Relationship Education for Military Couples:
The Development and Randomised Controlled Trial of
Couple CARE in Uniform
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BA (Hons)

A thesis submitted for the degree of Doctor of Philosophy at
The University of Queensland in 2015
School of Psychology
Abstract
Military couple relationships have a number of risk and protective factors that set them apart from civilian couples. Financial and job security, subsidised housing and healthcare, and cost-free support services provide advantages to military couples. On the other hand, frequent relocations, separations, and deployments are associated with social and employment difficulties for spouses, emotional disconnection, trauma-related health problems, and relationship distress. These factors give military couples a distinctive risk and resiliency profile that might make them ideal candidates for relationship education (RE). RE programs need to be tailored to address the special needs of military couples, to ensure content is seen as relevant, and delivered in a format that increases access and flexibility within the unpredictable military lifestyle. This dissertation makes the case for military RE, presenting best practice recommendations for tailoring interventions for use with this special population. Cross-sectional research was conducted to investigate the role of communication and dyadic coping in military couple relationships, to test key assumptions that underpin the design and content of military RE. Communication was found to partially mediate the association between trauma symptoms and relationship satisfaction, with findings suggesting that communication normally considered negative might be adaptive in some couples. Common dyadic coping, in which couples work together to develop strategies to cope with stress, was found to be associated with relationship satisfaction. The implications of these findings for military RE are discussed. A military-specific adaptation of the Couple CARE program, Couple CARE in Uniform, was developed and tested by randomised controlled trial with a sample of 32 Australian military couples, against a self-directed reading control. Couples saw reliable improvement in relationship satisfaction and communication, however no difference was found between the two conditions. Nonetheless, the Couple CARE in Uniform program was well received by participants, with Couple CARE couples showing significantly higher consumer satisfaction with the program than control couples. The challenges and feasibility of working with the Australian military population are discussed. Sample size limited the ability to detect significant effects between conditions; future research should explore whether benefits are detected universally with a larger sample, or whether selective effects are evident for high-risk couples. The current findings suggest that Couple CARE in Uniform is a potentially valuable program that is worthy of further randomised controlled trial.
Declaration by Author

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

I have clearly stated the contribution of others to my thesis as a whole, including statistical assistance, survey design, data analysis, significant technical procedures, professional editorial advice, and any other original research work used or reported in my thesis. The content of my thesis is the result of work I have carried out since the commencement of my research higher degree candidature and does not include a substantial part of work that has been submitted to qualify for the award of any other degree or diploma in any university or other tertiary institution. I have clearly stated which parts of my thesis, if any, have been submitted to qualify for another award.

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Melissa Georgia Bakhurst
Publications during Candidature

Peer-reviewed Papers


Book Chapters

Publications Included in this Thesis

The following submitted publications have been altered for inclusion in the thesis, in order to avoid repetition and to enhance clarity of the overall argument and flow of the thesis. The unedited publications can be found in the Appendices (Appendix A – Appendix D).


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<tr>
<td>ADF</td>
<td>Australian Defence Force</td>
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<tr>
<td>CCET</td>
<td>Couple Coping Enhancement Training</td>
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<td>CCP</td>
<td>Couple CARE for Parents</td>
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<td>CCU</td>
<td>Couple CARE in Uniform</td>
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<td>Couple CARE</td>
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<td>CSI</td>
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<td>Consumer Satisfaction Questionnaires</td>
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<td>Conflict Tactics Scale</td>
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<td>Depression Anxiety Stress Scales</td>
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<td>Dyadic Coping Inventory</td>
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<td>KPI</td>
<td>Kategoriensystem für Partnerschaftliche Interaktion</td>
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<td>[Couple Interaction Coding System]</td>
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<td>MLM</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>PCL-C</td>
<td>PTSD CheckList – Civilian</td>
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<td>PREP</td>
<td>Prevention and Relationship Education Program</td>
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<td>PTSD</td>
<td>Posttraumatic Stress Disorder</td>
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<td>RE</td>
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<td>Relationship Status Inventory</td>
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<td>STM</td>
<td>Systemic Transactional Model</td>
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Chapter 1 -
Military Couple Relationships: The Case for Relationship Education

Andrew and Jessica met in their early twenties, when Jessica was in her final year of university. Andrew is a rifleman in the Royal Australian Infantry and at the time was on a three-year posting to Sydney. The couple dated for a few months before moving in together, and within a year were engaged. Jessica had been in her job at a successful publishing company for a year when Andrew received his posting orders to Puckapunyal, in country Victoria. Moving to Puckapunyal was not a difficult choice for Jessica, who knew she would need to follow Andrew if they were to be together. However, a few months after moving she started to miss her family, and had trouble making new friends in her new town. Andrew was away more often than not on training exercises, and Jessica became lonely. After searching for several months Jessica eventually found a job as a supermarket cashier, a far cry from the career she had begun in Sydney and the lifestyle she was accustomed to. Jessica began to feel like she had given up her own life for Andrew’s, and became depressed. A year later, she and Andrew have started to talk about separation.

Ryan and Tia have been married for four years and have a two-year-old daughter Rebecca. Ryan deployed to Iraq and twice to Afghanistan as a gunner in the Royal Australian Artillery. These deployments have taken a toll on him and his family. Ryan’s most recent deployment saw him exposed to high levels of combat, and since returning he has been acting unlike himself. He is quick to anger, and doesn’t like to talk about what happened overseas. He spends most evenings drinking with the mates he deployed with. Ryan no longer expresses affection toward his family, and Tia isn’t sure that he loves her anymore. The couple occasionally have sex, but this is a rough and emotionless experience. Ryan has become more demanding of Tia and is often critical of her. He becomes easily frustrated with Rebecca, and has come to avoid spending time with them both. Tia wants to speak to somebody about their situation, but Ryan is reluctant to seek help.

As illustrated by the case studies above, the military lifestyle presents a number of distinctive challenges that have the potential to impact couple relationships. This dissertation investigates the potential role of relationship education (RE) in protecting and enhancing military couple relationships, and follows the development and testing of an RE program tailored to address the special challenges for couples in Defence. Chapter 1 reviews the literature on the strengths and challenges of military couple relationships, making an argument for why military couples are ideal candidates for RE. Recommendations are made for tailoring RE for use with this population, and specific ideas discussed for adapting the well-known Couple CARE program for military couples. Cross-sectional research is then presented which tests core assumptions in the educational design of military RE; namely, the role of communication and dyadic coping in military couple relationships. Chapter 2 investigates the association between trauma symptoms and relationship satisfaction in
military couples, looking at couple communication as a potential mediator. Chapter 3 examines the relationship between dyadic coping behaviours and relationship satisfaction in a sample of Australian Defence Force (ADF) personnel and their partners. Finally, Chapter 4 presents the results of the first randomised controlled trial of RE with a sample of Australian military couples. A single cohort was used throughout the thesis, with all cross-sectional data gathered at the pre-intervention phase of the trial. To conclude, the challenges of working with military couples are discussed, and recommendations are made for future trials with this population.

