measurements. This does not support hypothesis four.

Trend and latency—Couple One. The rate of change was examined using trend and latency of change. Mike did not show any clear visual trend with baseline, intervention, and post-test phases. This did not offer support for hypothesis four (gradual improvement throughout). Visually examining his data also did not show a clear latency of change following the start or end of the intervention phase, therefore offering no latency support for hypothesis four. Examining Kim's data visually seemed to show an increasing trend during baseline, but no clear visual trend during intervention and post-test phases. Also, her data did not demonstrate a clear latency of change at the start or end of the intervention. Thus, there is no support for hypothesis four (gradual improvements in dyadic adjustment/functioning) in visually examining Kim's data for trend and latency of change.

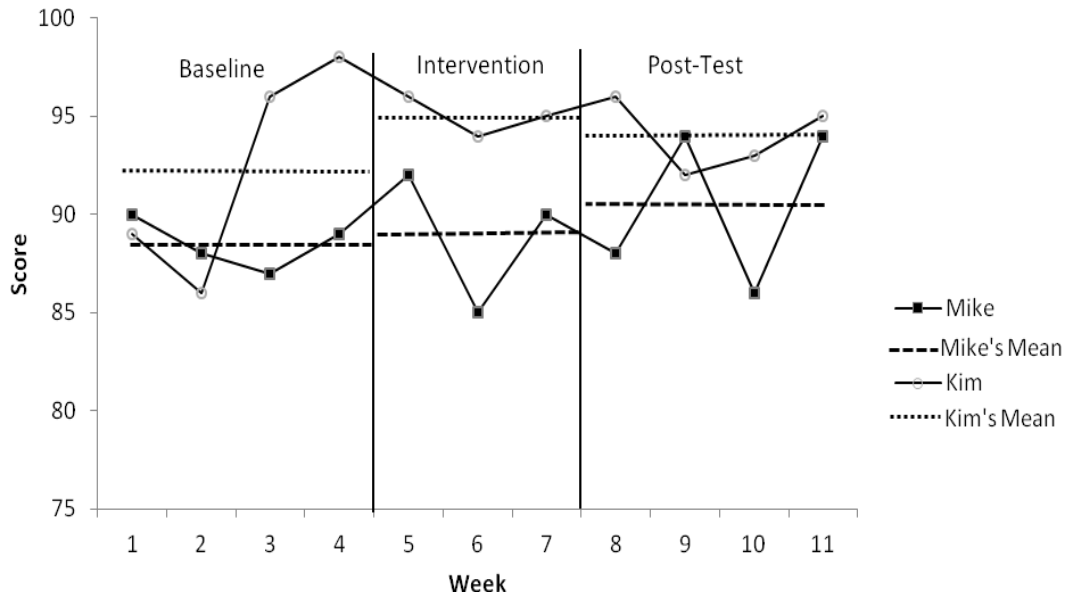


Figure 9. Weekly Scores on the Dyadic Adjustment Scale (DAS) Total Score during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent lower relational distress levels. Scores at or below 107 are more representative of distressed couples.

Hypothesis Four Couple Two (Joe & Stacey). Joe’s relational adjustment remained relatively stable throughout baseline, with the exception of a decrease at week three, that was again raised at the final baseline measurement. Stacey’s relational adjustment was also quite stable, with a decrease at week three, though a smaller increase for the final baseline measurement (see Figure 10).

Mean and level—Couple Two. The magnitude of change was assessed by visually examining the means and levels of relationship adjustment. When looking at the means and levels of Joe’s data, of Couple Two, there did not seem to be support a gradual increase in dyadic adjustment throughout the study. His mean decreased slightly (lower levels of relational adjustment) during intervention phase, though did

increase significantly during the post-test phase. His levels also dropped at both the start of the intervention and post-test phases. Stacey's data offered support of the hypothesis when looking at mean and level. Her means increased during each phase and her levels increased at both the start of the intervention and post-test phases.

Trend and latency—Couple Two. Again, to assess the rate of change, trend and latency of change are reviewed. In regard to trend and latency of change, Joe's data did not seem to support the hypothesis of gradual improvement. There did not seem to be a trend in his data for any of the phases. Furthermore, his scores drastically increased at the final intervention session measurement, which is not directly following the first implementation of the intervention, making it more difficult to attribute the increase to the intervention specifically. It should be noted, though, that his large increase in overall dyadic adjustment seems positive. Stacey's data appeared to offer more support for the hypothesis when looking at trend and latency of change. While she did not appear to have a trend during baseline, it seemed she had an increasing trend (increasing dyadic adjustment) during the intervention phase and slight increasing trend during post-test. Additionally, following the implementation of the intervention her scores began to increase more dramatically. This may more clearly support that the intervention impacted her improvement in dyadic adjustment.

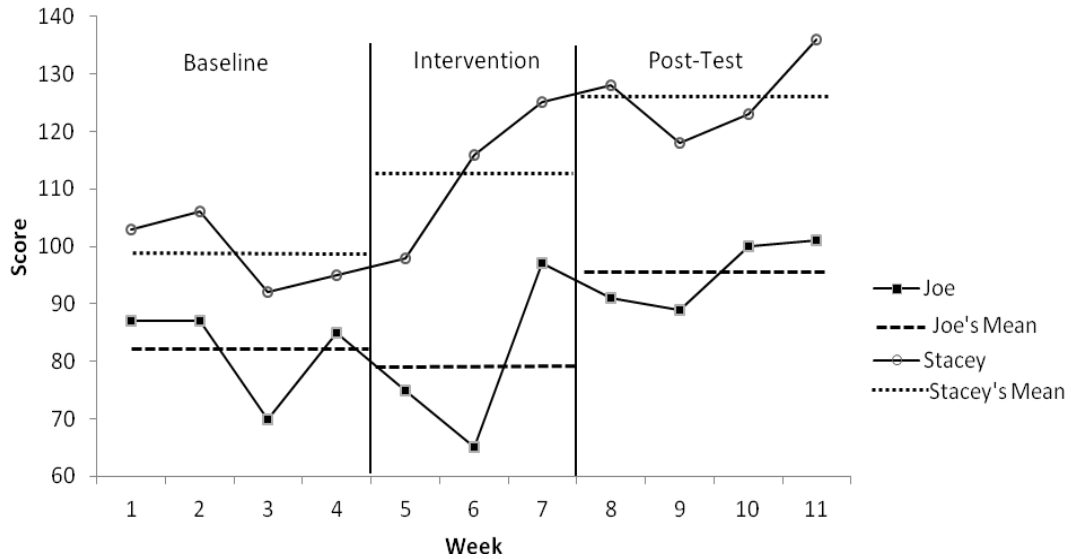


Figure 10. Weekly Scores on the Dyadic Adjustment Scale (DAS) Total Score during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent lower relational distress levels. Scores at or below 107 are more representative of distressed couples.

Summary hypothesis four. There seems to be, overall, mixed support for hypothesis four (gradual increase in dyadic adjustment/functioning throughout the study). Mike, of Couple One, demonstrated slight improvements in means (though very minimal) for each phase; however, when looking at levels, trends, and latency of change visual support for the hypothesis was not found. Kim, of Couple One, showed an increase in means during the intervention phase; however, there was a decrease during post-test. The increase during the intervention phase seems positive but due to the decrease in post-test, the hypothesis is not supported by her data. Joe, of Couple Two, did not show gradual improvement throughout the study; however, the drastic increase in his scores on the final intervention session and then continued stability with higher scores in post-test (thus higher mean in post-test) seem worth noting again.

Visually analyzing the data for Stacey, of Couple Two, offered support for the hypothesis, showing gradual improvement in dyadic adjustment throughout the study. Her means and levels increased with each phase and her scores more quickly increase during the intervention phase.

Hypothesis Five

The fifth hypothesis stated individual's would demonstrate an immediate increase in their ability to more effectively manage conflict communications following the intervention, followed by a slight decrease in their effective conflict management skills during post-test, though not reaching baseline levels. Conflict abilities were measured with the IAI. As a reminder, decreasing scores on the IAI indicate improvements.

Hypothesis five Couple One (Mike & Kim). Mike's conflict abilities showed no clear patterns during baseline, having continual up and down shifts in his scores on the IAI. Kim's conflict management skills showed a slight improvement through the first three weeks of baseline, with a slight decrease in ability at the final baseline measurement (see Figure 11).

Mean and level—Couple One. The magnitude of change in conflict management was examined by looking at the means and levels of the IAI across time. Looking at the visual representation of Mike's data, it was clear that his mean score drops from baseline to intervention phases and intervention to post-test phases (i.e. demonstrates improvement in conflict management). This offered some support for hypothesis five. In regard to level of change, there was a drop in scores (improvement)

from the last baseline measurement to the first intervention measurement and a slight decrease in scores from the final intervention measurement to the first post-test measurement. This offered partial support for hypothesis five, in that there was an initial decrease in scores; however, there was not an increase (deterioration in conflict management skills) initially during post-test. Examining Kim's data showed a very slight increase (decrease in conflict communication abilities) in means from baseline to intervention phases and a very slight decrease in means from intervention to post-test phases. This does not offer support of hypothesis five. When looking at level, Kim's data showed a slight decrease (improvement) in scores from the final baseline measurement to the first intervention measurement and a slight increase (deterioration) in scores from the last intervention measurement to the first post-test measurement. Due to the limited shift in data, this does not offer support of hypothesis five.

Trend and latency—Couple One. The rate of change of conflict management was assessed by looking at trend and latency of change over time. In looking at trends within Mike's IAI data, there did not seem to be any clear visual trends within the baseline, intervention, or post-test phases (no support for hypothesis five). In regard to latency of change, his scores on the IAI did substantially decrease (improve) at the first intervention measurement; however, he then showed an increase (lack of improvement) and another decrease for the following two intervention sessions. It seems important to note that during post-test, his data seems to show more stable change towards improvement. However, due to the delay in continued improvement, it cannot necessarily be stated that the intervention created this change (no support for hypothesis

five). When looking at Kim’s data, of Couple One, she seemed to demonstrate a slight trend towards improvement, or decreased scores, during the baseline. However, during the intervention and post-test phases there did not seem to be a trend, thus this does not support hypothesis five. In regard to latency of change, she did not seem to show improvement in scores related more directly to the intervention, as her scores do not decrease clearly during the intervention stage (no support for hypothesis five).

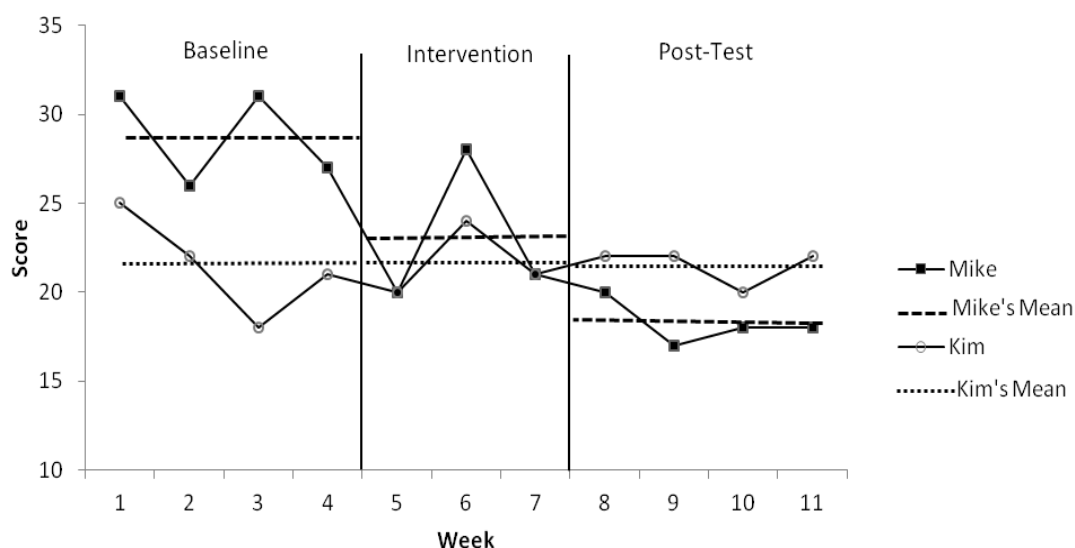


Figure 11. Weekly Scores on the Ineffective Arguing Inventory (IAI) during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores indicate greater levels of ineffective arguing.

Hypothesis five Couple Two (Joe & Stacey). Both Joe and Stacey’s conflict management abilities showed deteriorating ability for the first three weeks of baseline, with a slight improvement noted for both at the final baseline measurement (see Figure 12).

Mean and level—Couple Two. The mean and level of conflict management were analyzed to assess the magnitude of change. The visual representation of means

and level for Joe's data did not seem to support hypothesis five. His mean and level slightly increased (less effective conflict management) during the intervention phase. It is important to note that Stacey did not complete the IAI following the second intervention, thus her mean for intervention phase is based on two points. Even with this data missing, her means continued to decrease (show improvement) throughout each phase of the study and her levels decreased at both the first intervention and post-test measurements. This offers some support of hypothesis two, as her scores decreased during intervention, though also decreased during post-test. It seems relevant to note that Couple Two's visual data for the IAI seemed to show improvement from the intervention through the end of the study and it appears that there is more stability in scores during post-test (fewer fluctuations in scores). While this does not necessarily support the hypothesis, this does demonstrate improvements in conflict communication.

Trend and latency—Couple Two. The rate of change in conflict management was analyzed by looking at trends and latency of change in light of the intervention. Joe's data seemed to show a visual trend of increasing scores (less effective conflict) during baseline, decreasing scores (more effective conflict management) during intervention, and slight decreasing scores during post-test. Additionally, while his score initially slightly increased (at first intervention point), he showed drastic decreases in scores from the second intervention point through the post-test. This does support the hypothesis of an immediate improvement within the intervention phase; however, there did not seem to be much increase in scores during post-test. Stacey's data seemed to show an initial increasing trend (less effective conflict) during baseline and a slight

decreasing trend during post-test. The intervention trend cannot be fully interpreted because of the missing second intervention session data point, though a downward trend between the first and third intervention points is noteworthy. Her scores also dropped quite significantly throughout the intervention phase (latency of change), offering support that the intervention may have impacted this improvement.

