Original Scientific Paper

'Positive Partners, Strong Families'

– evaluation of a community-based communication and conflict resolution course for couples

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ABSTRACT

Using a domestic violence model focusing on faulty interaction patterns within relationships, a cognitive-behavioural intervention *'Positive Partners, Strong Families'* was provided to couples to teach communication and conflict resolution skills in a community-based setting. This eight-week intervention taught participants to change their own attitudes and behaviours, which could then reflect upon the relationship itself. A pilot assessment was conducted. Data assessment (n=14) demonstrated significant differences before and after the intervention for consensus, satisfaction, affection, cohesion and use of reasoning to resolve conflicts. At six-month follow-up participants retained all improvements apart from consensus, indicating that the programme led to significant, sustained improvements in couples' communication and conflict resolution abilities.

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Introduction

As a society, there is an urgent need to reduce domestic violence. Generally the focus has been dealing at the extreme end of the spectrum of partner abuse, particularly where women have been assaulted by male partners. The Dunedin Multidisciplinary Health and Development Study, a longitudinal cohort study of over 1000 children born between 1972 and 1973, found that at age 21, 37% of the women and 22% of the men admitted to acts of physical violence with their partner, and confirmatively, 34% of men and 27% of women reported being a victim of physical violence perpetrated by their partner.[1] However, while many of the subjects owned to various acts of physical inter-partner violence given or received, far fewer of these defined these events as 'assaults'. In a separate study of the cohort looking at the rates of physical assault, only 3% of the men and 11% of the women reported assaults by partners.[2] Both men and women hit each other, but men are likely to use more force and women are more likely to sustain injuries.[3]

In 2002 the Ministry of Health published a guideline recommending that all female general practice patients aged over 15 years should be routinely screened for physical and sexual abuse by their partners.[4] The guideline advocates that GPs should question all women annually regarding possible physical or sexual abuse during the past year (unless circumstances suggest more frequent questioning is warranted). Male patients should be screened if they present with signs or symptoms indicative of having been abused. However, partner abuse currently does not meet any of the internationally-recognised criteria for screening.[5]

The main focus of intervention for partner abuse has focused on the severe end of the spectrum, with services such as women's refuge offering female victims support and safety, and 'stopping violence programmes', often court-mandated, plus judicial sanctions for male offenders.

What is largely missing are early interventions offering couples skills

training to prevent violence developing in their relationships.

This pilot study evaluated *'Positive Partners, Strong Families'*, a course for couples aimed at preventing and reducing domestic violence, in conjunction with improving and strengthening their relationships. The programme is based on the theory that violence erupts as a response to a perceived lack of other options and an intense sense of frustration due to powerlessness. This model advocates teaching alternative non-violent strategies within the relationship with the aim of resolving conflict at an early stage. Material for the course was adapted from the Integrated Mental Health Care programme, which teaches communication and conflict resolution skills to families where one member suffers from a major mental disorder.[6]

This pilot intervention is a community-based course teaching communication and conflict resolution skills to couples with emphasis on incorporating these skills into their family lives. It is active and participatory with eight, weekly sessions and co-gender facilitation. The programme is based on best-practice cognitive behavioural techniques adapted to the New Zealand context.[7] It focuses on future behaviour, with the premise that the present moment is not hostage to the past; past behaviours cannot be undone, but future ways of behaving can be changed. Individuals can only change their own behaviours, not that of a partner, nor any other people. However, behaving and responding in new or different ways from past patterns may result in others responding in kind, and so changing how they behave and the direction of the relationship.

The course is for de facto or married couples. Participants may wish to enrich an already well-functioning relationship; they may be experiencing some degree of inter-relationship conflict or they may be separated couples who need to communicate and resolve conflicts in co-parenting their children.

The study aim was to conduct a pilot evaluation of the programme effectiveness. The specific objective was to ascertain changes to a couple's interpersonal conflict resolution abilities following participation in the programme. It was hypothesised that couples attending this course would demonstrate subsequent increase in interpersonal adjustment and use of non-violent strategies in conflict resolution.

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Methods

Participants for courses were recruited by local general practitioners (GPs), community agencies and self-referral. Local GPs were informed of the programme through cell groups of their IPAs, with brochures provided for their waiting rooms. Availability of the courses was also publicised via community notice boards and newspapers. Courses were administered through two community agencies who were responsible for co-ordinating participant recruitment, facilitator and venue details and sliding-scale subsidy payments for course participants.

Ethical approval for the research was obtained from the University of Auckland Human Subjects Ethics Committee.

Course participants were consenting couples participating in two community-based courses. This is a preventive intervention designed for couples prior to the development of significant violence occurring in their relationship. Exclusion criteria included subjects with major psychological disorders, drug and alcohol problems or significant past inter-personal violence that had resulted in police or court intervention.

The design was a prospective longitudinal cohort study, with initial assessment and follow-up at course completion and again at six months post-completion.