This chapter focuses on the experiences of military couples from Australia and the United States (U.S.). The U.S. deployed the largest number of personnel into recent conflicts in the Middle East, with long-term ally Australia a numerically smaller yet important contributor to the war effort. A comprehensive review of the military couple literature was conducted, and the most commonly occurring themes are discussed here. Military couples are relocated frequently and spouses are often separated because of deployment and training. Service members are often repeatedly exposed to combat. Despite these challenges, rates of help-seeking for mental health difficulties are low among military personnel (Hoge et al., 2004). Personnel often do not utilise psychological services due to fears about career implications; personnel who are found to suffer from mental health concerns can be removed from active duty (Zinzow et al., 2013). RE has the potential to help military couples manage challenges, and to enhance reach of mental health promotion services to military personnel and their families. In this chapter we describe guidelines for how RE can be offered to enhance its positive benefits for military couples.

Distinctive Characteristics of Military Couples: Supports and Challenges

Employment and Financial Security

Military couples have a number of protective relationship factors, which differ from country to country. The U.S. Military provides service members with financial assistance for food and housing which increases when they are married, and families have the opportunity to live on military installations (U.S. Army, 2014) with support close-by. Although the base income for U.S. personnel is low (Defense Finance and Accounting Service, 2014), personnel and their families have access to comprehensive health care (Department of Defense, 2014). Most armed forces screen for mental and physical health problems during recruitment (Cardona & Ritchie, 2007), and members have good health in comparison to the general population (Waller & McGuire, 2011).

Australian military personnel also have access to subsidised housing, and service members receive comprehensive health care (Defence Force Recruiting, 2014). Limited health care benefits have recently become available for Australian military families, adding to existing cost-free counselling and support services (Department of Defence, 2014). Australian military personnel earn somewhat higher wages than U.S. personnel (Defence Suppliers Directory, 2014). Stable
employment and financial security are viewed as protective factors against relationship distress (Karney, Loughran & Pollard, 2012).

Military Relocations

Although there is variability between different military services and countries, relocation every few years is typical. For example, most U.S. military children move six to eight times between kindergarten and high school graduation (Sherman & Bowling, 2011). Developing a support network in each new location may be a challenge. Just as a child gets established in a local sports team, or a military spouse forms new friendships, the family can be relocated. Understandably, some families report that they invest less effort in communities and friendships that they see as temporary (Sherman & Bowling, 2011).

Frequent relocations are disruptive to military spouses’ careers. Following relocation, Australian military spouses are unemployed an average of 5.4 months (Department of Defence, 2012). In interviews with over one thousand U.S. military spouses, over 60% believed that being a military spouse had a negative impact on their employment (Castaneda & Harrell, 2008), as frequent job changes prevent advancement and training opportunities. Furthermore, the irregular hours and frequent trips away that are characteristic of military life often mean the spouse takes primary responsibility for looking after any children (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008).

Deployments

A number of Western countries have deployed large numbers of troops to Iraq or Afghanistan since 2001. The U.S. has the largest military and has deployed more than two million personnel (Manos, 2010). Australia, with a much smaller military, has deployed approximately 33,000 members to these areas with more deployed in local regions (Waller, Kanesarajah, Zheng, & Dobson, 2013).

Trauma and mental health. There are high rates of Posttraumatic Stress Disorder (PTSD) among returning military personnel. Estimates range from 11.2 to 24.5% for U.S. personnel (Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Milliken, Auchterlonie, & Hoge, 2007) and sit around 8.3% for Australian personnel (Defence Health, 2015). In the Diagnostic and Statistical Manual IV (DSM- IV) of the American Psychiatric Association (2000) PTSD is defined as a psychological disorder developed after exposure to a threat involving actual or threatened death, serious injury or sexual violation. A clinical diagnosis is made when the disturbance causes clinically significant distress or impairment to the individual for a period of one month or longer, with symptoms grouped into three distinct diagnostic clusters: re-experiencing, which involves recurrent dreams or flashbacks of the event; avoidance, involving persistent avoidance of stimuli associated with the event, and increased arousal, which can be experienced as aggressive behaviour, sleeping or
concentration difficulties, or hypervigilance (American Psychiatric Association, 2000). A fourth symptom cluster, negative cognitions or mood, has been added to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013); however this updated set of criteria were released after the current research began.

Military personnel are often exposed to traumatic events during deployment, with death or serious injury to themselves and their comrades a constant threat. The presence of PTSD is strongly associated with low relationship satisfaction (Allen, Rhoades, Stanley, & Markman, 2011) and elevated psychological distress in spouses (McGuire et al., 2012). Many other personnel experience a sub-clinical level of trauma symptoms that are associated with low relationship adjustment (Nelson Goff, Crow, Reisbig, & Hamilton, 2007; Renshaw, Blais, & Caska, 2011); this is discussed further in Chapter 2.

A range of factors can alter the impact of trauma on couple relationships. For example, rates of alcohol and other drug misuse increase after deployment (Jacobson et al., 2008), and these problems are well-established predictors of relationship dissatisfaction and interpersonal violence (O'Farrell & Clements, 2012). Similarly, the quality of the couple relationship can impact trauma symptoms in military personnel. Deployed personnel with high relationship satisfaction who communicate frequently with their spouses using delayed methods (e.g., email) have lower PTSD symptoms post-deployment (Carter et al., 2011). Moreover spouses of deployed military personnel experience substantially elevated rates of depression, anxiety disorders, sleep disturbance, and adjustment disorders, particularly with extended and repeated deployments (de Burgh, White, Fear, & Iversen, 2011).

**Emotional disconnection.** Another challenge for military couples is re-establishing emotional connection after separations (Lyons & Elkovitch, 2011). Deployed personnel may be encouraged to put aside their feelings, so that concerns (e.g., about their families at home) do not distract them from their duties (Basham, 2008; Bowling & Sherman, 2008). However some spouses report that their military partner fails to express emotion upon returning (Nelson Goff et al., 2006). Emotional numbing in military personnel is associated with loss of emotional intimacy in the couple relationship (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004), and predicts low relationship satisfaction (Erbes, Polusny, MacDermid, & Compton, 2008; Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010).

Security restrictions prevent military personnel from sharing details of operations with their spouse. In addition, personnel might fear that their spouse will judge them for their actions overseas (e.g., killing a member of the opposing forces; Lyons & Elkovitch, 2011). Consequently, personnel might prefer to discuss their deployment experiences with members of their unit (Badr, Barker, &
Milbury, 2011), however low combat-related disclosure to intimate partners is associated with low relationship satisfaction in both spouses (Balderrama-Durbin et al., 2013).

Hyperarousal, avoidance, and aggression. Hyperarousal is a heightened level of alertness, which can persist in military personnel when they return from a warzone (Savarese, Suvak, King, & King, 2001). After combat deployment some personnel feel uncomfortable in public without the protection of their weapons (Lyons & Elkovitch, 2011). Personnel may also feel uncomfortable around groups of people, and avoid questions about their deployment (Hutchinson & Banks-Williams, 2006). Personnel with avoidance symptoms might abstain from participating in these situations entirely and become socially isolated, with spouses forced to choose between socialising alone or joining their partner in their isolation (Sherman, Zanotti, & Jones, 2005). This deprives the couple of opportunities to engage in pleasurable and mutually satisfying activities together, with potential negative effects on the health of the relationship (Monson, Fredman, & Dekel, 2010).