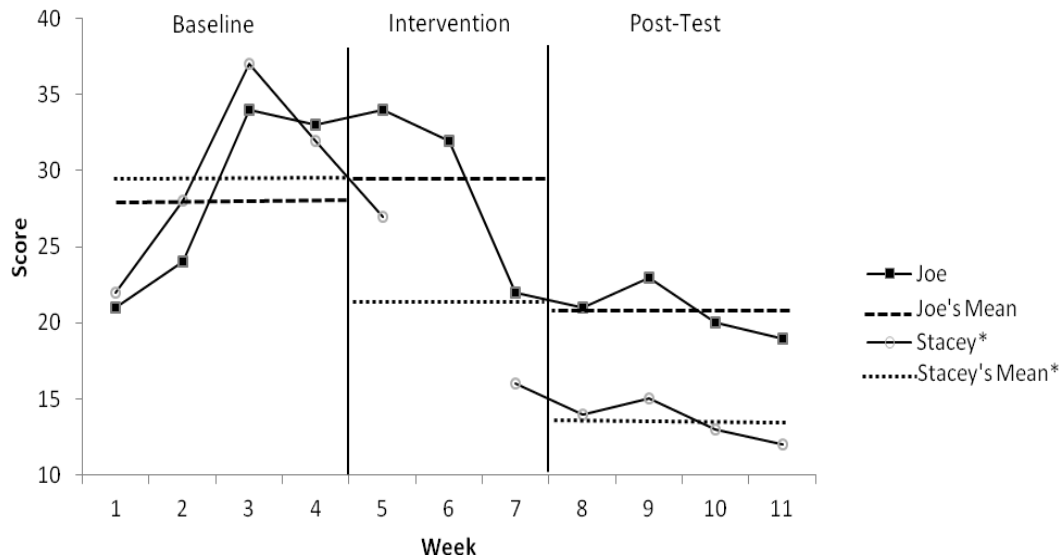


Figure 12. Weekly Scores on the Ineffective Arguing Inventory (IAI) during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores indicate greater levels of ineffective arguing.

Summary hypothesis five. Overall, there seems to be some support for hypothesis five (an immediate increase in more effective conflict communication following the intervention, followed by a slight decrease in effective conflict management skills during post-test, though not reaching baseline levels). For Couple One, Mike demonstrated decreased means for each phase, which shows improvement, though does not fully support the hypothesis of an increase in scores during post-test.

He also demonstrated a drastic shift down in scores following the first intervention, and then more stable, lower scores following the last intervention which may support that the intervention impacted this improvement. The visual data for Kim, of Couple One, seemed to offer less support of the hypothesis. Joe did not seem to demonstrate visual support of the hypothesis overall. However, it seems important to note that his scores dropped after the second intervention and significantly decreased after the final intervention session (suggesting improvement in conflict communication). His scores then remained more stable and lower during post-test, thus the intervention may have impacted his improvement. The data Stacey, of Couple Two, demonstrated support for the hypothesis when looking at her means and levels (showed an improvement in conflict communication). Also, similar to her partner, her scores dropped significantly during the intervention phase and were also lower and more stable during post test.

Hypothesis Six

Hypothesis six stated that couples would show an increase in their conflict communication skills (during three stages of conflict) following the intervention and this ability would gradually decrease during the post-test phase, as measured by the three separate scales on the KMCS, a trial scale. As a reminder, the KMCS contains three separate scales to measure the stages of conflict (Eggeman, Moxley, & Shumm, 1985). The three stages of conflict represented are agenda building, arguing, and negotiation. These three scales are each depicted in separate figures below to gain a clearer understanding of how the different stages of conflict may be affected by the

videotape feedback intervention. As a reminder, higher scores represent lower conflict (Fischer & Corcoran, 1994).

Agenda building, Couple One—Mike & Kim. On the agenda building scale of the KMCS (a trial scale), Mike's baseline showed a small increase between week one and week two. He then appeared to have a relatively stable baseline from weeks two to four. Kim's baseline initially decreased slightly, though then continued to slowly increase in scores from weeks two to four (see Figure 13).

Agenda building, mean and level—Couple One. The magnitude of change for the first scale (agenda building) was examined by looking at the means and levels of each partner's data across time. Mike, of Couple One, demonstrated a very slight increase (improved agenda setting) in means from baseline to intervention phase and a more drastic shift up from intervention to post-test phase. Thus, this does not offer support for the full hypothesis; but, this seems positive as it shows improvement. In regard to level, he demonstrated a lack of significant changes at the start and end of the intervention phase; therefore it is not clear that the intervention impacted his improvements. The visual representation of Kim's means showed that she had a substantial decrease in means from baseline to intervention and then an increase from intervention to post-test phase. This does not support the hypothesis, as her means demonstrate that during the intervention phase she was reporting a lack of improvement in effective conflict management. In regard to level, she showed a large decrease from the last baseline measurement to the first intervention measurement and then remained

the same at the final intervention to first post-test measurements. This does not support the hypothesis.

Agenda building, trend and latency—Couple One. The rate of change for the first scale of the KMCS (agenda building) was analyzed by examining the trend and latency of change. In looking at Figure 13, it seems that Mike's data showed a very slight trend towards decreasing scores during baseline (lack of improvement), no clear trend during the intervention, and a slight trend towards improving scores during post-test. In regard to the latency of change, it does seem that he showed gradual improvement, particularly beginning at the final intervention measurement. Due to the delayed improvement after beginning the intervention and the lack of trends noted, the visual analysis of trend and latency of change do not seem to support the hypothesis. Kim's data depicted a trend towards improved scores during baseline, slight decrease in scores during intervention, and improved scores again during post-test. This clearly does not support the hypothesis. Additionally, while she demonstrated an improvement in scores starting at the final intervention measurement (after a decrease in scores for session one and two of intervention); the change occurs more slowly following intervention. Thus, one cannot be certain that this improvement is due to the intervention.

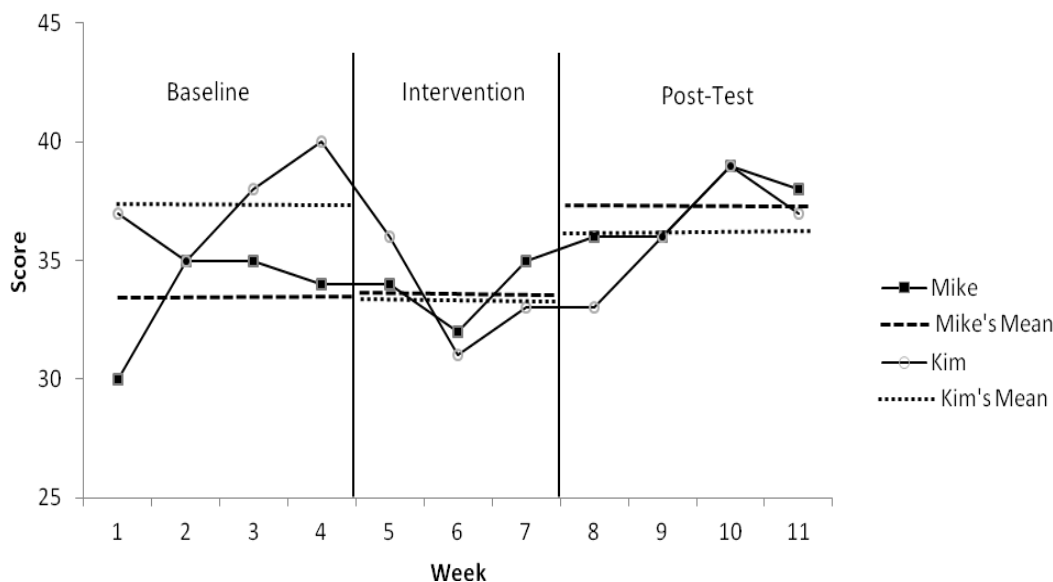


Figure 13. Weekly Scores on the Kansas Marital Conflict Scale (KMCS) Agenda Building Subscale during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent lower conflict difficulties.

Arguing—Couple One. For the second scale on the KMCS (a trial scale), Mike’s baseline showed an increase (improved arguing skills) between week one and two. His scores then decreased again and remained stable for weeks three and four (see Figure 14). It is important to note that Kim did not accurately complete this part of the KMCS for the first two weeks of baseline, hence the lack of data points plotted during weeks one and two of baseline. Kim’s scores for week three and four of baseline were stable.

Arguing, mean and level—Couple One. The second scale on the KMCS, arguing, was examined in the same format as above and can be found in Figure 14. The means and levels were looked at for the magnitude of change. In looking at Mike’s means, there was a visual increase in means for each of the phases with a significant

increase from intervention to post-test phase. With levels, he showed an increase from the final baseline measurement to the first intervention measurement and from final intervention to first post-test. This seems to suggest partial support for the hypothesis. He did demonstrate an improvement in both mean and level during the intervention phase; however, rather than showing a decrease during post-test, there was a continued improvement in scores. Again, while this does not support the hypothesis fully, the improvement throughout seems positive. Kim's visual data showed a drastic decrease in means (lack of improvement in conflict management) from baseline to intervention phases and then an increase from intervention to post-test phase (again with limited baseline data points). This does not support the hypothesis. In regard to level, she had a significant decrease from the final baseline measurement to initial intervention measurement and a slight increase from the final intervention to first post-test measurements. Again, this does not support the hypothesis.

Arguing, trend and latency—Couple One. The rate of arguing change was examined through assessing the trend and latency of change over time. Neither partner of Couple One demonstrated a clear visual trend during the baseline phase. It also does not seem that Mike showed a trend during intervention; however, Kim seemed to have a slight trend towards improved scores. During post-test, they both seemed to show a clear trend towards increased scores (improvement in arguing). These trends do not support the hypothesis, even though the trends in post-test seem encouraging. For both partners, there seemed to be an increase in scores which began with the final intervention measurement and continued through post-test. This gradual improvement,

not more drastically occurring during the intervention phase, does not make it clear that the intervention is what led to the improvement (limited support for hypothesis).

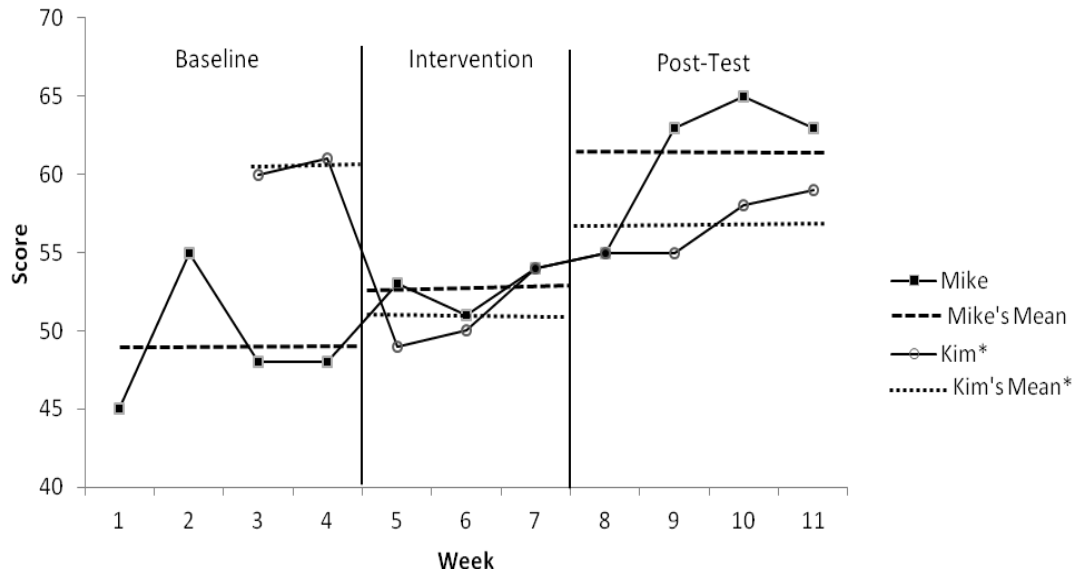


Figure 14. Weekly Scores on the Kansas Marital Conflict Scale (KMCS) Arguing Subscale during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent lower conflict difficulties.

Negotiation—Couple One. On the third scale of the KMCS (a trial scale), negotiation, Mike’s baseline scores were relatively stable throughout the four weeks. His scores showed a slight increase between week one and two, followed by a continued and slight decrease for weeks three and four. Kim’s scores during baseline also were quite stable. Her scores demonstrated a very slight decrease, followed by a slight increase, and then another small decrease (see Figure 15).

Negotiation, mean and level—Couple One. The third scale of the KMCS, negotiation, is depicted in Figure 15 and was examined in the same format. Magnitude of change was assessed by looking at means and levels of negotiation for each partner in Couple One. In looking at Mike’s means across the phases, there was a very slight

increase in means from baseline to intervention phase (improving negotiation) and a more drastic increase in means from intervention to post-test phase. In regard to level, he showed a decrease in scores from both the last baseline to first intervention measurements and the final intervention to first post-test measurements. This offers partial support for the hypothesis, as there was a decrease in scores at the start of post-test; however, there was not an initial increase at the start of the intervention phase. For Kim, visually examining the means did not offer support of the hypothesis as her mean decreased during intervention and increased during post-test. Similar to him, when looking at the level there was partial support for the hypothesis as she has a decrease in level from both the final baseline to first intervention measurements and the final intervention to first post-test measurements.

Negotiation, trend and latency—Couple One. The rate of change was assessed through the trend and latency of change. Neither individual of Couple One seemed to show a clear visual trend during baseline. During the intervention phase, Mike seemed to show a slight trend toward improvement, while Kim did not seem to show a trend. In the post-test phase, it seemed that Mike did not show a clear trend and Kim tended to show a trend toward improvement. This visual information does not offer clear support for the hypothesis. In regard to latency of change, it seems that both Mike and Kim tended to show more gradual improvements from the final intervention measurement through post-test. Thus, these changes cannot clearly be attributed to the intervention.

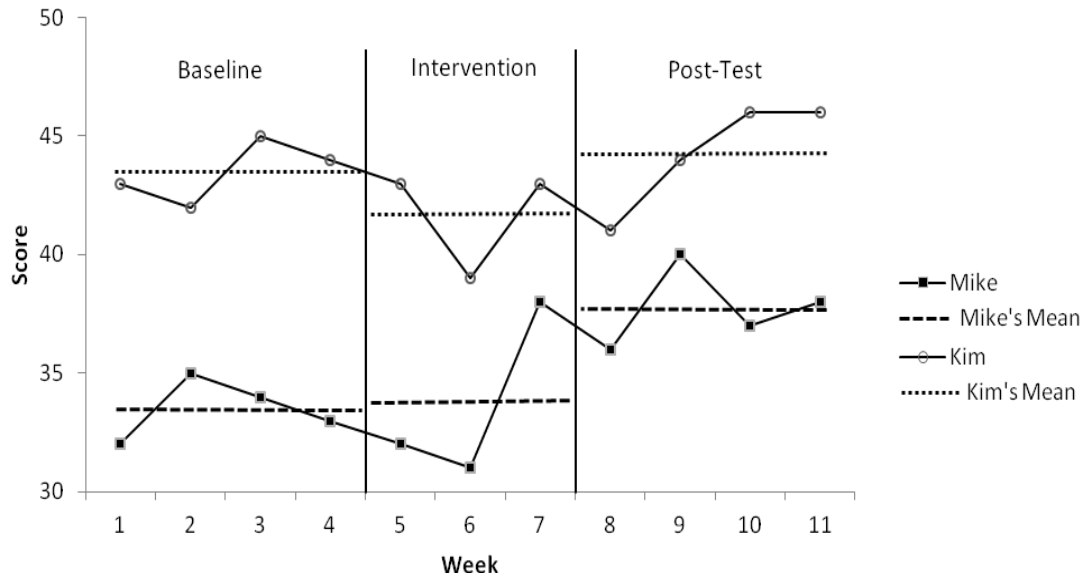


Figure 15. Weekly Scores on the Kansas Marital Conflict Scale (KMCS) Negotiation Subscale during Baseline, Intervention, and Post-Test Phases for Couple One (Mike & Kim). Higher scores represent lower conflict difficulties.