Demographic and other data collected for each partner included age, gender, ethnicity, socio-economic status; past and current mental health problems; age and gender of children; violence details (including possible police or court involvement); and intention regarding current relationship.

The repeated outcome measures were the Dyadic Adjustment Scale (DAS) and the Conflict Tactic Scale (CTS-1). Both scales were administered prior to the course onset, at the end of the course and again in six months following course completion. The DAS has been widely used in marriage research since the 1970s and has been shown to be a reliable and valid measure.[8] DAS sub-scales measure the degree of consensus, cohesion and expression of affection between couples, their satisfaction in their relationship. The CTS-1 is the most widely used and accepted measure of strategies to resolve interpersonal conflict and use of aggressive acts occurring within relationships, with well-established validity and reliability.[9] It consists of a list of actions which a family member might take in conflict with their partner with three sub-scales: reasoning, verbal aggression and violence.

Demographic data were analysed as descriptive statistics. The DAS results were analysed using a linear mixed model allowing an unstructured covariance matrix between the repeated measures. The CTS-1 results were analysed using non-parametric comparisons (Wilcoxon matched pairs signed rank test).

Results

Socio-demographic and descriptive data

A total of fifteen couples (thirty individuals) filled out the initial screening questionnaires and attended and completed the courses. Of these, only seven couples (fourteen individuals) completed the repeated measure questionnaires at the onset and end of course and at six months follow-up (study group, n=14). Most non-responders were lost to the study because one of the members of a couple failed to return the follow-up questionnaires. Comparison of total course participants and the study group revealed no significant differences with respect to age range, ethnicity, marital status, or number of children. There were also no significant differences in outcome measures (DAS and CTS-1) between responders and non-responders at the onset of the study, hence the study group was reasonably representative of the group as a whole.

The age range for the study group was 19 to 48 years, with a mean age of 34.5 years and was comprised of one Maori and six European couples. Couples with fewer or no children were more likely to complete the course and follow-up, and none of the couples with four children at home were in the study group. All of the couples had been together more than two years, most greater than five years.

Once significant violence has occurred with relationships, intervention is considerably more problematic

Results were obtained for the two outcome measures (CTS-1 and DAS) from seven couples as repeated measures at the beginning and end of the course and at six-month follow-up.

Repeated outcome measures – DAS

The DAS measures of consensus, satisfaction, affection and cohesion were assessed using a linear mixed model allowing an unstructured covariance matrix between the repeated measures (pre-intervention, immediately after intervention and six months post-intervention).

For consensus in the type 3 test of fixed effects there was an overall significant value meaning that there are some differences (p=0.0001). There was a statistically significant difference between pre-intervention and immediately post-intervention but no difference shown between the immediately after and the six months later values. This indicates that participants had significantly more consensus in their relationships immediately after they had completed the course than at the onset, and that this improvement had persisted at six months' follow-up.

In the type 3 test for the sub-scale satisfaction there was an overall significant value meaning that there are some differences (p<0.001). As for consensus, there was a step up from pre-intervention to afterwards and the two values afterwards are not dissimilar, as demonstrated by a least square means table. This indicates that participants had significantly more satisfaction in their relationships immediately after they had completed the course, and that this improvement had persisted at six months' follow-up.

In the measure for cohesion, again in the type 3 test, there was an overall significant value meaning that there are some differences (p=0.004). However, in contrast to the consensus and satisfaction variables, the intervention did not have a lasting effect. There was a significant drop in level between the measure immediately after intervention and that recorded later on, shown by a least square means analysis. This indicates that while participants had significantly more cohesion in their relationships immediately after they had completed the course, this improvement did not persist at six months' follow-up, by which time they had reverted to pre-course levels.

For affection in the type 3 test, there was an overall significant value meaning that there are some differences (p=0.009). Similar to the consensus and satisfaction variables, the intervention did have a lasting effect on expression of affection. There was a significant drop in level between the measure immediately after intervention and that recorded later on, as shown in the least square means table. This indicates that participants reported significantly more expression of affection in their relationships immediately post-course, and this improvement persisted at six months' follow-up.

Repeated outcome measures – CTS–1

The CTS-1 variables of reasoning, verbal aggression and violence were analysed using non-parametric comparisons – a Wilcoxon matched pairs signed rank test of immediately post-intervention with pre-intervention and the comparison of six months post-intervention with immediately post-intervention.

In the comparison of immediately post-intervention with pre-intervention the signed rank, the variable 'reasoning' showed a significant difference between pre- and immediately post-intervention (p=0.02) and the median line shows the median improvement over this time. Using a signed rank line, no difference was shown immediately post-intervention and six months later (p=ns) and the median line showed no change over this time. This indicates that participants were significantly more likely to use reasoning to resolve conflicts immediately after they had completed the course, and that this improvement persisted at six months' follow-up.