Personnel have been shown to exhibit high levels of anger during the post-deployment period (Bliese, Wright, Adler, Thomas, & Hoge, 2007), which could lead them to engage in intimate partner violence (IPV). There is a well replicated finding that rates of IPV are significantly higher in military than civilian couples (Heyman & Neidig, 1999; Taft, Walling, Howard, & Monson, 2011; Smith Slep, Foran, Heyman, & Snarr, 2010). In particular, severe IPV occurs at about three times the rates observed in civilian couples (Heyman & Neidig, 1999). The previously noted high rates of alcohol misuse are relevant here, as alcohol misuse predicts IPV in military couples (Foran, Heyman, & Smith Slep, 2011). Official government reports likely underestimate IPV rates; personnel might be hesitant to report domestic abuse for fear of career implications (McCarroll et al., 2000).

How Distinctive are Military Couple Relationships?

Karney and colleagues (2012) compared divorce statistics in U.S. military members and civilians matched on key demographics, and found that service members were approximately equally likely to be divorced. The 2011 Australian Defence Census revealed that 5% of Australian Defence Force members identified as separated or divorced (Department of Defence, 2012), compared to 7.5% of Australian civilians as reported in The HILDA Survey (Kecmanovic, 2013). Divorce within military populations might be underreported, however; U.S. military personnel receive additional benefits when married and therefore have incentive to stay in distressed marriages.

A number of careers have some similarities to the military; for example, mining families often deal with relocation and separations, and emergency workers share the threat of physical harm or death in their line of duty (e.g., police and fire officers). However, military families experience intense combinations of these challenges, which was particularly true between 2001 and 2013 due
to the high frequency of military deployments in the U.S. and Australian armed forces (de Burgh et al., 2011). More military personnel experienced multiple deployments in this period than in prior conflicts, with consequent increases in physical and mental health problems (Kline et al., 2010).

The aforementioned influences on military couples’ relationships give these couples a distinctive risk and resiliency profile. Military couples’ financial stability and access to healthcare are advantages over many civilian couples. At the same time military couples face challenges over and above those in civilian relationships (e.g., the frequent relocations, separations and deployments, as well as military personnel exposure to combat and the associated risk of trauma symptoms). These challenges potentially put military couples at higher risk of relationship distress.

**Relationship Education for Military Couples: Best Practice Recommendations**

Relationship education (RE) is a form of couples’ intervention aimed at providing the skills needed to maintain a successful long-term relationship. Skills commonly taught in RE include communication, conflict management, support, intimacy, and relationship goal-setting. Halford and Bodenmann (2013) conducted a comprehensive review of RE trials that included follow-up assessments at least one year later; of the 17 studies reviewed, 14 showed that couples who participated in RE maintained better relationship outcomes than control couples. These studies showed improvements in couple communication, relationship satisfaction, and relationship stability.

Meta-analytic studies by Hawkins, Blanchard, Baldwin, and Fawcett (2008) reported similar findings for relationship quality and communication, with programs of moderate length (9-20 hours) being most effective (Hawkins, Stanley, Blanchard, & Albright, 2012).

RE has the potential to overcome barriers to help-seeking in military couples. Cordova (2014) suggests that brief educational programs are seen by couples as less time-demanding, are often accessed by couples who are unwilling to try therapy, and lead some couples to seek further, more intensive assistance. Consistent with these suggestions, Doss, Rhoades, Stanley, and Markman (2009) found RE was more frequently accessed by couples than couple therapy. RE programs for military couples may have similar value as a low-stigma, easily-accessible form of couple assistance.

By enhancing military couples’ relationships, armed forces stand to benefit via increased resilience, readiness, and retention of personnel. Social support appears to be a protective factor for trauma survivors (Erbes et al., 2008), therefore promoting healthy relationships may decrease rates of mental illness for military personnel, helping to ensure they are ready to deploy. Couples with strong marriages have been shown to adjust well to military life (Booth, Segal, & Bell, 2007). In addition, low marital satisfaction is associated with interference with soldiers’ work functioning while on deployment (Carter et al., 2015). Enhancing military couple relationships allows personnel to focus on their mission without relationship concerns providing a distraction.
There is an old axiom used in military circles that goes “recruit the soldier, retain the family” (Cotton, 2009), and the validity of that axiom is supported by research showing strong positive links between spousal support for the member’s military career and member retention (Etheridge, 1989). Implementing programs aimed at enhancing couples’ relationships sends the message that the military places priority on the well-being of not only their members, but the families who support them. Consequently efforts made by armed forces to improve families’ welfare might aid retention by ensuring spouses feel taken care of, and continue to support the military service of the member.

**Content Adaptations**

Couples are likely to benefit from RE when the content is seen as relevant by the target population (Johnson, 2012). In our experience almost all content of the evidence-based relationship education programs PREP (the Prevention and Relationship Education Program; Stanley, Allen, Markman, Rhoades, & Prentice, 2010) and Couple CARE (Couple Commitment and Relationship Enhancement; Halford et al., 2006) seems relevant to military couples. In the offering of PREP to the U.S. Military, program materials were modified only slightly to include military images and examples. Additional content was added to address military-specific challenges. For example, couples discuss their expectations and goals for during deployment, how to talk about bad news, and common difficulties and communication strategies for reunion and reintegration (Stanley et al., 2010).

Military-specific additions to program content will likely be similar across different cultures. As discussed previously, there are minor differences between different nations’ armed forces, particularly in relation to income, location of housing, and length of military deployment; for example, U.S. troops deploy for longer periods than Australian troops. However the challenges for military families remain the same, with the separations and deployments most likely to cause additional stress a common and necessary aspect of military life worldwide. There is nonetheless a dearth of military RE research outside of the U.S. and Australia, therefore our knowledge of how military content should be adapted in other, particularly non-Western, cultures is limited.

**Intimate Partner Violence (IPV).** As noted previously, IPV rates are higher amongst military couples than civilian couples. Moreover, there are some distinctive risk factors for IPV in military couples. For example, frequency and length of deployment, dissatisfaction with military service, and presence of PTSD symptoms are all associated with increased risk of IPV perpetration by military personnel (Marshall, Panuzio, & Taft, 2005; McCarroll et al., 2010; Smith Slep et al., 2010). There is substantial evidence that couple based therapy targeting IPV can reduce its occurrence substantially, particularly when the IPV is less severe and when there is not comorbid
substance abuse or other psychopathology in the perpetrator (Stith, McCollum, Amanor-Boadu & Smith, 2012).

The content of couple therapy and RE overlap substantially, e.g., training in effective conflict management and positive couple interaction. There is a paucity of evidence on the effects of RE on IPV, however a recent study by Braithwaite and Fincham (2014) found that ePREP, a computer-based version of PREP, reduced reported physical and psychological aggression in married couples to a 12 month follow-up. It is well established that there are high rates (30 to 35%) of civilian couples presenting for RE who report at least one episode of less severe IPV in the past year (Halford, Petch, Creedy, & Gamble, 2011). The content of RE likely provides useful input to reduce less severe IPV.

RE is likely not an appropriate forum in which to deal with severe couple violence. One possibility is screening couples to identify severe couple violence, allowing referral to more appropriate services. For example, Heyman, Snarr, Smith Slep, and Foran’s (2013) 19-item IPV screening measure can be used to identify couples who might need additional assistance. However, conducting screening is time consuming, not always practicable, and is only useful if accessible and affordable services are available. In the offering of PREP to U.S. couples screening is generally not conducted. However, with or without formal screening, educators sometimes become aware of severe IPV and can encourage the couple to seek additional assistance.