Agenda building—Couple Two. On the first scale of the KMCS (a trial scale), Joe’s baseline showed a small and steady decrease through week three, with a very small increase in scores at week four. Stacey’s baseline was relatively stable. Her scores dropped at week two and were maintained through the remaining baseline measurements (see Figure 16).

Agenda building, mean and level—Couple Two. The magnitude of change in agenda building was assessed by reviewing the means and levels of the data over time. Examining the means and levels of Joe’s data in Figure 16 seemed to offer some support for hypothesis six on scale one, agenda building, of the KMCS (improvement in agenda building following intervention sessions and gradual decrease in agenda building during post-test). Joe’s means more drastically increased from baseline to intervention than from intervention to post-test phases. However, his levels both drop

slightly at the first intervention and post-test measurements. Stacey's means and levels also seemed to support the hypothesis, though she did not have as much decrease during post-test. Her means increased in each phase, and more drastically during the intervention phase. Her level also slightly increased at first intervention measurement and slightly decreased at first post-test measurement.

Agenda building, trend and latency—Couple Two. The rate of change in agenda building was also examined by looking at trends and latency of change. Joe seemed to show a slight decreasing trend (lack of improvement in conflict management) during baseline, an increasing trend during intervention, and slight decreasing trend during post-test. Stacey's data showed very similar trends, with a difference in her post-test phase not showing a clear trend. This data seems to support the hypothesis of improvement in agenda building abilities during intervention, with a slight decrease in conflict management during post-test. With latency of change, neither individual from Couple Two showed drastic improvements following the first intervention session; however, they both showed significant improvements following both the second and third intervention sessions. They also began to show decreasing scores when the intervention was stopped (during post-test). This also seems to support the hypothesis and offer visual support that the intervention positively impacted their conflict communication within the agenda building phase (as noted by KMCS Scale One).

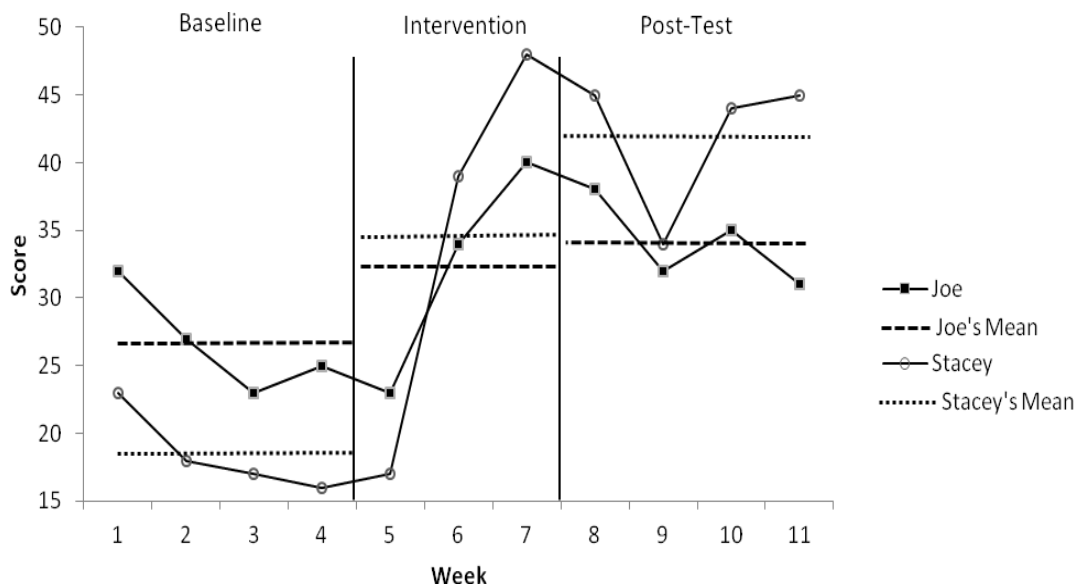


Figure 16. Weekly Scores on the Kansas Marital Conflict Scale (KMCS) Agenda Building Subscales during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent lower conflict difficulties.

Arguing—Couple Two. For the second scale of the KMCS (a trial scale), Joe’s baseline data showed a decrease in scores (decline) for the first three weeks, with a small increase for the final baseline measurement. Kim’s scores during baseline showed a decrease through week three, with a larger decrease from week two to week three. Her scores then remained stable for the final baseline measurement (see Figure 17).

Arguing, mean and level—Couple Two. The magnitude of change in arguing was assessed by looking at the means and levels of the data across time. For the second scale of the KMCS (arguing component), Joe’s data did not seem to clearly support the hypothesis (improvement following intervention sessions and gradual decrease in scores during post-test) when looking at means and levels. His means slightly increased with each new phase, though did increase more during the intervention than post-test

phase. In regard to level, he showed an initial decrease in level at the first intervention measurement and increase in scores at the first post-test measurement. Thus, his shifts in levels do not seem to support the hypothesis. Stacey's means and levels seemed to support the hypothesis more strongly. She had a dramatic increase in means during the intervention phase and a smaller increase during the post-test phase. Additionally, her level shifted up at the first intervention measurement and down at the first post-test measurement, again supporting the hypothesis.

Arguing, trend and latency—Couple Two. Rate of change in arguing was also assessed by looking at trends and latency of change across phases. Joe showed a decreasing trend (lack of improvement in arguing effectiveness) during baseline, an increasing trend during intervention, and no clear trend (though may be slightly decreasing) during post-test. In regard to latency of change, he did not show improvement following the first intervention session; however, he did show quite drastic improvement following the second intervention session. This change seems to be more sustained, offering support that the intervention may have impacted his conflict management improvements. These items seem to support the hypothesis for his data. Stacey showed a decreasing trend (lack of improvement in conflict management) during baseline, increasing trend during intervention and slight decreasing trend during post-test, which supports the hypothesis. She demonstrated improvement at each intervention session, with drastic improvement following the second intervention session. This change seemed to be more sustainable, as her scores decreased but did not

drop to baseline levels. This offers support that the intervention may have impacted her improvements in effective arguing.

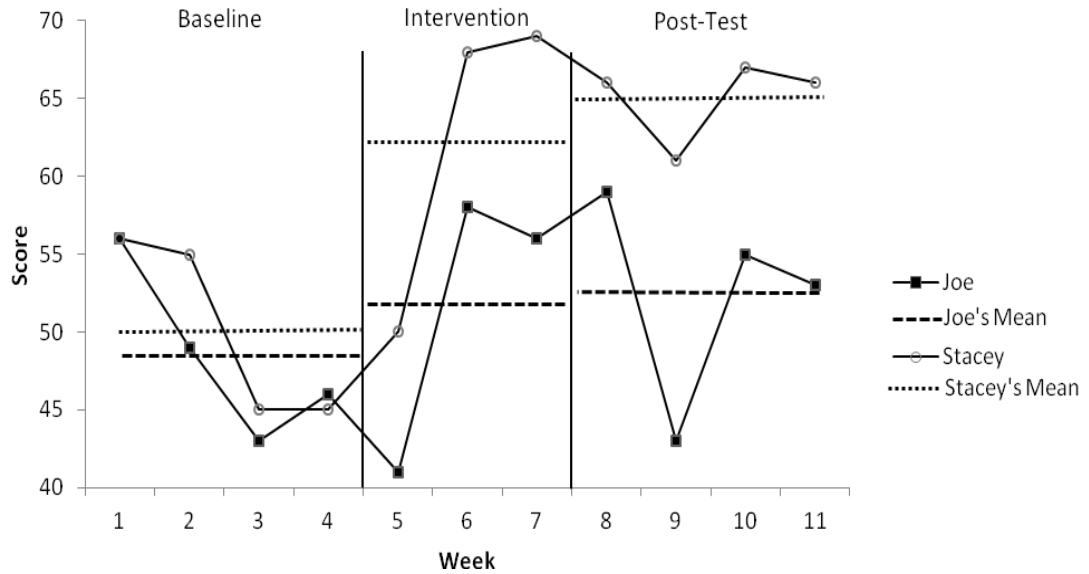


Figure 17. Weekly Scores on the Kansas Marital Conflict Scale (KMCS) Arguing Subscale during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent lower conflict difficulties.

Negotiation—Couple Two. Both partner’s of Couple Two showed decreasing scores during baseline (decline) from weeks one to three. Both also showed a small increase in scores from week three to week four of baseline (see Figure 18).

Negotiation, mean and level—Couple Two. The third scale of the KMCS (negotiation; trial scale) was first examined by looking at the means and level to assess magnitude of change. As Figure 18 demonstrates, Joe, of Couple Two, did not have complete data on scale three for the final intervention measurement, thus the intervention mean is based on the first two sessions. With this in mind, his means dropped slightly (deterioration in negotiation of conflict) during the intervention phase and greatly increased during the post-test phase. His level at the first intervention

measure also slightly decreased and at first post-test cannot be determined (due to missing final intervention measure). Thus, there does not seem to be support of the hypothesis when looking at Joe's means and levels on the third scale of the KMCS. Stacey's means increased throughout each phase, with a more drastic increase from intervention to post-test phases. However, her level shifted down at the start of the intervention phase as well, which again does not offer support of the hypothesis.

Negotiation, trend and latency—Couple Two. The rate of change in negotiation effectiveness was also examined by analyzing the trends and latency of change. Both partners of Couple Two seemed to demonstrate a decreasing trend during baseline, increasing trend during intervention (keeping in mind his missing data), and no clear trend during post-test. This offers some support of the hypothesis. Additionally, while both of their scores initially dropped after the first intervention, the scores seemed to increase rather quickly following the remaining intervention sessions. Their scores also remained at an increased rate during post-test, which offers some support that the intervention may be affecting their ability to negotiate.

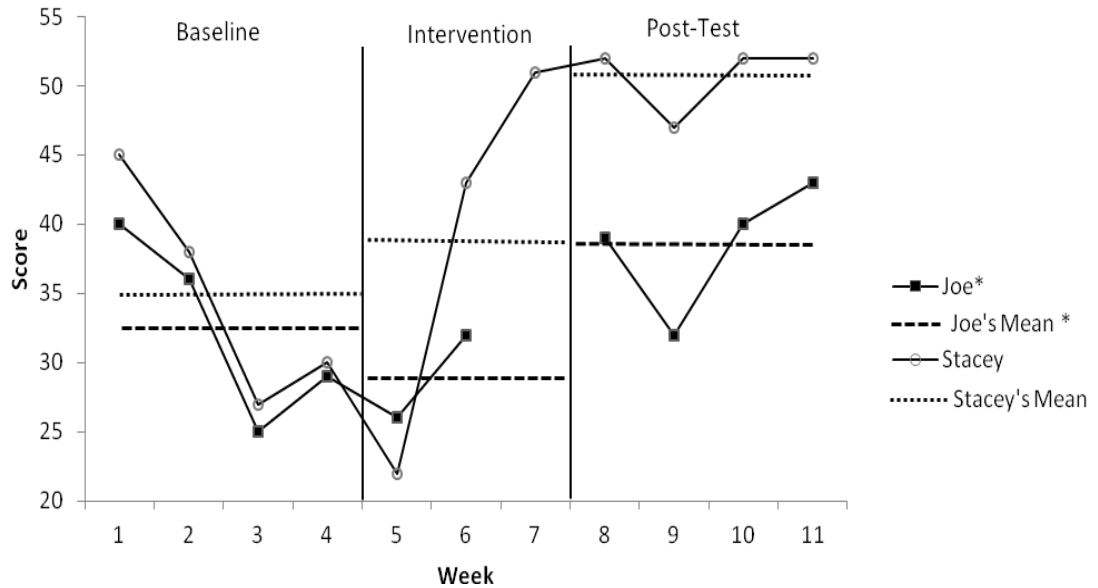


Figure 18. Weekly Scores on the Kansas Marital Conflict Scale (KMCS) Negotiation Subscale during Baseline, Intervention, and Post-Test Phases for Couple Two (Joe & Stacey). Higher scores represent lower conflict difficulties.

Summary hypothesis six. When looking at the visual data for the first scale of the KMCS (agenda building), Couple One's data does not seem to support the hypothesis of improved conflict management after intervention and gradual decreases during post-test. While examining the mean, level, trend, and latency of change of their data did not seem to support the hypothesis, it seems important to note that both individuals in Couple One begin a trend of increasing scores (improvement) at session three of the intervention. Visual analysis of the first scale on the KMCS for Couple Two on the other hand, seemed to demonstrate greater support of the hypothesis. Both of their means increased in each phase; however, the increase was more drastic from baseline to intervention. Both partner's trends demonstrated support as well, decreasing during baseline, increasing during intervention, and decreasing during post-test for him

and no clear trend for her during post-test. Furthermore, both showed significant improvements in scores for intervention sessions two and three, while also showing a slight decrease in scores during the initial post-test measurements.

For scale two of the KMCS (arguing) visual analysis of Couple One's scores demonstrated some limited support of the hypothesis. Mike's means and level increased for each phase. Kim's means and levels did not support the hypothesis, as there seemed to be decreases during the intervention phase and increases for post-test. In regard to latency of change, both individuals of Couple One began to demonstrate clearer increase in scores (improvements) beginning at intervention three, which offers limited support that the intervention impacted their improvement. In regard to the visual analysis of Couple Two, there again seems to be stronger support of the hypothesis. Both showed an increase in means for each phase, although there was a greater increase in means during the intervention phase than for post-test. Joe's level showed no support for the hypothesis due to decreasing scores at initial intervention measurement and increasing scores at initial post-test, while Stacey's levels demonstrated support through increasing at intervention and decreasing at post-test. Both of their trends also offer support, as there was a decreasing trend during baseline, increasing during intervention, and decreasing (more clearly for her) during post-test. Examining the latency of Couple Two's change offers more support of the hypothesis due to the dramatic increase in scores following intervention two.