Use of the signed rank line showed no difference in 'verbal aggression' between immediately post-intervention and pre-intervention

(p=ns). The median line showed a change of three over this time. The signed rank line showed no difference in 'verbal aggression' between immediately post-intervention and six months later (p=ns) and the median line showed a drop of 2.5 over this time. This indicates that the use of verbal aggression by the participants with their partners did not change significantly after completing the course, although the drop in the median indicates a trend towards reduction in verbal aggression.

The signed rank line showed no difference in 'violence' between immediately post-intervention and pre-intervention (p=ns). The median line showed no change over this time. Similarly the signed rank line showed no difference in 'violence' between immediately post-intervention and six months later and the median line showed no change over this time. This indicates that the use of physical aggression by the participants with their partners did not change significantly after completing the course.

Discussion

The seven study-group couples demonstrated significantly improved consensus, satisfaction and expression of affection in their relationships upon completing the course and these improvements had persisted six months later. They also demonstrated significantly improved cohesion in their relationship at the end of the course, but this effect was not sustained at follow-up.

While the CTS-1 has been criticised for failing to account for contextualised aspects of these acts, for example, their purpose or effects,[10] this limitation was irrelevant in our study which focused on participants' potential change in conflict resolution strategies after attending the course, not their specific scores on the scale.

The study group were significantly more likely to use reasoning to resolve conflicts at the end of the course, and this improvement was sustained. Results indicated a trend towards reduction in verbal aggression on course completion. There was no significant change in their use of physical violence as measured by the CTS-1, most likely indicating a 'floor' effect, because documented pre-existing physical violence between couples was an exclusion criterion for course attendance (participants' scores for physical violence were very low prior to course participation).

A weakness of this pilot study is that only seven of the fifteen couples attending pilot courses provided full outcome data including six-month follow-up results. However the study group were comparable with the total group with respect to all the measured variables and analysis revealed no significant differences apart from existing family size. In two couples with large families, only one member was able to complete the course. This has potential implications regarding the ability of couples with several children at home to attend such a community-based evening course.

This is a small pilot study and conclusions of the effectiveness of this course must be treated with caution. However the initial results are promising. That such a course might be beneficial to interpersonal relationships between couples is in line with a large body of research indicating that psychological interventions with demonstrated effective outcomes are frequently those which facilitate change aimed at goal achievement, programmes based upon cognitive, behavioural or interpersonal theories.[11]

Three meta-analyses of marital therapy outcome literature have concluded that behavioural marital therapy is effective in reducing marital conflict,[12–14] whereas alternative approaches such as the interpretation of feelings and conflict, or supportive non-directive counselling have less or no evidence supporting their efficacy.[15] There is general agreement in the literature that behavioural intervention is effective in the short-term, and studies also suggest its long-term efficacy with respect to promoting marital stability and preventing separation and divorce. One programme teaching communication and conflict management skills to couples pre-marriage reported lasting effects at four and five-year follow-up.[16] Conjoint couple intervention for marital problems has consistently better outcomes than individual therapy.[17]

In contrast, once significant violence has occurred with relationships, intervention is considerably more

Key Points

- Partner abuse currently does not meet any of the internationally-recognised criteria for screening.
- This pilot study evaluated 'Positive Partners, Strong Families', a course for couples aimed at preventing and reducing domestic violence, in conjunction with improving and strengthening their relationships.
- This pilot intervention is a community-based course teaching communication and conflict resolution skills to couples with emphasis on incorporating these skills into their family lives.
- The seven study-group couples demonstrated significantly improved consensus, satisfaction and expression of affection in their relationships upon completing the course and these improvements had persisted six months later.
- The study group were significantly more likely to use reasoning to resolve conflicts at the end of the course, and this improvement was sustained.

problematic. A recent systematic review of interventions for women suffering violence from their partners (counselling programmes and staying in a shelter) concluded that no high-quality evidence exists to assess the effectiveness of such interventions.[18] Similarly, counselling for domestic violence offenders generally has not been shown to be effective.[19]

Timing of such a course is vital, as the model is based upon early identification of the problem. The earlier that couples learn effective strategies for relieving their conflicts, the better the long-term outcome for their relationship.[14] Given that violence often starts early in a relationship,[20] and may escalate once children arrive,[21] such a course could be available within antenatal programmes, since couples often have the necessary motivation and time availability prior to the birth of their first child.

Summary

While this is a pilot evaluation, evidence indicates that attending a cognitive behavioural course like the *'Positive Partners, Strong Families'* community-based programme can lead to significant and sustained improvements in couples' communication and conflict resolution abilities. A randomised trial using wait list controls would further test the effectiveness of this community-based intervention. General practitioners and practice nurses with special interest in this area could obtain training to facilitate these courses; for other practices it would be of value to have these courses available in their communities to which they could refer appropriate patients. Full facilitator training and participant manuals are freely available from the corresponding author* should anyone wish to access the material.

Timing of such a course is vital, as the model is based upon early identification of the problem

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