**Delivery Adaptations**

Delivering RE to military couples presents some additional challenges to educators due to irregular and unpredictable work hours. Similar to shift workers, military personnel work night and day and are often unaware of when they will return home. Personnel can also be sent on training exercises with short notice. Consequently it can be difficult to schedule sessions with couples, who are unable to commit to regular session times and are likely to have to reschedule multiple times. The flexibility allowed in Couple CARE, where couples work at home at their own pace, is one way to address these scheduling challenges. Another is to offer programs intensively, as has been done in the PREP adaptation Strong Bonds.

**Timing.** Administering RE when couples are receptive to education, and likely to benefit, is important. Several windows of opportunity have been identified when couples are more likely to volunteer for RE, such as early in the committed relationship (e.g., when getting married), or when having a child together (Halford, 2011). There might also be windows of opportunity specific to military life, such as around relocation or deployment. However military personnel are likely to be busy (i.e., with pre-deployment training, or post-deployment debriefing) during these transitional periods, and might have difficulty finding the time to participate. Work by Cordova et al. (2014) has shown that regular booster sessions are effective in maintaining enhanced relationship outcomes for
couples, therefore identifying multiple windows during which couples can access RE is preferable to a single time point.

Depending on the time at which military RE is delivered to couples, content emphasis might vary in order to maximize the programs’ usefulness and relevance. For example, couples who have recently moved to a new military posting will likely benefit from content addressing how to cope with relocation, difficulty finding employment, and becoming settled together in their new home. Australian military couples, who live up to 30km away from military bases, might require additional assistance in how to cope with social isolation and establish new social networks. This is less relevant for U.S. couples, who often live on base surrounded by other military families. Couples about to experience a deployment, or who have recently gone through a deployment, might benefit most from content addressing separations, trauma symptoms, and reintegration. This does not mean that different program versions are needed for couples at each stage of military life, but rather, that educators should focus on topics and activities that will be of most use to couples at that point in time.

Target. One advantage of RE is that it is usually offered universally, likely making RE less stigmatised than seeking therapy (Halford & Bodenmann, 2013). At the same time, some high-risk couples likely need more assistance than others, and the offering of RE needs to be proportionate to need. High-risk couples are those with characteristics or circumstances that make them more likely to deteriorate in relationship satisfaction and stability across time. Risk factors can include personal characteristics of the partner (e.g., high neuroticism, family of origin parental separation) or couple (e.g., discrepant relationship standards, communication style), circumstances such as high numbers of life changes or daily stressors, and contextual factors such as a lack of family support. It is possible to predict, to some extent, how likely couples are to deteriorate across time based on their risk profile. Some risk factors are relatively fixed (e.g., extreme poverty), and are unlikely to change as a result of RE. However dynamic risk factors, such as negative communication or poor stress management, are potentially changeable with RE. If RE can attenuate the effect of risk factors by changing these factors directly, or by changing behaviours that moderate the negative effect of risk factors (e.g., increasing partner support to counteract a lack of extended family support), then RE might improve relationship trajectory for high-risk couples (Halford & Bodenmann, 2013).

Although we might expect low-risk couples to do well even without RE, high-risk couples might require RE to maintain healthy long-term relationships. RE effects are therefore easier to demonstrate with high-risk couples, and intensive programs are likely more appropriate with this population. One approach is to offer a stepped intervention. For example, Halford (2011) described offering brief assessment and feedback universally to couples, and negotiating with couples if they wished to undertake a more intensive, skill-training form of RE. Another variant is offering a skill-
training program universally, and when couples are identified as having additional needs (e.g., alcohol misuse, severe IPV) they are offered referral to more intensive services. Markman and Ritchie (2015) suggest having an optional therapy component offered at the completion of RE (which they term CRE Plus), as a way of dealing with the increased numbers of distressed couples presenting for RE. This is a plausible alternative to suggestions by Bradford, Hawkins, and Acker (2015) to incorporate therapy into RE to meet the needs of distressed couples, which Markman and Ritchie (2015) term the “clinicalization of CRE”. A stepped approach preserves the preventative nature of RE and the distinctive benefits of offering RE as a wide-reaching, low-stigma intervention.

Another consideration is whether RE should be offered to unmarried cohabiting couples, or only to married couples as was traditionally the case. Cohabiting couples have a higher risk of relationship dissolution (Binstock & Thornton, 2003). During cohabitation could be a good time to teach couples behaviours that will set them up for relationship success. Alternatively, RE could provide the skills for couples to evaluate their current relationship and determine whether or not marriage is right for them. For military couples, this should involve ensuring both partners are aware of the requirements and challenges of military life.

**Educator selection and training.** Practitioners delivering RE to military couples need to understand the special needs of these couples. In PREP delivery to the U.S. military, military clergy were trained to deliver the program. Clergy were seen as being part of, and understanding, military culture. Practitioners external to the military should receive additional training in understanding the specific challenges of military couples. Practitioners that are seen as credible to couples might be as important to RE efficacy as the content being administered (Hawkins, Carroll, Doherty, & Willoughby, 2004).

RE programs vary in the extent to which they allow educators to tailor the content to each couple. For example, PREP is typically delivered to groups of couples and has a relatively fixed curriculum. Even within these constraints some adjustment in the education provided to couples is possible. For example, a partner with poor listening skills can be assisted to focus on practicing those skills. Couple CARE also has a standardized curriculum, but is most often delivered to one couple at a time, and hence the focal skills can vary considerably between couples.

**Program format.** RE programs can be administered in a variety of formats including: small face-to-face groups of couples, face-to-face to one couple at a time, or via flexible delivery. Flexible delivery is when couples complete programs at home, either online or with use of self-directed learning materials like DVDs and telephone or video-based coaching (Halford, 2011). Each of these formats has advantages and limitations. Group-based programs can be cheaper to deliver as educators can provide service to multiple couples at once. However some couples who decline to
attend RE report that they feel uncomfortable with the idea of discussing their relationship with other couples (Halford & Simons, 2005).

RE can be structured as a single intensive intervention, such as a workshop or weekend retreat, or an on-going intervention of regular sessions typically spanning 6 to 8 weeks. On-going interventions give couples the opportunity to practice their new skills and receive feedback. However these interventions require an extended commitment which can result in difficulty keeping couples in the program, as happened in the Building Strong Families RE initiative where less than 20% of couples attended half or more of the scheduled sessions (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2012). Military couples who are frequently separated might find it particularly challenging to attend many sessions across an extended period.

Flexible delivery is a useful format for military couples, giving them the option to complete programs remotely. For example, Couple CARE (Halford et al., 2006) uses audio-visual and written materials so couples can work on program content in their own time, and telephone or video conferencing software to allow couples to communicate with an educator from home. Flexible delivery approaches allow military couples to work around unpredictable working hours, separations, and to access RE when posted to a remote location.

RE adaptations initially focused on programs for couples and required both partners to attend. There are now programs designed to give individuals the skills to make healthy and safe relationship decisions. One example is a program based on PREP called Got Your Back (Jenkins, Markman, & Stanley, 2013). Individually-oriented programs aim to teach individuals the skills required for a successful relationship, and can even be completed by individuals who are not currently in a relationship. It is conceivable to provide RE to inform military personnel about the challenges they are likely to face in their future relationships, and help them to enter relationships with realistic expectations and effective relationship skills. Such a program could even form part of military recruit training. These RE programs for individuals are yet to be tested within the military context, but are an important potential future research direction.