For the final scale of KMCS (negotiation), visual analysis of Couple One's data offers very limited support of the hypothesis. Mike's means increased during

intervention and post-test phases and his level decreased during post-test (offering partial support). He also showed a slight increasing trend during intervention phase. On the other hand, Kim, showed no support of the hypothesis in regard to means because there was a decrease during intervention. Her levels showed partial support due to decreasing at first post-test measurement. Both individuals of Couple One did show a significant improvement in scores at the third intervention session, with gradual increases through post-test. This offers some support in regard to latency of change. As a reminder, for Couple Two, Joe did not complete the survey correctly for the third intervention session. With this in mind, his data does not show support of the hypothesis when looking at mean and levels. Stacey's means showed more support, as they increase for each phase. There was also some support of the hypothesis for Couple Two when examining the trend, as both showed a decreasing trend during baseline, increasing for intervention, and no clear trend during post-test. Additional support for the hypothesis and the intervention impacting improvements was seen when looking at their latency of change. Both showed improved scores following intervention session two and their scores tended to remain higher following this session.

Supplemental Narrative Data

At the end of the third, and final, intervention session each individual for each couple was asked "What will you take away from here?" (i.e. completing the intervention sessions) in order to gather brief narrative information about what the intervention sessions were like for them. This is being included in the results section as a way to supplement the data gathered from having each participant complete surveys.

The narrative each couple provided offered great support for the utility and importance of a videotape feedback intervention.

When the first couple was asked this question, both noted that it was very helpful to see themselves on video immediately following the conflict interaction. Mike stated that seeing himself helped him to pay attention to how he says things, as he noticed on the videos that he sometimes sounded sarcastic and critical. He said that prior to seeing himself on video, he did not realize that he was coming across the way he was which allowed him to choose to make changes to how he responds to his partner. Kim stated that watching the video was most helpful for her to see her non-verbal communication. She recognized that she was not aware that her non-verbals were sometimes critical and un-inviting for conversation; though watching herself brought this to her awareness. She also stated that she learned a lot from having the handouts and made a comment that she wanted to “hang up” the handouts at home to have a reminder. In particular, she mentioned it helpful to learn about (from the handouts) bringing up complaints gently.

When asking Couple Two this question at the end of the final intervention session, similar to the first couple, both partners stated that seeing themselves on video was very helpful. Joe stated that the video was helpful for him to see that he was not taking opportunities to “speak up” and voice what he was thinking or feeling. He noted that he then appeared (non-verbally) to be shut-down and uninterested. He recognized that through the intervention (as a whole) he learned he wants to speak up more and be more positive, which he noted will not be easy changes. He also stated that watching

the video helped him to realize these were two changes he wanted to make. Stacey spoke very highly of the impact the intervention sessions had for her. She stated she learned “so much” from watching the videos. She particularly noted that she learned she comes off frustrated and defensive both in her verbal and non-verbal behavior, which she stated she was unaware of prior to watching the videos of their conflict interactions. She also tearfully made the comment that she was “unsure if we’d still be together” without the intervention and feels the intervention helped them both to feel “committed to making it work” (i.e. their relationship). Stacey related these final comments to being able to watch the video and learning more about her conflict communication skills and ways to improve her communication.

It is apparent that both of the partners in each couple found the intervention helpful in bringing their awareness to their verbal and non-verbal communication during a conflict interaction. Each individual stated the videotape feedback was helpful, they gained more self-awareness, and found the overall intervention useful for their relationship. This narrative data is an important supplement to the survey data obtained, as it offers each participant’s perspective about how the intervention impacted them personally.

CHAPTER V

DISCUSSION

This chapter discusses the results of the six hypotheses, as well as what the results may mean for using a video tape feedback intervention for couples in therapy. The hypotheses are explored, while considering relevant research and individual differences. This chapter is divided into the following areas: general discussion, applied implications, limitations, and directions for future research.

General Discussion

Hypotheses One and Two

Hypotheses one and two are discussed together because both relate to broad measures of overall well-being. These hypotheses stated that participants would demonstrate a gradual improvement in their overall distress levels and levels of overall life satisfaction throughout the course of the study (i.e., baseline, intervention, and post-test phases), as measured by total scores on the Outcome Questionnaire 45.2 (OQ) and Satisfaction with Life Scale (SWLS), respectively. The first two hypotheses were examined through visual analysis of the means, levels, trends, and latency of change across phases.

Overall, hypothesis one was not supported in either of the partners in Couple One. For Couple Two, Joe's data did not support gradual improvement in overall

distress levels; however, Stacey's data offered support of the hypothesis when looking at her means, trends, and latency of change across phases. For hypothesis two, similar results were found. For Couple One, neither partner's data supported continued improvement in overall life satisfaction. For Couple Two, Joe's data also did not support hypothesis two; however, Stacey's data offered limited support when looking at her means and level. It should be noted though that most individuals demonstrated some improvements in life satisfaction and well-being over the course of the study, even though there was not full support of continual improvements.

Various authors have noted the impact that relationship satisfaction has on overall well-being (i.e., Waite & Gallagher, 2000; Whisman, 2001). Additionally, couple satisfaction has been shown to be a predictor of life satisfaction and overall well-being (Fincham & Beach, 2010; Proulx, Helms, & Buehler, 2007). Furthermore, Diener and Seligman (2002) studied college students and found that happy people have satisfying social relationships and lower levels of psychopathology. What seems to be less studied is the direct impact that conflict management has on overall well being and life satisfaction. However, it seems that researchers tend to agree that the ways in which conflict is managed is important in relationships (Bertoni & Bodenmann, 2010); with couples in satisfied relationships using more constructive conflict resolution styles (Bertoni & Bodenmann, 2010; Gottman, 1999). Therefore, it was thought that increasing effective conflict management skills would lead to higher satisfaction within the relationship, leading to higher overall life satisfaction.

In other literature, Choi (2013) examined conflict management cultures in the workplace as related to workplace satisfaction. Choi found that a collaborative conflict management style led to higher workplace satisfaction; whereas, a dominant conflict management culture led to dissatisfaction in the workplace. While this relates to workplace relationships, one might expect that a similar finding would be discovered in romantic relationships. Choi's (2013) findings also seem to fit with much of the literature on couples that points to the importance of conflict management styles on relational satisfaction (Bertoni & Bodenmann, 2010; Gottman, 1999).

It may be important to consider two explanations as to the lack of improvements in overall well-being and life satisfaction (clearly due to the intervention). First, the intervention may not have had a significant enough impact on conflict management in order to impact life satisfaction and well-being. When looking at the findings of the current study, conflict seemed to be positively impacted by the intervention and there were some positive changes found in life satisfaction and well-being (even though these positive changes did not fully support the hypotheses). Furthermore, Fujita and Diener (2005) acknowledge that research on subjective well-being/life satisfaction has tended to show relatively stable rates of life satisfaction over time, though also their study demonstrated that there are people who do show changes over time (which may be related to specific events). Second, it is possible that there is not a relationship between conflict management and life satisfaction and well-being; however, due to the research discussed above, this seems unlikely. Based on the findings for conflict in the current

study and existing literature, it seems improbable that either of these two explanations accounts fully for the findings.

Another reason there may have been mostly no support (one of the four participants showing more support of hypotheses one and two) shown for gradual improvements in overall well-being and life satisfaction is because overall well-being and life satisfaction are constructs that are broad measures, not directly related to conflict which is the aspect the study aimed to change more directly. Research seems to support the ideas that how conflict is managed is important to relationship satisfaction (Bertoni & Bodenmann, 2010; Gottman, 1999) and that relationship satisfaction is important to overall life satisfaction and well-being (i.e., Waite & Gallagher, 2000; Whisman, 2001). Therefore, one may also expect that, with time, improving conflict management skills would demonstrate improvements in relationship satisfaction, life satisfaction, and overall well-being. Research has not seemed to address how long it may take to see changes in well-being and life satisfaction when applying a couple therapy intervention. Therefore, it seems more likely that there was not enough time in the current study to observe changes in life satisfaction and well-being and that the constructs of life satisfaction and well-being are broad constructs that were not directly related to the purpose of the intervention.

Hypotheses Three and Four

The third and fourth hypotheses are reviewed together as both relate to broad measures of relationship functioning. These hypotheses stated that participant's would show a gradual increase in relationship satisfaction and relational

adjustment/functioning throughout the three phases of the study (i.e., baseline, intervention, and post-test), as measured by the Kansas Marital Satisfaction Scale (KMSS) and Dyadic Adjustment Scale (DAS), respectively. For both hypotheses, both partner's in Couple One and Joe, of Couple Two, showed no support for gradual improvements in relationship satisfaction and adjustment. However, Stacey, of Couple Two, showed mean, level, and latency support for both hypotheses. It also seems important to note that Couple Two's participants did show increases in relational adjustment, even though Joe's did not offer support of the hypothesis.

As previously discussed, researchers have found that the ways in which conflict is managed is important in relationships (Bertoni & Bodenmann, 2010); with couples in satisfied relationships using more constructive conflict resolution styles (Bertoni & Bodenmann, 2010; Gottman, 1999). Thus, examining relational satisfaction, quality, and functioning is important. While hypotheses three and four were not supported overall (only one of the four participant's data supported the hypotheses), there were changes that seemed important and positive related to relationship satisfaction and functioning. For example, there appeared to be fewer fluctuations in scores on the KMSS for Couple One and a greater increase in scores on the KMSS for Couple Two during the intervention phase.

There are several factors that may impact the findings related to relationship satisfaction and quality in the current study demonstrating different results, as compared to existing literature. For example, a number of things can impact one's satisfaction, including but not limited to social relationships, work, trust, commitment

levels, finances, and gratitude (i.e., Campbell et al., 2010; Givertz, Segrin, & Hanzal, 2009; Gordon, Arnette, & Smith, 2011; Gottman, 2011; Hardie & Lucas, 2010; Lawrence et al., 2008; Papp & Witt, 2010; Young & Kleist, 2010). Both couples in the current study were attending couple therapy for several issues, one of which was difficulties with trusting their partner. For Couple One, they reported that Mike had an “emotional affair” that involved talking to a woman online. Infidelity can certainly increase difficulties with trust and it can be challenging and stressful to regain trust within the relationship (Bagarozzi, 2008; Gordon, Baucom, Snyder, & Dixon, 2008; Gottman, 2011; Rider, 2011). Campbell, Simpson, Boldry, and Rubin (2010) noted that trust relates to the degree in which partners can count on one another and that trust can greatly impact relationship satisfaction, distress, and stability. Therefore, each couple’s reported history of trust concerns may have been impacting their reduced satisfaction and functioning. Couple Two also reported struggling with trust, which seemed to be more linked to not feeling safe to express their thoughts, feelings, or concerns within the relationship—and their scores appeared to be more impacted by the intervention.

Gottman (2011) also addressed updates and changes to consider within his approach to working with couples. In particular, he discussed the lack of including trust within his Sound Marital House theory (Gottman, 1999). He explains that since developing his approach, he has discovered important pieces that were lacking originally. These include trust, loyalty, and balance of power (Gottman, 2011). He noted that trust increases resilience within relationships and reduces the complexity of interactions because each partner does not feel the need to test one another. Thus, he

noted that learning skills for managing conflict are important, but skills are also not the end-all-be-all to improve relationships. Gottman does point out though that improving skills can improve trust within a relationship as well.

Within the current study, it may be that building more effective conflict communication skills was helpful for participants; however, the important piece about trust may not have been as directly addressed through the skill building. It does appear that increasing effective skills was helpful to the couples in both increasing satisfaction and happiness, but even more so in developing more stability in their happiness and satisfaction. It may be that other techniques would be important to employ in order to rebuild trust, which may then help to further increase relationship satisfaction and quality. For example, Gottman (2011) discusses the importance of “attunement” (p. 190) in rebuilding trust. He describes attunement as “being there” (p.191) for each other when one person is feeling emotional or has a need. Attunement involves nondefensive and empathic listening in order to gain a greater understanding of the emotion being experienced. Additionally, other researchers have pointed to other important components such as thorough assessment of trust concerns, goal setting, and forgiveness and reconciliation (Bagarozzi, 2008; Gordon et al., 2008; Greenberg, Warwar, & Malcolm, 2010). The current intervention included components of some of these items when aiming to increase effective conflict communication; however, there were not more specific skills taught in order to rebuild trust more directly.

More specifically related to conflict and relationship satisfaction and quality, Gottman (2011) states that effective repair during conflict, “is probably the single most

important process that a long-term relationship needs to survive and stay mutually satisfying” (p. 269). Some of the ways in which couples can effectively use repair include skills taught in the current study, such as taking responsibility, using understanding and empathy, and taking short breaks. Furthermore, it is important that couples can move to an admitting mode (i.e. taking responsibility) early on in conflict and that they have a neutral or positive start to the conflict (Gottman, 2011). The current study aimed to include more effective repair through teaching skills and through asking couples to take responsibility by implementing video tape feedback. Thus, based on Gottman’s (2011) statement it seems that couples would have shown greater improvements in relational satisfaction and quality.

Several other components of the current study may have attributed to the lower increases seen in relationship satisfaction and quality overall. Due to the short nature of the intervention phase (three sessions), it may be that more time would be needed to further increase and stabilize scores. Additionally, couples were not taught about the Four Horseman and Antidotes to the Four Horseman (Gottman, 1999) until after they completed the first videotaped conflict interaction. Thus, one may not expect to begin seeing greater change until the second and third intervention sessions. Perhaps if couples would have participated in another intervention session or a booster session there may be greater improvements and/or stability found.

Hypotheses Five and Six

The final two hypotheses are discussed together, as both relate more specifically to conflict. These hypotheses stated that participant’s would demonstrate an immediate

increase in their ability to more effectively manage conflict following the intervention, followed by a slight decrease in effective conflict communication during post-test as measured by the Ineffective Arguing Inventory (IAI) and three subscales on the Kansas Marital Conflict Scale (KMCS; a trial scale due to limited norming data), respectively.

Results from the current study found mixed support for hypotheses five and six. When looking at conflict abilities, as measured by the IAI, Mike's means (Couple One) showed some support and his scores were lower (improvement) and more stable in post-test. Kim's data did not support hypothesis five. Visual analysis of Joe and Stacey's data demonstrated support of hypothesis five when looking at trends and latency, though not for means and levels. For both partner's in Couple Two, it is important to note that both participant's demonstrated improvements in conflict management (lower, more stable scores) during post-test. This seems positive, though does not support the hypothesis of deterioration in conflict management abilities during post-test.

Hypothesis six was examined by visual analysis of the three subscales on the KMCS. For all three subscales, agenda building, arguing, and negotiation, visual analysis found mixed results overall. For Couple One, Mike's data did not offer full support of improvements in conflict abilities, though he showed improvements which were maintained during post-test on all three subscales. Kim's visual analysis did not offer support of the hypothesis within all subscales; however, did seem that her scores on all subscales initially dropped during the intervention phase while then increasing through the remaining intervention and post-test phases. Couple Two's data offered

more support overall, particularly when looking at trend and latency of change within each scale.

There are several reasons that the participants' data may have offered, overall, greater support for hypothesis five and six, which predicted improvements in conflict management abilities during the intervention. First, the IAI and KMCS are based on Gottman's research about the characteristics of ineffective arguing (Kline, et al., 2008; Gottman, 1999). Thus, one might expect that there would be greater change in conflict found within these scales and constructs, considering the intervention is based on Gottman's approach to conflict management. Additionally, the IAI and KMCS both intend to measure communication in relationships, particularly how a couple handles conflict. This more directly relates to the purpose of the current study, improving couple's conflict management skills, which is important when choosing assessments for a study (Kazdin, 2011). Couples were taught more effective ways to communicate during conflict interactions (Gottman, 1999) and it appears that these new communication skills were helpful in improving the couples' conflict communication abilities, overall. The one exception to this is that Kim, of Couple One, did not seem to show improvements overall. It seems important to note, however, that she did generally have more stable and somewhat improved scores during post-test.

While it is not clear what caused Kim's conflict management to show deterioration during the intervention phase and increases again during post-test, research suggests several ideas that may be important to consider. For example, Kline and others (2008) noted that research has showed mixed findings about whether lower

satisfaction leads to destructive conflict or if reducing destructive conflict increases satisfaction with time. Kim's scores on the KMSS suggest that she may not have felt happy in her relationship, which may then lead to less effective conflict management. Furthermore, teaching more effective conflict management skills may have brought to her awareness the difficulties with communicating, as Gottman (1999) noted that taking responsibility and increasing awareness are goals for video tape feedback. Kim's increased awareness may have led her to indicate lower abilities with conflict management during the intervention phase. However, practicing effective conflict management skills may, with time, have increased her ability to manage conflict and increase her satisfaction (Kline, et al., 2008). Thus, it may have been helpful to capture follow-up data to assess changes over time.

For both couples, there tended to be a slight decrease in self-reported abilities to manage conflict (as measured by the IAI and KMCS) following the first intervention. Couple One also tended to demonstrate an additional drop after the second intervention session, while Couple Two tended to show dramatic improvements overall after the second intervention session. Several explanations may be warranted. At the first intervention session, the couples were not taught the new skills until they had completed the videotape feedback portion. Thus, it seems logical that their scores may continue in the pattern from baseline (tending to show decreases) and that they may have increased their awareness of their difficulties within conflict communication (Gottman, 1999, 2007). For the second session, each couple had been taught skills and reviewed the ineffective and effective ways of engaging in conflict. Thus, it might be

expected that their scores would begin to increase at this time. This is what seemed to occur with Couple Two. On the other hand, Couple One continued to show decreasing scores at intervention session two. This may be attributed to the higher amount of distressed and negative emotions experienced during that particular conflict interaction, as noted above (Bertoni & Bodenmann, 2010; Gottman, 1999).

Several other theories of couple therapy may also provide information related to mechanisms of change that may have impacted the overall improvements on conflict abilities (with the exception of Kim). Cognitive-Behavioral Couple Therapy (CBCT) identifies the importance of communication skills, problem solving, and a lower number of negative interactions for healthy relationships (Baucom, et al., 2008). Integrative Behavioral Couple Therapy (IBCT) also delineates three destructive conflict communication patterns and points to the importance of acceptance and tolerance of emotions and behaviors in a relationship when seeking changes towards a healthy relationship (Dimidjian, et al., 2008). Finally, Emotionally Focused Couple Therapy (EFT-C) notes that security in a relationship is important, as well as reciprocated emotional accessibility (Johnson, 2010).

The current study aimed to alter many of the components listed above, while also addressing a couple's ability to manage conflict more effectively. There are several areas that may not have been as clearly addressed in the current study and may be relevant to finding no support of hypotheses five and six within Kim's data. These include the acceptance of emotions, security in a relationship, and reciprocates emotional accessibility. Kim vocalized concerns about Mike's online emotional affair

and his difficulties with expressing his feeling to her. From an EFT-C lens, Kim may not have shown improvements overall due to her feeling a lack of security within the relationship and not understanding Mike's feelings. It is possible that the other participant's felt more secure within the relationship and thus changes in the other components (i.e. communication, less negative interaction, and problem solving) demonstrated improvements in conflict management abilities.

Supplemental Narrative Data

Based on each participant's response to the question "What will you take away from here?" (i.e. what was your experience like) at the end of the third session, several points seem worth discussing. First, all participants reported that watching the video tape of their conflict interaction was useful for them to personally see how they were responding to their partner. Gottman (1999) notes one purpose of using video tape feedback is to help couples move from an attack-defend standpoint to taking more responsibility. Additionally, Gottman (2011) noted that taking responsibility (moving to an admitting mode) is one of the most important pieces in couples successfully managing conflict and remaining satisfied and Greenberg and others (1988) found that couples felt taking responsibility in the relationship was important for change. Each participant noted the usefulness of the video tape and seemed to share ways in which watching themselves on tape helped them take more responsibility for both their own verbal and non-verbal communication. All participants discussed something new they learned about the way in which they interacted with their partner and how watching the video brought this to their attention. Thus, it certainly seems that, based on participant's

report, the video tape feedback intervention assisted each of them with taking more responsibility for how they were interacting with their partner.

Due to findings in research that have demonstrated therapists and clients do not perceive the same factors to account for change in therapy (Helmeke & Sprenkle, 2000; Thomas, 2006), it seems important to consider couple's answers to how the intervention was helpful to them. In Thomas' (2006) study, clients noted the most important factor for their change was hope and expectations. The current study's participants seemed to indicate a sense of hope in learning new skills and seeing their own communication on video tape. Additionally, Stacey, of Couple Two, noted how participating in the current study created hope for their relationship to continue.

Other research has found that gaining an understanding of one's partner, intellectually, emotionally, and cognitively, also leads to change in a relationship (Christensen, et al., 1998; Greenberg, et al., 1988). For the current study, perspective taking questions (Gottman, 1999) that were used during the second and third intervention sessions aimed to help partner's gain a better understanding of one another's perspectives, views, and emotions. The couples in the current study seemed to gain a better understanding of one another during these questions, which may also have led to some of the change found. Couple Two had a particular moment in which they were very moved by the better understanding they gained of one another, which seemed powerful for them when reviewing what they would take away from the study.

Applied Implications

Some of the findings of the current study are inconclusive due to the inconsistent data between individual participants and within each hypothesis. The reason for these differences can only be hypothesized; however, with further replications of the study the speculations from the current study may be supported or disproved. Limitation concerns are further discussed in the limitations section below, though these are important to consider in reading the applied implications.

At minimum, the results of the current study suggest that using a videotape feedback intervention for increasing effective conflict communication skills should at least be considered by therapists working with couples struggling to communicate effectively or take responsibility (gain insight) into how they are communicating with their partner. While replicating the study would provide additional information about the effectiveness and generalizability (Kazdin, 2011), the current study did offer limited support through visual analysis of conflict management, satisfaction, and relational adjustment that this type of intervention may be useful.

While there was somewhat mixed results for support of each hypothesis across the two couples, it was more often the case that Couple Two offered greater support of any given hypothesis than Couple One. It cannot be determined the exact reasons for this, though several aspects may have impacted this difference. There are several differences between the two couples including: Couple One has a young child and Couple Two has no children; Couple One had been dating longer than Couple Two; Couple One had been in couple counseling approximately two months longer than

Couple Two at the start of the study; and, the individuals in Couple Two had both received previous individual or group therapy and the individuals of Couple One denied previous treatment history. Another difference between the couples was that Couple One reported that Mike had an “emotional affair” online with another woman; whereas, Couple Two did not report any affairs within their relationship.

It is not yet clear which individual client characteristics and relational components make videotape feedback for conflict interactions more or less effective. What does seem clear is that using a videotape feedback intervention in which couples are taught about effective and ineffective conflict management strategies based on Gottman’s (199; 2007) work would benefit from further research. In the meantime, it seems that couples who are struggling with ineffective conflict strategies may benefit from learning concrete effective skills (Gottman, 1999; 2007). Furthermore, it seems that incorporating the videotape portion likely allows couples to take responsibility of their communication behaviors, thus increasing their focus on making improvements. This seems in line with Gottman’s (1999; 2007) belief that videotape feedback will increase responsibility taking and decrease the attack-defend mode couples can begin. Additional support of this was obtained when asking the current study’s participants what they would take away from the intervention. All participants commented on the importance of seeing themselves on tape and learning more effective conflict skills to help them identify their struggles and make changes to their communication.

Additionally, at this point in time it seems that supplemental therapy beyond a video tape feedback intervention is necessary. For the current study, couples were

participating in couple counseling with a separate therapist throughout the duration of the study. This may have allowed them to address other important concerns for their relationship. Furthermore, Gottman (1999) identifies several aspects that are important to address for a healthy, satisfied relationship. He described these in his Sound Marital House theory (1999), which includes aspects such as positive interactions, developing a friendship, and accepting influence from one's partner. Thus, supplemental therapy may address other important areas for a couple's relationship.

Additionally, supplemental therapy may help to reinforce skills learned through this type of intervention. It may be that with further practice of recognizing ineffective conflict interactions and increasing effective conflict management skills, couples will be more able to increase their communication effectiveness. Gottman (2007) addresses the importance of interrupting couples in session when they are using ineffective skills and asking them to re-state ideas in more effective ways. Thus, using supplemental therapy to reinforce what is being taught through the intervention would more closely follow Gottman's couple therapy approach and also allow couples greater practice with the skills.

Finally, per couples' verbal report and some findings of the current study, it also seems that teaching couples about the Four Horseman and Antidotes to the Four Horseman (Gottman, 1999) is helpful. These provided couples with concrete conflict communication skills to assess within themselves and improve. Additionally, the perspective taking questions in order to help couples gain a better understanding of their partner (following the video tape intervention and discussion of conflict skills)

seemed useful for couples in the current study. Couple Two had a powerful moment during on the intervention sessions in which they gained a greater understanding of one another, and Couple One noted that it was helpful to hear their partner begin to understand them more fully. Thus, these components of the intervention may be useful in couple therapy, though further research will be beneficial.

Other Considerations

There are several other considerations when determining if it might be appropriate to use a videotape feedback intervention for managing conflict when working with a couple. One such consideration is a general practice that couple counseling is not used in situations in which abuse is present in the relationship (Gottlieb, Lasser, & Simpson, 2008). If it becomes known that one partner is abusive, efforts should be made to safely transition the couple to more appropriate care. Violence within the relationship will not create a safe space for which to examine oneself and make changes to one's own communication behaviors, and consequently the videotape intervention is contraindicated.

Another consideration is the importance of a strong knowledge base about both working with couples and Gottman's approach to couple counseling due to the intervention being a couple's therapy intervention based in Gottman's method (Gottman, 1999, 2007). Working with couples requires an additional skill set, as compared to individuals, due to the couple (or relationship) being considered the client. This requires the therapist to consider how to remain neutral (Gottlieb, Lasser, & Simpson, 2008) or shift neutrality so as to not solely support one individual's

perspective. More specifically for this particular intervention, this means having an ability to focus on both individual's effective and ineffective communication skills. This is different than providing positive feedback to one individual and constructive feedback to the other. It is important that both individuals receive positive and constructive feedback.

Understanding Gottman's (1999; 2007) approach to counseling couples is also important. For the current study, the effective and ineffective skills taught were based on the Four Horseman and Antidotes to the Four Horseman. Thus, it is important to understand these conflict communication skills, be able to teach others what these mean, and have an ability to recognize these skills during communication between the partners in order to address the communication concerns.

A final consideration is the comfort or lack of comfort that any particular individual may experience in completing a videotape feedback intervention addressing a conflict interaction. It is likely common that many individuals will experience at least some discomfort in watching themselves on tape initially. Most individuals will likely be able to work past this discomfort (as all in the current study did). However, if an individual remains extremely uncomfortable and does not feel safe, the intervention may not be effective. Part of offering a detailed informed consent prior to beginning the study is to discuss this possibility.

Limitations

There are numerous limitations to the current study. Several limitations were present due to using a single case design. Additional limitations related to the

assessments chosen for the current study, concerns about generalizability, and missing data. This section further outlines the limitations of the current study.

Internal Validity

There are several components related to internal validity that may have interfered with the results of this study. For example, both couples were participating in weekly couple counseling throughout the course of the study. Additionally, there was an exception for Couple One in which during the intervention phase, they did not attend one couple session due to their therapist's absence. Couple One had also been in couple therapy longer than Couple Two at the start of the study. While each couple participated in a baseline, which may have measured treatment-as-usual effects, it still is possible that changes seen during the study were due to events that took place within their weekly couple counseling appointments with their assigned therapist (each couple had a different assigned therapist). It is unknown what exactly each couple's therapist did in each session; however, it is clear that they did not use a videotape feedback intervention during the course of the study.

There may also be a challenge with the internal validity of the study when findings show that a treatment worked for one participant and not another. When this occurs in single case design studies, there is no way to know what factors contributed to the finding. In the current study, there were different findings across participants. This was especially true for Kim, of Couple One, and Stacey, of Couple Two. Kim's data tended to not support various hypotheses, while Stacey's data more often supported hypotheses. While some of the reasons these differences may have been found were

explored previously, there is no empirical way to examine what might have caused her to show stronger effects across numerous constructs and scales.

Generalizability

While Kazdin (2011) noted there are no findings that show single-case design studies have overall more or less generalizability (as a method), this is an aspect that it important to consider. The current study included a somewhat homogenous sample. As discussed previously, there were several demographic variables that varied between the couples (i.e. interracial couple, children, previous treatment, and length of time in current relationship). While the current study cannot determine how exactly these differences may have impacted the findings, it will be important to further assess for which individuals this type of intervention is most helpful.

However, there were also several variables in which the participants were similar. All participants were in their early 20's (22 or 23 years old) and in a heterosexual romantic relationship. Three of the four identified as Caucasian American/white and one identified as African American/black. All reported they had been in one or two (with two being most common) significant relationships since being 18 years old. Both couples had also been living together for approximately 10 months. All participants were either completing a four-year college degree (two) or had already completed a Bachelor's degree (two). All participants reported an annual household income between \$5,000 and \$14,999. Additionally, all participants checked "communication issues" as one of the reasons for attending couple counseling.

When generalizing the results of the current study, it would be important to consider these participant characteristics, as it is unknown which characteristics may be linked to greater or lesser changes. This seems particularly relevant because the findings for the current study tended to be mixed. Furthermore, the study included college students in heterosexual relationships. Thus, the current study's results may not generalize to older generations or same sex couples.

Missing Data

There were several occasions in which a participant did not accurately complete a survey, thus data was missing. These instances were noted in the results section. Due to the limited data collection points, missing data is a concern for the current study. Kazdin (2011) noted that insufficient data points (in the current study due to missing data at times) can pose a threat to validity and make it difficult to determine a participant's performance. In the current study data that was missed, particularly during the intervention sessions, may have made it more difficult to find support of hypotheses. For example, there are only three intervention points (for each scale), thus missing one of those points during the intervention phase on any one scale makes it difficult to visually examine the data. One way to attempt to offer some safeguards against missing data was to use multiple measurements, some of which examined similar constructs. Therefore, if one survey was not completed properly it was hoped that another survey could provide similar information.