Individually-focused RE provides scope for a couple-oriented program that does not require both partners to be directly involved, allowing spouses to receive education while their military partner is deployed or when one partner is reluctant to participate. These programs could focus on helping spouses at home to deal with challenges such as loneliness, concerns about their partner’s wellbeing, and any child behavioural issues attributed to the separation. If conducted in a group setting, these programs would also offer spouses the opportunity to discuss their experiences and strategies with others in the same situation, allowing them to learn from one another and build social support networks. An existing example of such a program for low-income civilian couples is Within My Reach (WMR), an individually-oriented RE program based on PREP, which is offered
to both single individuals and one member of a couple attending without a partner (Visvanathan, Richmond, Winder & Hoskins Koenck, 2015). The couples version of the program, Within Our Reach, has shown promising results, with couples showing benefits on a number of relationship outcomes up to a 30 month follow-up (Rhoades, 2015). A trial of WMR showed significant increases in partnered individuals’ self-reported relationship quality from pre- to post-test (Visvanathan et al., 2015). Further studies are needed to determine whether program benefits extend to the non-attending partner. Another example is the FRAME program (Wadsworth et al., 2011). Both programs could be adapted for military couples.

It is important to note that no one format is likely to appeal to all military couples. In order to enhance reach, multiple modes of RE service delivery are desirable that include face-to-face and flexible delivery, and include options for individuals as well as couples.

Other considerations. When tailoring RE for special populations, it is important to have support from key stakeholders. In the military key stakeholders include high-ranking personnel, government departments, or family organisations. Having stakeholder support can provide: (a) expert input into the adaptation process, (b) permission to test and implement RE programs, and (c) help recruiting participants. It is imperative for researchers to maintain regular contact with stakeholders both during the tailoring process and throughout evaluation of the program, to ensure they are kept up-to-date with study progress and are happy with the service being offered to military families.

If a new program is to be widely disseminated, demonstrated efficacy is necessary to justify dissemination but insufficient to ensure effective dissemination. The Society for Prevention Research (2014) suggests a number of criteria to be met to ensure effective dissemination. One such criterion is effective engagement with stakeholders. A second is that programs have effective training and resources provided (e.g., manual, program materials, technical support) to ensure providers can deliver the program effectively. Providers should also be supplied with tools to evaluate the effectiveness of the program with their client group. Meeting these criteria should result in effective program delivery.

Relationship Education Adaptations for Military Couples

Allen, Stanley, Rhoades, Markman, and Loew (2011) conducted the first randomised controlled trial of an RE program tailored for military couples. The program, PREP for Strong Bonds, was compared to a no-treatment control group among 662 married U.S. Army couples. The intervention was administered by Army chaplains in a group format and involved approximately fourteen hours of education and skills training. High-risk couples in the intervention condition were significantly less likely to have divorced at a two-year follow-up than couples who received a no-treatment control (8.1% vs 14.9%; Allen, Rhoades, Markman, & Stanley, 2015; Stanley et al.,
Communication skills were also significantly improved at post-test (Allen et al., 2011), although this effect was not maintained at follow-up. No effects were found for relationship satisfaction (Stanley et al., 2014). Analysis was based on intention to treat, with 52 of 343 couples in the intervention condition not receiving any RE.

Couple CARE is a flexible-delivery RE program with a focus on relationship self-regulation, helping partners look at what they can do to enhance their relationship (Halford et al., 2006). Couple CARE has been shown to enhance couple communication, and was effective in maintaining relationship satisfaction for females until 12 month follow-up (Halford et al., 2010). A comprehensive review of Couple CARE efficacy research can be found in Chapter 4. The current research involved tailoring the Couple CARE program for use with military couples, in an adaptation named Couple CARE in Uniform. Couple CARE in Uniform retained all original Couple CARE content with some military-specific additions; these changes are summarised in Table 1.1. The Couple CARE in Uniform guidebook can be found in Appendix E.

Military-specific content aimed to assist couples to deal with the challenges discussed at the beginning of the chapter; namely exposure to trauma, emotional disconnection, hyperarousal, and aggressive behaviour. New modules looked at how to communicate during separation, maintain emotional connection, and manage homecoming, allowing couples to problem-solve emotional and practical hurdles before they arise. Couples first discuss the changes, both positive and negative, that military life has made to their relationship. Examples of such changes might include access to resources, a feeling of belonging and community, the meaning and value of military service, relocations, service-related injuries, or frequent separations. This activity alerts educators to any problem areas, and allows them to focus on these throughout the program. Participants work through how best to communicate over a distance, in particular what and what not to talk about during separations. For example, couples might discuss whether or not to talk about problems occurring at home while the member is away on deployment. This allows couples to strike their own balance between maintaining connection and providing support for one another, and overloading each other with information that causes additional stress. Couples also discuss different approaches they might use to cope emotionally with separations, e.g., maintaining constant psychological presence in each other’s lives and communicating wherever possible, or choosing to embrace their independence while separated. Couples identify the pros and cons of each approach and decide together on strategies that are best suited to their relationship. This was designed to assist individuals to better understand their partner’s coping mechanisms and avoid any hurt or confusion. Couples then have the opportunity to talk about challenges they have experienced in the reintegration stage, such as fitting back into the family, managing parenting and household tasks,
Table 1.1

**Couple CARE Adaptations for Military Couples**

<table>
<thead>
<tr>
<th>Unit 1 – Self-change</th>
<th>Unit 1 – Self-change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original content: Relationship standards and expectations; relationship vision; self-change.</td>
<td>Additions: Impact of military lifestyle on relationships.</td>
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<table>
<thead>
<tr>
<th>Unit 2 – Communication</th>
<th>Unit 2 – Communication</th>
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<tbody>
<tr>
<td>Original content: Couple communication; speaker-listener skills; self-evaluation of communication.</td>
<td>Additions: Long-distance communication; what to share while separated.</td>
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<tr>
<th>Unit 3 – Intimacy and Caring</th>
<th>Unit 3 – Support and Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original content: Social support; expressing caring; balancing individual &amp; shared activities.</td>
<td>Additions: Couple coping while apart; support during homecoming; reintegration of roles.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Unit 4 – Managing Differences</th>
<th>Unit 4 – Managing Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original content: The benefits of differences; conflict guidelines and ground rules; self-evaluation; re-establishing positive feelings.</td>
<td>Additions: None.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Unit 5 – Sexual Intimacy</th>
<th>Unit 5 – Intimacy</th>
</tr>
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<tbody>
<tr>
<td>Original content: Attitudes towards sex; communicating about sex; self-evaluation.</td>
<td>Additions: None.</td>
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<tr>
<th>Unit 6 – Looking Ahead</th>
<th>Unit 6 – Looking Ahead</th>
</tr>
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<tbody>
<tr>
<td>Original content: Managing change; maintaining a relationship focus; when things go wrong.</td>
<td>Additions: None.</td>
</tr>
</tbody>
</table>
and re-adjusting to the partnership. They then talk about what types of support they would find most useful from their partner as they re-establish life together after homecoming. Couples are also provided with ideas for couple activities they might like to engage in, in order to reconnect with each other and enhance intimacy and closeness. These activities range from spending time together at home, to attending events and festivals together. This list might be especially useful for couples in which the military member is dealing with avoidance symptoms; couples can begin working on their connection by engaging in couple activities inside the home, and gradually build up to include public activities that the member finds anxiety-provoking. Psycho-educational elements were also added to make couples aware of possible symptoms of trauma and hyperarousal, and help them to distinguish between normal reintegration behaviours and circumstances where professional assistance might be necessary. Couple CARE in Uniform is based on the experiences of Australian military couples, however could also be helpful to those in foreign militaries, as well as those in emergency services, mining, and other occupations that involve similar challenges to military service (i.e., relocation, separation, exposure to dangerous work environments).