Data Evaluation

Another concern related to data that should be considered in single case designs regards the mechanisms for data evaluation. Kazdin (2011) noted that there are not any clear-cut rules when visually analyzing data; however, he also noted that visual analysis is recommended. While there was an attempt to be unbiased in visually analyzing the results, one cannot guarantee that personal and professional influences did not interfere with or impact the determinations made in the current study. It is possible that another reviewer may disagree with the decisions made for each hypothesis in the current study. There are numerous figures provided in the Results section to help each reader make his or her own judgment about whether or not the videotape feedback intervention for conflict interactions was effective. Furthermore, the missing data points made it more challenging to make determinations for various hypotheses.

Length of Study

Another possible limitation is the length of the study. Due to the nature of the time constraints and IRB protocol, the author was only allowed to complete four baseline, three intervention, and four post-test measurements. These were all completed weekly. Several challenges emerged in which it may have been better to have more time for the study. First, when there was missing data it might have been more useful to be able to add additional weeks of intervention to obtain more data points. Additionally, when trying to attain a stable baseline there were several instances in which trends were found that made it more difficult to determine that change was related to the intervention. Thus, it would have been better to be able to continue

baseline measurements until stability was found (Kazdin, 2011). Finally, it may have been useful to have a follow-up measurement at a later date to measure sustained changes.

Another consideration related to the length of the study is that there were only two intervention sessions in which participants were knowledgeable about effective and ineffective conflict communication skills prior to completing the videotape feedback intervention on their conflict interaction. This allows couples a very limited time frame to practice using the skills. More time for practicing the skills and reviewing video may have impacted the amount of change found. It does not seem there is literature that address the rate of change when learning conflict management skills; however, one may hypothesize that more change would be found if participants had more than two sessions to practice with more effective skills.

Experimenter Bias

Another potential limitation is that the author was the therapist in all of the videotape feedback intervention sessions. While there was an attempt to remain unbiased throughout the study and the analyses of data, it is likely that experimenter bias impacted the current study in some way. It may be that during the intervention sessions, the author unexpectedly expressed expectations to participants to suggest that they change in ways to support hypotheses. Additionally when using visual analysis to determine if there was or was not support of each hypothesis, the author's desire to find positive change may have impacted the determinations of the findings. The visual data

is presented in the results section, thus others can make their own determinations about the findings.

Assessments

A final limitation relates to the instruments used. Unfortunately, there appears to be a lack of strong, up-to-date instruments for measuring constructs related to the concerns faced by couples. Gottman (1999; 2007) has developed a number of measures to examine specific areas of a relationship based on his research; however, these measures are lacking psychometric evaluations. For the current study, an attempt was made to select measures containing stronger psychometric properties in addition to having an ability to measure constructs relevant to the current study. This balance was challenging.

Due to the challenges in selecting measures that examined constructs related to the current study, while having some psychometric properties, scales such as the IAI, KMSS, and KMCS have been less studied. Therefore, these scales also lack strong support for reliability and validity. Reliability of these three measures has been found to be relatively high; however, this information is based on limited research. Additionally, the KMCS study included a very small number of participants and did not examine validity. Thus, further exploration of these particular scales' reliability and validity would be useful. Furthermore, the IAI and KMCS do not have clear categories or cut-offs for scores which means it is difficult to determine what scores mean and when a significant or reliable change in scores has been found. However, these three scales

relate more strongly to Gottman's theory and conflict within relationships which is why they were included.

On the other hand, the DAS has been well-studied; however, it was developed with the framework of a "married couple" (i.e. heterosexual, committed relationship). The DAS manual (Spanier, 2001) states that the DAS has been studied with a variety of couples (i.e., married, cohabiting, gay, lesbian) and has shown little differences between groups. While the DAS language seems to be overall inclusive, there are items that ask about being married and aspects of living together. This is important to be aware of as a potential limitation.

Directions for Future Research

Considering the limitations discussed, findings of the current study, and existing literature, there are several directions for future research to consider. In order to continue to better understand the use of video tape feedback interventions to increase effective conflict communication, researchers may benefit from focusing on several areas. The directions for future research are outlined below.

Replication

First and foremost, replication of the current study seems warranted. Through replication, a greater understanding of the effectiveness of the intervention can be obtained (Kazdin, 2011). Replication of the study may help to increase awareness of client characteristics that may receive greater or lesser benefits from the intervention. The more replications completed with various couples that demonstrate an effectiveness of the videotape feedback intervention, the more confident one can be in

stating its overall effectiveness. Replication seems particularly warranted when considering the mixed findings of the current study. Furthermore, future research on this topic may benefit from obtaining diverse samples of participants when replicating the study to help increase the generalizability of the findings.

Considering the results of the current study, it may also be helpful to replicate the study with a longer intervention phase. It seemed that couples began making changes between the second and third intervention sessions. Future research may benefit from trying longer intervention phases (four or five sessions) to determine the impact on conflict skills, satisfaction, and well-being. Additionally, it may be worthwhile to attempt a booster session to determine if changes are better maintained with more time spent working on conflict abilities.

Intervention Considerations

Another consideration for future research would be to more closely align with Gottman's (1999; 2007) approach to couple counseling. For example, this may include a more intensive assessment period or gathering greater detail about the relationship initially. Gottman's method (1999; 2007) of couple therapy has a distinct assessment phase prior to interventions in order to determine goals and gather important background information. This may be helpful information to obtain for future studies. Furthermore, Gottman (1999; 2007) noted the importance of interrupting couples during sessions when they are using any of the Four Horseman in order to provide them an opportunity to respond differently. The current study did not implement this

technique until the third intervention session. It may be important to consider following Gottman's (1999; 2007) method throughout the duration of the study.

Another consideration is to teach couples about the Four Horseman and the Antidotes prior to completing the first conflict interaction in session one. In doing this, couples would have a greater amount of time to practice with the new skills. Following the first taped conflict interaction, it would then seem more congruent with Gottman's method to interrupt the couple when they were engaging in ineffective skills in order to have them use more effective skills. It would be hoped that these changes would help to increase couples' awareness of their skill use and increase mastery of more effective skills in a short amount of time.

Methodology

Our understanding of the Gottman (2007) conflict management intervention may also be improved by completing a more qualitative study to first gain a better understanding of what couples view as helpful within the intervention. For example, researchers may consider adding a qualitative approach at the end of the intervention sessions or end of post-test in order to gain a better understanding of couples' perceptions of the intervention, as we know couple's perceptions of what was helpful can vary (Christensen, et al., 1998; Helmeke & Sprenkle, 2000). Qualitative data may provide information about how to improve the intervention, based on what couples find helpful.

There are several areas for which it may be helpful to inquire. As such, researchers may ask couples about their thoughts/reactions/comments (in general) in

regard to each intervention session and their participation overall at the end. It may also be useful to ask participants what was most and least helpful, reactions to the skills taught and to the use of the videotape feedback, and what they learned/wish they had learned. Due to the lack of literature on videotape feedback within couple counseling, it seems important to add a qualitative piece to supplement the quantitative data.

Assessments

Future researchers would also be well-served to continue to examine instruments that measure constructs related to the current study. As previously reviewed, there seems to be a lack of reliable and valid couple assessments that measure the constructs of the current study. As improved measures become available, it would be important to utilize them. It is particularly relevant to assess scales' sensitivity to diversity issues. For example, many scales use language relative to married, heterosexual couples. This is certainly problematic and it will be important to continue to push for more inclusive assessments for couples.

Kazdin (2011) identifies several measurement guidelines to consider for single case design studies, some of which seem particularly relevant for a study similar to the current one. For example, he noted that the measure should assess the construct of interest directly, if possible. Due to the current study examining conflict within relationships and there seeming to be a lack of strong measures on conflict, it may be helpful to further assess options when measuring conflict. Additionally, he noted that the measure needs to have the ability to be administered continuously. Again, due to

limited information on some of the scales in the current study, future studies would benefit from ensuring the assessments being used are appropriate for continuous use.

Relationship between Conflict and Satisfaction

Due to the mixed findings in the current study related to life and relational satisfaction, future research may want to focus on further examining the relationship between conflict and satisfaction. Based on current literature, it seems clear that researchers tend to agree that the ways in which conflict is managed is important in relationships (Bertoni & Bodenmann, 2010); with couples in satisfied relationships using more constructive conflict resolution styles (Bertoni & Bodenmann, 2010; Gottman, 1999). Additionally, couple satisfaction has been shown to be a predictor of life satisfaction and overall well-being (Fincham & Beach, 2010; Proulx, Helms, & Buehler, 2007). Furthermore, Diener and Seligman (2002) studied college students and found that happy people have satisfying social relationships and lower levels of psychopathology.

Thus, there seems to be links between how conflict is managed, relational satisfaction, overall life satisfaction, and well-being. What seems to be less clear is the direct impact that conflict management has on overall well-being and life satisfaction. It would be useful for future research to examine this direct relationship more closely. Perhaps, there is not a strong, direct impact on life satisfaction and well-being when improving conflict management skills. It may be that developing more effective conflict skills leads to higher relational satisfaction more directly, and that this then leads to higher overall well-being and life satisfaction.

Relationship between Trust and Conflict

Another area that future research may focus on is the relationship between trust and conflict. One study by Rempel, Ross, and Holmes (2001) discusses how previous literature has suggested that couples with low trust in their partner tend to minimize positive actions of their partner and intensify the implications of their partner's negative behavior. This finding is related to Gottman's (1999) idea of negative reciprocity, where each partner will defend his or her own perspectives and criticize his or her partner's explanations. Rempel, Ross, and Holmes (2001) noted that this may then lead couples to avoid conflict as a way to protect themselves from disappointment and further conflict. Therefore, it may be said that couples with lower levels of trust may exhibit different conflict styles than couples with higher levels of trust.

In the current study, both couples reported difficulties with trust in the relationship. Couple One related this to Mike talking to another woman online and Couple Two struggled with trusting their partner to be supportive. It is possible that in the current study, Kim worked to avoid conflict and expressing her true struggles in the relationship due to a reported low level of trust. Future research would benefit from further exploring the link between conflict and trust and the impact that conflict management skills have on trust within the relationship. Therefore, including a measure of couple's trust in future studies may prove useful.

Measuring Different Perspectives on Conflict

Another consideration for future research may be to consider the ways in which conflict is measured. For the current study, conflict was measured by individual's self-

report on several conflict scales. Gottman (1999), however, also discusses measuring partner's interactions by having an expert use a coding system. Therefore, it may be helpful to have an outside observer and/or the therapist observe and evaluate a couple's conflict (in addition to self-report). An additional consideration may be to have partners rate one another's conflict skills. This may provide helpful information on any discrepancies in how conflict is viewed in the relationship.

Conclusions

The current study examined the use of a Gottman-based video tape feedback intervention in couple therapy (Gottman, 2007). Couples were taught effective and ineffective conflict communication skills, were videotaped having a conflict interaction, and then watched their video tape while they critiqued themselves with the assistance of the therapist. Findings from the current study were mixed overall. The participants, in general, did seem to show improvements in conflict abilities, relational satisfaction and functioning, life satisfaction, and overall well-being. However, their data which measured these constructs did not often fully support the hypotheses of the study, with the exception of Stacey, from Couple Two (who more often supported hypotheses).

The use of a videotape feedback intervention that addresses conflict skills warrants further research. Participants were able to become less defensive and take more responsibility for their communication, which is a goal of video tape feedback (Gottman, 2007). Future research will be helpful in determining individual

characteristics and couple characteristics that impact the effectiveness of such an intervention.

APPENDICES

APPENDIX A

DEMOGRAPHIC FORM

Participant _____
ID: _____
Age: _____
Gender: _____

Ethnicity: Please check the ethnicity you most closely identify with.

- ____ African American
- ____ Caucasian American/White
- ____ Latino/Hispanic American
- ____ Native American
- ____ Asian American
- ____ Other (please specify): _____

How many significant (longer than 3 months) romantic adult relationships have you had since being 18 years old: _____

Relationship Status: Please check the relationship status that best describes your current situation.

- ____ Married/Committed Heterosexual Relationship
- ____ Married/Committed Same-sex Relationship
- ____ Living with Heterosexual Romantic Partner
- ____ Living with Same-sex Romantic Partner
- ____ Committed Romantic Heterosexual Relationship, Not Living Together
- ____ Committed Romantic Same-sex Relationship, Not Living Together

Length of time you have been in the current relationship: ____ years ____ months

If living together, length of time you have been living with current partner:

_____ years _____ months

Number of children you have:

_____ from current relationship
_____ from previous relationship/s

Ages of Children:

How many children under the age of 18 are currently living with you?

_____ **Educational Level:** Please check the educational level that best describes you.

- _____ Some high school
- _____ High school diploma/GED
- _____ Some college
- _____ Associate's degree
- _____ Bachelor's degree
- _____ Graduate/professional degree

Employment Status: Please check the status that best describes your current situation:

- _____ Full-time employment
- _____ Part-time employment
- _____ Caregiver in home
- _____ Not employed and looking for employment
- _____ Not employed and not looking for employment

If employed, please give a brief job title:

If employed, how long have you been employed within this particular job:

What is your annual household income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$50,000 to 59,999 |
| <input type="checkbox"/> \$5,000 to \$14,999 | <input type="checkbox"/> \$60,000 to \$69,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> More than \$100,000 |

How religious or spiritual do you consider yourself:

- | | | | | |
|-----------------------------------|---------------------------------|---------|---------------------------------|-----------------------------|
| Not at all religious/spiritual | Slightly religious/spiritual | Neutral | Somewhat religious/spiritual | Very religious/spiritual |
| 1 | 2 | 3 | 4 | 5 |

Who decided you should go to therapy as a couple:

- You
- Your partner
- A counselor
- A family member
- A friend
- Other (please specify: _____)

Length of time in therapy: _____ years _____ months

Reasons for attending therapy: Please check **all** of the reasons you decided to attend couple therapy.