Conclusions

Military couples have many similar needs to other couples, but are also exposed to distinctive challenges like deployments and separations. Relationship education (RE) has the potential to give military families increased access to services and support them in maintaining happy and healthy relationships. RE programs need to be tailored to address the challenges faced by military couples, with additional program content to address negotiating relocation and maintaining emotional connection, as well as trauma-related issues such as hyperarousal. Practitioners working with this population should have a thorough understanding of these challenges, and variations in timing of delivery, educator training, and program format must be made to accommodate the military lifestyle.

Based on these recommendations, the current research tailored the Couple CARE program for use with military couples. Cross-sectional research was conducted to test core assumptions underlying the design of the program, by determining whether skills and behaviours covered in the program content are indeed associated with military couple satisfaction. The following chapters present the results of this research, before going on to present the results of a pilot randomised controlled trial of Couple CARE in Uniform.
Chapter 2 -

Trauma Symptoms, Communication, and Relationship Satisfaction in Military Couples

Relationship education (RE) programs aim to enhance couple relationships, by facilitating the development of skills that couples can use to maintain satisfaction in the long-term. Although the content of RE varies between programs (Bodenmann & Shantinath, 2004; Markman, Stanley, & Blumberg, 2010; Halford et al., 2006), almost all RE programs place significant emphasis on communication skills. Couple communication is thought to be associated with relationship satisfaction (Woodin, 2011). Communication skills might be of particular importance to couples struggling with the distinctive challenges of the military lifestyle.

Between 2001 and 2013 more military personnel experienced multiple deployments (Kline et al., 2010) and were deployed more frequently (Rona et al., 2007) than in prior conflicts. Everyday deployment stressors, paired with exposure to combat and traumatic events, put personnel at risk of mental health conditions such as Posttraumatic Stress Disorder (PTSD). In addition to the personnel officially diagnosed with PTSD, a large proportion of military personnel suffer from trauma symptoms on a lesser scale. Although these personnel do not meet the threshold for clinical diagnosis of PTSD, perhaps due to lower symptom severity or only experiencing symptoms from selected clusters, these trauma symptoms are associated with substantial adjustment difficulties, particularly in interpersonal relationships (Monson & Snyder, 2012).

As mentioned in Chapter 1, PTSD prevalence in the Australian Defence Force is quite low (approximately 8.3%; Defence Health, 2015) in comparison to the U.S. Military (estimates ranging from 11.2 to 24.5%; Hoge et al., 2007; Milliken, Auchterlonie, & Hoge, 2007). The effects of subclinical trauma symptoms on relationship outcomes are therefore more relevant within this largely non-clinical population than a focus on clinically diagnosed PTSD. Hence the focus of this study is on the role of trauma symptoms in military couple communication and satisfaction.

Trauma symptoms are correlated with low couple relationship satisfaction (Allen, Rhoades, Stanley, & Markman, 2010; Erbes, 2011; Nelson Goff et al., 2007). This chapter presents cross-sectional data exploring whether observed couple communication plays a mediating role in the relationship between trauma symptoms and couple satisfaction. This research aims to test a core assumption in the design of RE for military couples, by determining whether certain types of communication can help or hinder in the association between trauma symptoms and satisfaction.

Trauma and Military Couple Relationships

Several studies have shown that military personnel suffering from trauma symptoms have less satisfied couple relationships (Erbes, 2011), and report more relationship problems (Cook et al., 2004; Sayers, Farrow, Ross, & Oslin, 2009), than personnel with few or no trauma symptoms.
Difficulties with family relationships occur among about three quarters of military service personnel who seek treatment for posttraumatic stress (Sayers et al., 2009). Research has shown that military personnel do not have to be suffering posttraumatic stress at clinical levels for this to be associated with low couple satisfaction (Nelson Goff et al., 2007). The directionality of this association is unknown due to a dearth of longitudinal studies in the area. Although it is intuitive that posttraumatic stress might have a negative impact on couple relationships, it is also possible that military personnel in distressed relationships might be at increased risk of developing posttraumatic stress.

Good communication is generally viewed as a protective factor in couple relationships. Woodin (2011) conducted a meta-analysis of 64 studies looking at observed couple conflict and found associations between positive communication behaviours, such as intimate self-disclosure and problem-solving, and high relationship satisfaction; and associations of negative communication behaviours, such as hostility, with low satisfaction. However, good communication in military couples might be eroded by trauma symptoms. Trauma symptoms are associated with self-reports of more negative couple communication, specifically greater conflict and less warmth (Caska et al., 2014). Miller and colleagues (2013) were the first to look at the impact of PTSD symptoms on observed couple communication. As well as predicting more negative and less positive behaviours in the military partner (actor effects), trauma symptoms also predicted lower levels of positive behaviour in the non-military spouse (a partner effect). Negative couple communication has been shown to partially mediate the association of trauma symptoms with low couple satisfaction (Andres, 2014; Allen et al., 2010; Campbell & Renshaw, 2013). Symptoms such as anger and increased emotional arousal might lead the sufferer to use more negative behaviours such as criticism and disagreement in communication with their partner, thus contributing to a decline in both partners’ relationship satisfaction.

Self-disclosure is a positive communication behaviour that might be of particular importance in military couples. Several studies find that military personnel who report higher levels of combat-related disclosure to their spouse had lower relationship distress than those who did not discuss the military member’s deployment experiences (Balderrama-Durbin et al., 2013; Campbell & Renshaw, 2013). Furthermore, military who reported disclosing their experiences to their spouse, or some significant other, subsequently reported declines in trauma symptoms (Hoyt & Renshaw, 2014). It has been suggested that supportive couple discussion of combat experiences serves as exposure to reduce trauma-related symptoms (Monson et al., 2012). Moreover such discussion might assist the non-military spouse to understand and be more supportive of the military spouse struggling with trauma symptoms. Trauma symptoms are associated with particularly low relationship satisfaction when the non-military spouse attributed trauma symptoms to internal
attributes (i.e., their partner’s personality), rather than external factors (i.e., combat exposure; Renshaw, Allen, Carter, Markman, & Stanley, 2014; Renshaw, Rodrigues, & Jones, 2008). Building non-military spouses’ understanding of their partner’s trauma symptoms might reduce partner-blaming attritions and consequently any negative impact on relationship satisfaction.

In sum, existing studies suggest that couple communication might mediate the negative link between trauma symptoms and relationship satisfaction. However, existing studies are all based on self-reported couple communication, and observational research is needed. If observed communication is reliably mediating the association of trauma symptoms with low relationship satisfaction, this could provide guidance to clinicians working with military personnel affected by trauma, as well as inform content in relationship education programs tailored for use with this population.

**Aims and Hypotheses**

The current study tested whether observed couple communication mediated the relationship between trauma symptoms and relationship satisfaction in a non-clinical sample of military personnel and their partners. Data were collected from both partners in a couple, allowing assessment of the association of the military member’s trauma symptoms on their own and their partner’s relationship satisfaction. It was hypothesised that: a significant association would be found between male’s trauma symptoms and low relationship satisfaction in both the male and female (Hypothesis 1); and that couple communication would mediate that association (Hypothesis 2). The current study uses pre-intervention data from a larger program of research evaluating a relationship education program for military couples. The current paper is the first and only study of the association between trauma symptoms, observed communication and relationship satisfaction in Australian couples.