- | | |
|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Financial Concerns |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Conflict | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Communication Issues | <input type="checkbox"/> Sexual Issues |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Trust Issues |
| <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Unhappy/Dissatisfied in Relationship |
| <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Other (please specify): _____ |

How often do you and your partner attend therapy:

- Once a week
- Every other week
- Once every three weeks
- Once a month
- Other (please specify): _____

APPENDIX B

INEFFECTIVE ARGUING INVENTORY

Below are descriptions of the kinds of arguments people in relationships are likely to experience. Circle the number that indicates how much you agree that each statement fits your relationship.

| | Disagree Strongly | | | | Agree Strongly |
|---|----------------------|---|---|---|-------------------|
| 1. By the end of an argument, each of us has been given a fair hearing. | 1 | 2 | 3 | 4 | 5 |
| 2. When we begin to fight or argue, I think, "Here we go again." | 1 | 2 | 3 | 4 | 5 |
| 3. Overall, I'd say we're pretty good at solving our problems. | 1 | 2 | 3 | 4 | 5 |
| 4. Our arguments are left hanging and unresolved. | 1 | 2 | 3 | 4 | 5 |
| 5. We go for days without settling our differences. | 1 | 2 | 3 | 4 | 5 |
| 6. Our arguments seem to end in frustrating stalemates. | 1 | 2 | 3 | 4 | 5 |
| 7. We need to improve the way we settle our differences. | 1 | 2 | 3 | 4 | 5 |
| 8. Overall, our arguments are brief and quickly forgotten. | 1 | 2 | 3 | 4 | 5 |

APPENDIX C

KANSAS MARITAL CONFLICT SCALE

Please use the following scale and indicate how often you and your spouse engage in the activities mentioned in each question. Please indicate how often by recording the number in the space to the left of each item.

- 1 = Never
- 2 = Once in a while
- 3 = Sometimes
- 4 = Frequently
- 5 = Almost always

When you and your partner/spouse are beginning to discuss a disagreement over an important issue, how often:

- _____ 1. Do you both begin to understand each other's feelings reasonably quickly?
- _____ 2. Do you both get your points across to each other without too much trouble?
- _____ 3. Do you both begin to appreciate each other's points of view on the matter fairly soon?
- _____ 4. Does your partner/spouse seem to be supportive of your feelings about your disagreement?
- _____ 5. Does your partner/spouse tell you that you shouldn't feel the way you do about the issue?
- _____ 6. Is your partner/spouse willing to really hear what you want to communicate?
- _____ 7. Does your partner/spouse insist on contradicting many of your ideas on the issue before he/she even understands what your ideas are?

- _____ 8. Does your partner/spouse make you feel that your views, even if different from his/hers, are really important to him/her?
- _____ 9. Does your partner/spouse seem more interested in justifying his/her own point of view rather than in understanding yours?
- _____ 10. Does your partner/spouse let you feel upset or angry without putting you down for it?
- _____ 11. Does your partner/spouse blame you for any of your feelings of frustration or irritation as if they were mostly your own fault, none of his/hers?

Reminder:

- 1 = Never
2 = Once in a while
3 = Sometimes
4 = Frequently
5 = Almost always

After you and your partner/spouse have been discussing a disagreement over an important issue for a while, how often:

- _____ 1. Are you able to clearly identify the specific things about which you *disagree*?
- _____ 2. Are you able to identify clearly the specific things about which you do *agree*?
- _____ 3. Are you both able to express how the other feels about the issue?
- _____ 4. Are you both able to express the other's viewpoint nearly as well as you could your own viewpoint?
- _____ 5. Does your partner's/spouse's facial expression and tone of voice convey a sense of:

(*please be sure to write a number in each blank below—using the scale provided*)

- | | |
|--------------------|--|
| ___ discouragement | ___ frustration |
| ___ anger | ___ bitterness |
| ___ disgust | ___ self-pity (for himself/herself) |
| ___ condescension | ___ cynicism |
| ___ resentment | ___ respect toward you |
| ___ hostility | |

About the time you and your partner/spouse feel you are close to a solution to your disagreement over an important issue, how often:

- ___ 1. Are you able to completely resolve it with some sort of compromise that is OK with both of you?
- ___ 2. Do you end up with very little resolved after all?
- ___ 3. Do you quickly bring the matter to a conclusion that is satisfactory for both of you?
- ___ 4. Do you realize that the matter will have to be reargued in the near future?
- ___ 5. Do you find that just as soon as you think you have gotten things resolved, your spouse/partner comes up with a new idea for resolving the issue?

Reminder:

- 1 = Never
2 = Once in a while
3 = Sometimes
4 = Frequently
5 = Almost always

About the time you and your partner/spouse feel you are close to a solution to your disagreement over an important issue, how often:

- ___ 6. Does your spouse/partner keep on trying to propose things that are not mutually acceptable ways of resolving the matter at hand?

- _____ 7. Does it seem that no matter what you suggest, your spouse/partner keeps on finding new, supposedly better solutions?
- _____ 8. Are you both willing to give and take in order to settle the disagreement?
- _____ 9. Are you and your partner/spouse able to give up some of what you wanted in order to bring an issue to a close?
- _____ 10. Are you and your partner/spouse able to keep coming closer together on a mutually acceptable solution until you reach it?
- _____ 11. Are you and your spouse/partner able to reach a mutually acceptable contract for resolving the disagreement?

APPENDIX D

SATISFACTION WITH LIFE SCALE

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = neither agree nor disagree
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

- ___ 1. In most ways my life is close to my ideal.
- ___ 2. The conditions of my life are excellent.
- ___ 3. I am satisfied with my life.
- ___ 4. So far I have gotten the important things I want in life.
- ___ 5. If I could live my life over, I would change almost nothing.

APPENDIX E

KANSAS MARITAL SATISFACTION SCALE

| Item | Extremely Dissatisfied | Very Dissatisfied | Somewhat Dissatisfied | Mixed | Somewhat Satisfied | Very Satisfied | Extremely Satisfied |
|--|---------------------------|----------------------|--------------------------|-------|-----------------------|-------------------|------------------------|
| How satisfied are you with your marriage or partnership? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| How satisfied are you with your partner as a spouse or potential spouse? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| How satisfied are you with your relationship with your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX F

INFORMED CONSENT

Informed Consent Form

You are being asked to participate in a study that intends to explore conflict interaction between you and your partner. Specifically, we are interested in understanding how the use of a videotape feedback intervention impacts the ways in which you engage in conflict with your partner and ways you experience your relationship. This study is being conducted by Chasidy Faith, M.A., and Kara Wettersten, Ph.D., from the Department of Counseling Psychology and Community Services at the University of North Dakota. Any questions may be directed to Chasidy Faith at 785-532-6927 or by email to chasidy.faith@my.und.edu. If you have any other questions or concerns about the study please call the Office of Research and Program Development at the University of North Dakota at (701) 777-4279.

Information for this study will be collected by having you and your partner complete a series of surveys for two to four weeks. Following this, you will be completing three in-person videotape feedback sessions in which you are video-taped while having a conflict interaction. During each session, you will watch your tape and discuss the experience through a series of questions that will be asked. Immediately following each of the three sessions, you will be asked to complete a series of surveys. After completing the three sessions, you will then complete a series of surveys for two to four weeks. We expect that it will take you 20-30 minutes to complete the series of surveys at each data collection point and approximately 50 minutes for each of the three in-person sessions. Your name will not be on the surveys completed. Each participant will be assigned a code number to use on all surveys. The master list that links participants' names and code numbers will be stored in a locked file cabinet at Kansas State University Counseling Services. The master list will be destroyed by shredding upon your completion of the study.

Participation in this study is completely voluntary. You may withdraw at any time by informing the researcher, and your research information will be deleted or shredded. If one partner chooses to discontinue the study at any time, both individuals will be ineligible for further participation. There are no consequences for withdrawing from the study. If either individual chooses to withdraw from the study, it will not impact your eligibility to continue receiving or receive in the future any counseling services,

including those you may receive from Kansas State University Counseling Services. You and your partner can participate in other services, regardless of your participation or withdrawal from the study.

Each partner will receive gift cards for merchants in the area upon the completion of tasks for the research. At three points during the study (at the completion of the baseline data collection, at the completion of the three videotape feedback sessions, and at the completion of posttest data collection) each individual will be given a gift card. The amount of the gift cards will be \$10 (following completion of baseline data collection), then \$20 (following completion of three videotape feedback sessions), then \$30 (following completion of posttest data collection). The gift cards will be given to each individual person within the couple. If either partner wishes to withdraw from the study at any time, neither individual will be eligible for future gift cards that they have not already received.

All of the assessment information we collect will be temporarily stored in a locked filing cabinet at Kansas State University Counseling Services until it is transferred (at the end of data collection) to be stored for a period of seven years in a locked filing cabinet in the Department of Counseling Psychology and Community Services at UND. After a minimum of seven years time, data will be destroyed by shredding. Only the researchers and people who audit IRB procedures will have access to the data. The video that is recorded will be recorded and stored on a secure server on Chasidy Faith's work computer in a locked office room at Kansas State University Counseling Services. Audio or video will be used to record each of the three videotape feedback sessions as well. These videos will be used to complete a fidelity check, which ensures that the techniques and procedures being used are accurate and consistent. The audio or videos will be reviewed by Dr. Kara Wettersten through a secure landline or a HIPPA encrypted approved system, Polycom. Polycom's AES encryption provides a valuable tool to enable organizations to proactively secure confidential information regardless of the network type. All audio and video files will not be a part of your clinical or research records and will be destroyed at the end of the study.

Following each of the three videotape feedback sessions, progress notes will be written and stored at Kansas State University Counseling Services according to their policies. The progress notes will state your participation and if there is any level of risk, such as potential for harm to self or others or suspected child abuse or neglect. These notes will not be used in any way within the research. Dr. David Kearns (Assistant Director-Training Director at Kansas State University Counseling Services) will serve as the supervisor for the clinical record. He is a licensed psychologist in the state of Kansas. As a reminder, the information within your progress notes and the three videotape feedback sessions is confidential; however there are exceptions to this. These exceptions are listed on Kansas State University Counseling Service's informed

consent document and include the following: if you are a risk to yourself or someone else, any suspected child abuse or neglect or vulnerable adult abuse or neglect, and if clinical records are subpoenaed by the court system.

By participating in this study, you will contribute to an improved understanding of the use of a videotape feedback intervention to address couple's conflict interactions. The possible benefit to you for participating in this study is the satisfaction of contributing to the knowledge base in this area and possibly learning more about conflict in your relationship. No risks are expected to result from participation in this study. If you find that completing the surveys or the videotape intervention results in distress or discomfort for you, you are encouraged to take advantage of counseling or support services in your community. Neither the researchers, Kansas State University, nor the University of North Dakota can be responsible for the expense of those services.

Please save a copy of this Informed Consent Form for your records.

Participant Signature

Date

APPENDIX G

VIDEOTAPE FEEDBACK INTERVENTION: SESSION CHECK-LIST

Pre-intervention

- _____ Meet with couple to complete therapy and research informed consents and first surveys
- _____ Have couple complete surveys weekly for 2-4 (total) weeks before intervention

Intervention

Session One:

Pre-Taping

- _____ Set up videotaping equipment and room
- _____ Welcome couple and remind them that they will be completing their first video-tape feedback intervention, which will be taped
- _____ Have couple decide on conflict discussion for 10 minute video taped portion
 - _____ Inform couple that the issue needs to be real (area of continuing disagreement) for both people.
 - _____ Identify what disagreement/problem the couple will discuss.

OPTIONAL:

- _____ Fill out/look at Gottman Areas of Disagreement sheet, only if needed (i.e. couple cannot decide on conflict discussion)

_____ If couple initially struggles to come up with a problem to discuss, once you have determined what will be discussed (through the use of the Gottman Areas of Disagreement or conversation with the couple) it may be helpful to ask more about what happened within the disagreement to assist the couple in being able to discuss the problem (i.e. what was the situation, how does the topic come up, who said what, how did each person feel).

_____ A way to attempt to get conflict avoiders to conflict that is fairly typical of what they normally do is to ask them about an upcoming potentially stressful event in their lives. (the task is then to discuss how they can set things up so that their stressors during this event will be minimized, given their 2 personalities—therapist may need to ask probing questions prior to using to ensure a good event has been found)

_____ May ask couple how they can make intervention natural and consistent with their own personality.

Video-tape Completion

_____ Prepare couple to complete 10 minute conflict discussion

_____ **State something similar to:** “To help me understand how the two of you manage conflict, I’d like you to please discuss a problem for 10 minutes. I’m not going to intervene. Instead, I’m going to just watch for now. This way I can get an idea of how you talk over problems at home. It might not look exactly the same as at home. That’s OK. I can get the basic idea. The problem can be anything you like (or what was already decided). What would you like to discuss? (or state what was already decided to discuss) Remember that 10 minutes may seem like a long time, but try to keep discussing until I tell you time is up. OK—go ahead now. Just pretend I’m not here.” (Adapted from Gottman, 2007, p. 10-2)

_____ REMINDER for couple: Goal is not for couple to solve an ongoing dispute during one 10 minute interaction, but to work on the problem and try to make some progress

_____ Videotape couple having a 10 minute conflict discussion.

_____ Sit behind the camera, take a few notes about strengths and weaknesses, say nothing to couple

- Watch for (may complete ‘Observation check list’ to assist with recording what you observe):
 - Four Horseman
 - Emotional Disengagement
 - Start-up (soft and hard)
 - Repair (effective and ineffective)
 - Accepting and Rejecting influence
 - Compromise
 - Gridlock

_____ Do not interrupt couple’s interaction (unless to encourage them to continue or violence/extreme conflict begins)

_____ OPTIONAL—encourage couple to continue in their discussion if they stop prior to 10 minutes

_____ OPTIONAL: Let tape run a bit longer if it will be interesting—don’t prematurely cut anything off

_____ Thank the couple for allowing you to watch and tell them you’ll be working on making conflict management more comfortable and effective for them.

Watching video-tape

_____ Ask the couple how typical the interaction was.

_____ Direct the couple on how to watch their tape

_____ Encourage couple to focus on themselves, rather than their partner

_____ Inform couple to try to refrain from talking while watching the tape and remind them that we will discuss what was observed at the end of watching the tape

_____ Have couple watch the tape—try to talk as little as possible

_____ OPTIONAL: If necessary, encourage couple to focus on themselves while watching the tape (what do they notice about themselves).

Following viewing of video-tape

- _____ Ask couple what they noticed about themselves (allowing each partner to respond)
- _____ Teach couple about 4 horseman through the use of the handout/chart
- _____ Ask couple to make observations about themselves in terms of what they noticed in their interaction related to the 4 horseman—allowing each partner to respond
 - Encourage couple to focus on themselves, not their partner
- _____ Offer observations about what therapist noticed during the conflict interaction
- _____ Teach couple about the antidotes to the 4 horseman through the use of the handout/chart
- _____ Ask each partner what they choose to do different (i.e. new way of communicating) next time they have this conflict discussion (personally—not what their partner should do different)
 - _____ Ask couple to offer concrete examples of what they chose (i.e. What would they say or do instead?)
 - _____ Encourage couple to practice what they choose at home until next session
- _____ Have couple complete surveys

Session Two:

Pre-taping

- _____ Check-in about using new communication technique that was chosen in previous session
 - _____ Were they able to use this skill?
 - _____ What was is like to use this skill?
 - _____ If did not use, what prevented them from using the skill?
- _____ Review 4 horseman and antidotes (may use handouts)

- _____ Ask couple what they would like to focus on doing differently for this videotape conflict discussion
- _____ Have couple decide on conflict discussion for 10 minute video taped portion
- _____ Remind couple that the issue needs to be real (area of continuing disagreement) for both people.
- _____ Identify what disagreement/problem the couple will discuss.