**Method**

**Participants**

Participants were 31 heterosexual couples in which the man was a member of the Australian Defence Force (ADF), who were recruited for a trial of relationship education for military couples. Inclusion criteria for the study were that couples had been married or cohabiting for at least six months; both partners stated a willingness to participate; and that neither partner was currently receiving psychological therapy for an individual or couple-related problem. Participants were recruited through ADF newsletters and magazines, flyers, presentations to military units, and radio interviews.

Participants’ mean age was 34.2 years ($SD = 9.1$) for men and 32.9 years ($SD = 9.1$) for women. Twenty-six couples were married (83.9%) and five were cohabiting (16.1%). Couples had been married/cohabiting for an average of 5.9 years ($SD = 8.1$), with relationship length varying
from 0 to 38 years. Four couples were dual military couples (both partners were members of the ADF), with the remaining 27 couples consisting of a male military member and a female civilian spouse.

Measures

**Self-report measures.** Relationship satisfaction was measured by the 16-item Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007), with total satisfaction scores ranging from 0-81 and higher scores indicating high satisfaction. Scores below 52 define clinical couple distress (Funk & Rogge, 2007). Internal reliability was high at $\alpha=.96$.

The PTSD CheckList – Civilian version (PCL-C; Weathers, Litz, Huska, & Keane, 1994) was administered to measure trauma symptoms. The PCL-C was used over the PCL-M (PTSD CheckList – Military version) in order to assess the full range of trauma symptoms experienced by military personnel, and not just those resulting from combat exposure. Participants rate 17 common symptoms of posttraumatic stress on how much they had been bothered by that symptom in the past month ($1= not \ at \ all$ to $5= extremely$). Scores in the mid-forties and above suggest increased trauma symptoms and a high probability of a PTSD diagnosis (Ruggiero, Ben, Scotti, & Rabalais, 2003). Due to low numbers of female military personnel in the study, only male trauma scores were used in the analyses. The scale had high internal reliability at $\alpha=.93$.

The Depression Anxiety Stress Scales – 21 (DASS21; Lovibond & Lovibond, 1995) were administered in order to help determine whether scores on the PCL-C were uniquely measuring trauma over and above negative affect. Consequently only male DASS scores are reported. The 21 items were rated on a 4 point scale ($0= Did \ not \ apply \ to \ me \ at \ all$ to $3= Applied \ to \ me \ very \ much, \ or \ most \ of \ the \ time$) and consisted of statements such as “I felt that I had nothing to look forward to” and “I felt scared without any good reason”. Participants’ total score reflects their overall negative affect. Higher scores reflect a greater number of symptoms. Internal reliability was high at $\alpha = .88$.

**Observational measure.** Couple communication was assessed by having couples engage in a 10 minute discussion in their own home about an area of disagreement in their relationship. These discussions were recorded and recordings coded using the Brief KPI (Halford, Sanders & Behrens, 2000), an adaptation of the Kategoriensystem für Partnerschaftliche Interaktion [Couple Interaction Coding System] (Hahlweg et al., 1984). In the Brief KPI each 30 second interval is coded for the occurrence of problem solving behaviours (self-disclosure, positive solution), validation (acceptance, agreement), conflict (criticism, disagreement) and invalidation (justification, withdrawal), as well as the occurrence of positive and negative affect. Definitions of each code can be found in Table 2.1. Each partner’s score for each code was derived from the percentage of intervals during which each behaviour was observed.
<table>
<thead>
<tr>
<th>Summary Code</th>
<th>Code</th>
<th>Code Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative listener</td>
<td>Disagree</td>
<td>Direct disagreement with partner</td>
</tr>
<tr>
<td></td>
<td>Justify</td>
<td>Defence of own behaviour or position through denial or justification</td>
</tr>
<tr>
<td></td>
<td>Withdraw</td>
<td>Verbal or nonverbal lack of participation in the conversation</td>
</tr>
<tr>
<td>Negative speaker</td>
<td>Criticize</td>
<td>Negative judgement, condemnation or devaluation of partner</td>
</tr>
<tr>
<td></td>
<td>Negative suggestion</td>
<td>Indicates need or desire for change in destructive or demanding way</td>
</tr>
<tr>
<td>Positive listener</td>
<td>Agree</td>
<td>Agreement with what the partner has previously said</td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>Positive regard, acknowledgment and empathy for partner and their position</td>
</tr>
<tr>
<td>Positive speaker</td>
<td>Self-disclose</td>
<td>Direct expression of own feelings and thoughts where self is revealed</td>
</tr>
<tr>
<td></td>
<td>Positive suggestion</td>
<td>Statements or questions that offer specific, realistic change possibility</td>
</tr>
<tr>
<td>Positive neutral</td>
<td>Describe</td>
<td>Neutral statements or questions which describe event or issue</td>
</tr>
<tr>
<td>Negative affect</td>
<td></td>
<td>Angry or depressed voice tone, expression, posture, movement</td>
</tr>
<tr>
<td>Positive affect</td>
<td></td>
<td>Excited or relaxed voice tone, expression, posture, movement</td>
</tr>
</tbody>
</table>
Two research assistants coded all couple interactions. Coders received two full days of training in the Brief KPI method and were supervised throughout the coding process. Inter-coder agreement was high, with intra-class correlation coefficients (ICC) as follows: ICC = .72 for problem solving, ICC = .90 for validation, ICC = .74 for conflict, ICC = .79 for invalidation, ICC = .95 for positive affect, and ICC = .81 for negative affect.

One criticism of research on the association between couple communication and relationship satisfaction is that often prediction equations contain many indices of communication, inflating the chance of Type 1 error (Heyman, 2001). Following Sevier, Eldridge, Jones, Doss, and Christensen (2008), an overall positive communication score was created by calculating the average of the problem solving, validation and positive affect scores. Similarly, an overall negative communication score was calculated as the mean of the conflict, invalidation and negative affect scores.

Procedure

Couples expressed interest in the study by contacting the researchers by email or telephone. The lead researcher then contacted couples by phone for an initial screening interview, to discuss what participation would involve and to assess their suitability. Eligible couples were sent informed consent documents by post. Once consent was received, couples were emailed a link to an online survey, which each partner was instructed to complete individually.

Couples were then assigned to a relationship educator, who organized a suitable time to conduct the intake interview. Couples were drawn from around Australia and completed the interview via online video conferencing. During the interview the research assistant explained the aim of the communication task was to assess “how you normally communicate.” The assistant helped the couple identify a topic of current disagreement in their relationship, and then indicated the online recorder would be switched on and the assistant would leave the call for 10 minutes. Couples then completed the 10 minute discussion task. Recordings were then passed on to research assistants for coding. Ethical approval for the study was received by the Human Research Ethical Review Committee at the University of Queensland and the Australian Defence Human Research Ethics Committee.