OPTIONAL:

- _____ Fill out/look at Gottman Areas of Disagreement sheet, only if needed (i.e. couple cannot decide on conflict discussion)
- _____ If couple initially struggles to come up with a problem to discuss, once you have determined what will be discussed (through the use of the Gottman Areas of Disagreement or conversation with the couple) it may be helpful to ask more about what happened within the disagreement to assist the couple in being able to discuss the problem (i.e. what was the situation, how does the topic come up, who said what, how did each person feel).
- _____ A way to attempt to get conflict avoiders to conflict that is fairly typical of what they normally do is to ask them about an upcoming potentially stressful event in their lives. (the task is then to discuss how they can set things up so that their stressors during this event will be minimized, given their 2 personalities—therapist may need to ask probing questions prior to using to ensure a good event has been found)
- _____ May ask couple how they can make intervention natural and consistent with their own personality.

Video-tape Completion

- _____ Prepare couple to complete 10 minute conflict discussion
- _____ **State something similar to:** “As we did last time, I’d like you to please discuss a problem for 10 minutes in order to help me understand how the two of you manage conflict. Remember, I’m not going to intervene. Instead, I’m going to just watch for now. This way I can get an idea of how you talk over problems at home. It might

not look exactly the same as at home. That's OK. I can get the basic idea. The problem can be anything you like (or what was already decided). What would you like to discuss? (or state what was already decided to discuss) Remember that 10 minutes may seem like a long time, but try to keep discussing until I tell you time is up. OK—go ahead now. Just pretend I'm not here.”
(Adapted from Gottman, 2007, p. 10-2)

_____ REMINDER for couple: Goal is not for couple to solve an ongoing dispute during one 10 minute interaction, but to work on the problem and try to make some progress

_____ Videotape couple having a 10 minute conflict discussion.

_____ Sit behind the camera, take a few notes about strengths and weaknesses, say nothing to couple

- Watch for (may complete 'Observation check list' to assist with recording what you observe):
 - Four Horseman
 - Emotional Disengagement
 - Start-up (soft and hard)
 - Repair (effective and ineffective)
 - Accepting and Rejecting influence
 - Compromise
 - Gridlock

_____ Do not interrupt couple's interaction (unless to encourage them to continue or violence/extreme conflict begins)

_____ OPTIONAL—encourage couple to continue in their discussion if they stop prior to 10 minutes

_____ OPTIONAL: Let tape run a bit longer if it will be interesting—don't prematurely cut anything off

_____ Thank the couple for allowing you to watch and tell them you'll be working on making conflict management more comfortable and effective for them.

Watching video-tape

_____ Ask the couple how typical the interaction was.

- _____ Direct the couple on how to watch their tape
- _____ Encourage couple to focus on themselves, rather than their partner
- _____ Inform couple to try to refrain from talking while watching the tape and remind them that we will discuss what was observed at the end of watching the tape
- _____ Have couple watch the tape—try to talk as little as possible
- _____ OPTIONAL: If necessary, encourage couple to focus on themselves while watching the tape (what do they notice about themselves).

Following viewing of video-tape

- _____ Prior to completing the Perspective Taking Questions:
 - _____ Before questions (and during, if necessary), couple should be encouraged to take turns answering each question prior to moving on to the next.
 - _____ Remind couple to try to not interrupt their partner, but to listen to the responses.
- OPTIONAL (during questions):
 - _____ If necessary, remind couple to focus on themselves.
 - _____ If notice any of the 4 horseman, interrupt couple and ask them how they may state their concern differently.

Questions:

- _____ What did you see when looking at the tape?
- _____ What did you notice about yourself when you watched the video?
 - _____ Which of the 4 horseman did you notice yourself using?
 - _____ What more effective skills did you notice yourself using?
- _____ What were your feelings during the conflict interaction/while watching it?

- _____ Offer observations about what therapist noticed during the conflict interaction

- _____ The next 3 Perspective Taking Questions can be asked sequentially for each partner (i.e. focus on one partner's perspective by using the next 3 questions and then do the same for the other partner)
 - _____ What were your perspectives (subjective realities)? For example, what were your perceptions or beliefs about the situation and how or why it should occur in the way you believe it should?
 - _____ What part of your partner's reality makes sense to you (therapist can summarize other partner's reality/perception) or what ways did you understand your partner?
 - _____ How does it feel to hear your partner say what his or her understanding is of your reality or perception?
 - _____ What is one way that you could make this same conversation go better next time (focusing on themselves)?
 - _____ Ask each partner to offer concrete examples of what they chose (i.e. What would they say or do instead?)
 - _____ Encourage couple to practice what they choose at home until next session
- _____ Have couple complete surveys

Session Three:

Pre-taping

- _____ Check-in about using new communication technique that was chosen in previous session
 - _____ Were they able to use this skill?
 - _____ What was it like to use this skill?
 - _____ If did not use, what prevented them from using the skill?
- _____ Review 4 horseman and antidotes (may use handouts)

_____ Ask couple what they would like to focus on doing differently for this videotape conflict discussion

_____ Have couple decide on conflict discussion for 10 minute video taped portion

_____ Remind couple that the issue needs to be real (area of continuing disagreement) for both people.

_____ Identify what disagreement/problem the couple will discuss.

OPTIONAL:

_____ Fill out/look at Gottman Areas of Disagreement sheet, only if needed (i.e. couple cannot decide on conflict discussion)

_____ If couple initially struggles to come up with a problem to discuss, once you have determined what will be discussed (through the use of the Gottman Areas of Disagreement or conversation with the couple) it may be helpful to ask more about what happened within the disagreement to assist the couple in being able to discuss the problem (i.e. what was the situation, how does the topic come up, who said what, how did each person feel).

_____ A way to attempt to get conflict avoiders to conflict that is fairly typical of what they normally do is to ask them about an upcoming potentially stressful event in their lives. (the task is then to discuss how they can set things up so that their stressors during this event will be minimized, given their 2 personalities—therapist may need to ask probing questions prior to using to ensure a good event has been found)

_____ May ask couple how they can make intervention natural and consistent with their own personality.

Video-tape Completion

_____ Prepare couple to complete 10 minute conflict discussion

_____ **State something similar to:** “As we did last time, I’d like you to please discuss a problem for 10 minutes in order to help me understand how the two of you manage conflict. This time, should I notice either of you using one of the four horseman, I will say something like your name and ask how you might reword what you are saying. Your conflict might not look exactly the same as

at home. That's OK. I can get the basic idea. The problem can be anything you like (or what was already decided). What would you like to discuss? (or state what was already decided to discuss) Remember that 10 minutes may seem like a long time, but try to keep discussing until I tell you time is up. OK—go ahead now.” (Adapted from Gottman, 2007, p. 10-2)

_____ REMINDER for couple: Goal is not for couple to solve an ongoing dispute during one 10 minute interaction, but to work on the problem and try to make some progress

_____ Videotape couple having a 10 minute conflict discussion.

_____ Sit behind the camera, take a few notes about strengths and weaknesses, say nothing to couple

- Watch for (may complete ‘Observation check list’ to assist with recording what you observe):
 - Four Horseman
 - Emotional Disengagement
 - Start-up (soft and hard)
 - Repair (effective and ineffective)
 - Accepting and Rejecting influence
 - Compromise
 - Gridlock

_____ When notice any of the 4 horseman, interrupt the discussion (may say partner's name who used the 4 horseman) and ask the partner who used one of the 4 horseman how he/she could say their comment differently (say nothing else)

_____ OPTIONAL—encourage couple to continue in their discussion if they stop prior to 10 minutes

_____ OPTIONAL: Let tape run a bit longer if it will be interesting—don't prematurely cut anything off

_____ Thank the couple for allowing you to watch and tell them you'll be working on making conflict management more comfortable and effective for them.

Watching video-tape

_____ Ask the couple how typical the interaction was.

- _____ Direct the couple on how to watch their tape
- _____ Encourage couple to focus on themselves, rather than their partner
- _____ Inform couple to try to refrain from talking while watching the tape and remind them that we will discuss what was observed at the end of watching the tape
- _____ Have couple watch the tape—try to talk as little as possible (except for directions below)
- _____ OPTIONAL: If necessary, encourage couple to focus on themselves while watching the tape (what do they notice about themselves).
- _____ If necessary, encourage couple to focus on themselves while watching the tape (what do they notice about themselves).
- _____ For each time couple was interrupted during taping ask the following questions
 - _____ Ask couple which of the 4 horseman was being used
 - _____ Ask partner who was interrupted how effective they feel they were at correcting the horseman used
 - _____ Ask what else they may do differently next time, if anything

Following viewing of video-tape

Optional if there is time:

- _____ Prior to completing the Perspective Taking Questions:
 - _____ Before questions (and during, if necessary), couple should be encouraged to take turns answering each question prior to moving on to the next.
 - _____ Remind couple to try to not interrupt their partner, but to listen to the responses.
- OPTIONAL (during questions):
 - _____ If necessary, remind couple to focus on themselves.

_____ If notice any of the 4 horseman, interrupt couple and ask them how they may state their concern differently.

Questions:

_____ What did you see when looking at the tape?

_____ What did you notice about yourself when you watched the video?

_____ Which of the 4 horseman did you notice yourself using?

_____ What more effective skills did you notice yourself using?

_____ What were your feelings during the conflict interaction/while watching it?

_____ Offer observations about what therapist noticed during the conflict interaction

_____ The next 3 Perspective Taking Questions can be asked sequentially for each partner (i.e. focus on one partner's perspective by using the next 3 questions and then do the same for the other partner)

_____ What were your perspectives (subjective realities)? For example, what were your perceptions or beliefs about the situation and how or why it should occur in the way you believe it should?

_____ What part of your partner's reality makes sense to you (therapist can summarize other partner's reality/perception) or what ways did you understand your partner?

_____ How does it feel to hear your partner say what his or her understanding is of your reality or perception?

Required questions:

_____ What is one way that you could make this same conversation go better next time (focusing on themselves)?

_____ Ask each partner to offer concrete examples of what they chose (i.e. What would they say or do instead?)

_____ Encourage couple to practice what they choose at home

_____ What will you take away from here (i.e. these interventions)?

_____ Have couple complete surveys

APPENDIX H
OBSERVATION CHECK-LIST

Four Horseman

_____ Criticism (comment implying something is globally wrong with partner)

May include more specifically:

_____ Blame (i.e. “this is your fault”)

_____ Put-downs or labels (i.e. “jerk” “idiot”)

_____ Using “you always” or “you never”

_____ Global comments (i.e. “what’s wrong with you?” “you just don’t care”)

_____ Other things noticed:

_____ Contempt (verbal or non-verbal behavior putting self above partner)

May include more specifically:

_____ Sarcasm and cynicism

_____ Name calling

_____ Eye rolling

_____ Sneering, mockery, or hostile humor

_____ Other things noticed:

_____ Defensiveness (defending self from perceived attack)

May include more specifically:

_____ Denying responsibility for the problem

_____ Getting mad at the person for being mad at you

_____ Bringing up something the person did that is just as bad

_____ Other things noticed:

_____ Stonewalling (turning out from the discussion)

May include more specifically:

_____ Leaving the room/situation

_____ Not saying anything when partner talks

_____ Turning away from partner

_____ Looking down (little to no eye contact)

_____ Other things noticed:

Start-up (soft and hard)

_____ Soft start-up

May include:

_____ Using “I” or “We” statements

_____ Describing the situation (not evaluating)

_____ Appreciation before the complaint

_____ Other things noticed:

_____ Hard start-up

May include:

_____ Blaming statements (i.e. “you”)

_____ Other things noticed:

Repair attempts (effective and ineffective)

May include:

_____ Affection (compliment or admire other partner)

_____ Agreement (when previously disagreed)

_____ Humor (used to lighten the conversation—not malicious)

_____ Making promises (to take some action in the future)

_____ Other things noticed:

Compromise

_____ Trying to use both partner’s input to come up with solution/compromise

_____ Other things noticed:

Gridlock

_____ Couple cycling back repeatedly over old ground; not moving forward to resolution

_____ Hidden dreams; symbolic value noticed (if so, what _____)

_____ Other things noticed:

Other observations/comments/things noticed:

APPENDIX I

FOUR HORSEMAN

1. Criticism

- Different than a complaint in that criticism is more global so it adds something negative about a partner's character or personality
- Any comment that implies something is globally wrong with your partner
- It can include blame (i.e. "this is your fault")
- Put-downs or labels (i.e. "jerk" "idiot")
- Using "you always" or "you never"
- Examples:
 - "What's wrong with you?"
 - "Why are you *always* selfish?"
 - "You just don't care."

2. Contempt

- Any verbal or non-verbal behavior that puts yourself above your partner
- This communicates superiority and disrespect
- Often includes sarcasm and cynicism
- Worst of the Four Horseman because it communicates disgust
- Examples:
 - Name-calling, eye-rolling, sneering, mockery, and hostile humor

3. Defensiveness

- Defending yourself from a perceived attack
- It is a way to blame your partner
- It escalates the conflict
- Usually includes denying responsibility for the problem
- Examples:
 - Getting mad at the person for being mad at you, "I didn't do it," bringing up something the person did that is just as bad

4. Stonewalling

- Tuning out from the discussion
- This may include leaving the situation, not saying anything when your partner talks, and turning away from your partner
- Typically there is not eye-contact, but the stonewalling partner looks down or away
- Listener withdraws from the interaction
- Stonewalling may happen when you are emotionally/physically overwhelmed

Adapted from Gottman 1999

APPENDIX J

ANTIDOTES TO FOUR HORSEMAN

1. Gentle Start Up (criticism)

- Complain gently
- Use “I” statements
 - You may include how you feel if you want
- Describe what is happening; don’t evaluate or judge
 - Be specific and immediate about behaviors (what did the person say or do that was problematic)
- Talk clearly about what you need in positive terms
- Give appreciation for positive things your partner does

2. Build Culture of Appreciation (contempt)

- Remind yourself of your partner’s positive qualities
- Maintain a sense of respect for your partner

3. Take Responsibility (defensiveness)

- Accept responsibility for at least a small part of the problem

4. Do Physiological Self-Soothing (stonewalling)

- Use a break ritual
 - Ask for a break
 - Be specific about when you’ll be back (minutes, hours, days).
 - Example: “I’m too upset about this right now. Give me 30 minutes to cool down, and then we can talk about it some more.”
 - When you take a break do something to calm down (deep breaths) or something you enjoy
 - After your break, come back and re-engage in the discussion
- Complete a relaxation exercise

Adapted from Gottman 1999

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