Data Analysis

In order to examine the association of trauma symptoms with relationship satisfaction in military couples we conducted a gender-specific, couple-level model analysis using MLwiN (Rasbash, Charlton, Browne, Healy, & Cameron, 2005). We first analysed the association between trauma symptoms and satisfaction. Specifically, we predicted both male and female relationship satisfaction from the male partner’s trauma symptoms. Communication was then added into the model, testing the possibility of communication as a mediator of the trauma-satisfaction
relationship. The final equation for the model is as follows.

\[
\text{Relationship satisfaction}_i = [\beta_{0i} \text{male}_i + \beta_{1i} \text{female}_i] + [\text{PTSD}_\text{male}.\text{male}_i + \text{PTSD}_\text{male}.\text{female}_i] + [\text{PosCom}_\text{male}.\text{male}_i + \text{PosCom}_\text{male}.\text{female}_i] + [\text{PosCom}_\text{female}.\text{male}_i + \text{PosCom}_\text{female}.\text{female}_i] + [\text{NegCom}_\text{male}.\text{male}_i + \text{NegCom}_\text{male}.\text{female}_i] + [\text{NegCom}_\text{female}.\text{male}_i + \text{NegCom}_\text{female}.\text{female}_i]
\]

In the above equation male and female are dummy variables that create the gender specific estimates, and \(\beta_{0i} \text{male}_i + \beta_{1i} \text{female}_i\) represent the intercepts of satisfaction for men and women, respectively. PTSD\_male.male\(_i\) and PTSD\_male.female\(_i\) represent the main effects of male trauma symptoms on relationship satisfaction for males and females, respectively. PosCom\_male.male\(_i\) and PosCom\_male.female\(_i\) represent the effect of male positive communication on male and female satisfaction, respectively, while PosCom\_female.male\(_i\) and PosCom\_female.female\(_i\) represent the effect of female positive communication on male and female satisfaction, respectively. Similarly, NegCom\_male.male\(_i\) and NegCom\_male.female\(_i\) represent the effect of male negative communication on male and female satisfaction, respectively, while NegCom\_female.male\(_i\) and NegCom\_female.female\(_i\) represent the effect of female negative communication on male and female satisfaction, respectively.

**Results**

Table 2.2 presents the means, standard deviations and correlations between trauma symptoms, negative affect, communication and relationship satisfaction in our sample. Mean scores on relationship satisfaction are similar to population means as described by Funk and Rogge (2007). Trauma symptom mean scores were below cut-off scores indicating a positive screen for PTSD, and only one individual scored above the clinical cut-off. Due to a high level of kurtosis (5.73), a log10 transformation was conducted on this variable before conducting the MLM analysis, and outliers were censored to within 2 SDs of the mean. However this did not change the pattern of results, therefore the analyses using the raw data were retained and are reported here.

Couple communication overall can be characterized as positive, in that means of positive communication were more than twice the rate of negative communication. As expected, male and female relationship satisfaction was highly correlated, as were male and female communication, both positive and negative communication. Trauma symptoms were negatively correlated with female positive communication, but had no relationship with male positive communication or negative communication for either gender. Female positive communication was strongly correlated with both male and female relationship satisfaction. Male negative communication was moderately correlated with male satisfaction, but not female satisfaction.
Table 2.2
*Correlations between Trauma Symptoms, Negative Affect, Communication and Relationship Satisfaction*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male trauma symptoms</td>
<td>24.23</td>
<td>8.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Male negative affect</td>
<td>8.69</td>
<td>7.27</td>
<td>.69**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Male positive communication</td>
<td>24.33</td>
<td>11.25</td>
<td>-.28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Female positive communication</td>
<td>25.44</td>
<td>12.17</td>
<td>-.48*</td>
<td>-.33</td>
<td>.51**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Male negative communication</td>
<td>11.14</td>
<td>10.01</td>
<td>.14</td>
<td>.19</td>
<td>-.12</td>
<td>.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Female negative communication</td>
<td>12.39</td>
<td>9.49</td>
<td>.29</td>
<td>.29</td>
<td>-.04</td>
<td>-.05</td>
<td>.50**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Male relationship satisfaction</td>
<td>61.55</td>
<td>11.72</td>
<td>-.40*</td>
<td>-.31</td>
<td>.22</td>
<td>.49*</td>
<td>.42*</td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td>8. Female relationship satisfaction</td>
<td>60.50</td>
<td>12.11</td>
<td>-.44*</td>
<td>-.29</td>
<td>.14</td>
<td>.60**</td>
<td>.22</td>
<td>-.10</td>
<td>.64**</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01
Male scores on the PCL-C were highly correlated with male DASS scores ($r = .69, p < .001$). Despite small differences between the PCL-C and DASS associations with communication and relationship satisfaction, all correlations are in the same direction and generally similar, raising the possibility that in the current sample the PCL-C may have been broadly measuring negative affect, rather than specific trauma symptoms.

Following MLM conventions (Singer & Willett, 2003), the model was developed sequentially. The MLM output is displayed in Table 2.3. First the unconditional model was estimated. Overall mean CSI satisfaction was 61.6 ($SE = 11.7$) for men and 60.5 ($SE = 12.1$) for women. Male trauma symptoms were then added to the equation and were reliably associated with relationship satisfaction, predicting low satisfaction in both male and female spouses. When communication was added to the equation it significantly predicted satisfaction; female positive communication predicted high female relationship satisfaction, and male negative communication unexpectedly predicted high male relationship satisfaction.

The addition of the communication variables changed the trauma coefficient predicting female satisfaction, which was statistically reduced, $t (24) = 12.86, p < .001$, and became only marginally significant, $z = -1.76, p = .08$, providing evidence for at least partial mediation in females. The trauma coefficient predicting male satisfaction was also statistically reduced after entering communication, $t (25) = 3.40, p = .002$, although remained reliably different from zero. Although trauma symptoms were not correlated with communication in males, this is not a necessary step in order for mediation to occur (MacKinnon, Fairchild, & Fritz, 2007). Therefore, there is also evidence of a partial mediation effect for males.

There were no partner effects of communication. That is, female communication did not predict male satisfaction, and male communication did not predict female satisfaction. However, examination of Table 2.2 shows that there were reliable correlations between female positive communication and male relationship satisfaction, and trend ($p = .100$) for a positive correlation between positive female communication and negative male communication (which, as mentioned earlier, was also positively correlated with male satisfaction). Thus, there may be a suppressor effect of male negative communication on the prediction of male satisfaction by female positive communication.

**Discussion**

The current study was the first to use an observational measure of couple communication to investigate the impact of trauma symptoms on couple communication and satisfaction in Australian military personnel and their partners. The first hypothesis was supported. Consistent with prior research (Allen et al., 2010; Erbes, 2011; Nelson Goff et al., 2007), it was found that male trauma
Table 2.3
Multilevel Model Prediction of Couple Relationship Satisfaction from Trauma Symptoms and Communication

<table>
<thead>
<tr>
<th>Model</th>
<th>Model entry statistic</th>
<th>Predictor</th>
<th>MLM Coefficients (standard error)</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chi-square df</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main effect</td>
<td>11.61* 2</td>
<td>Male trauma symptoms</td>
<td>-.547 (.227)*</td>
<td>-.613 (.232)*</td>
<td></td>
</tr>
<tr>
<td>Mediation</td>
<td>93.48* 8</td>
<td>Male trauma symptoms</td>
<td>-.496 (.242)*</td>
<td>-.433 (.246)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male positive communication</td>
<td>.160 (.205)</td>
<td>-.201 (.205)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female positive communication</td>
<td>.059 (.233)</td>
<td>.510 (.233)*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male negative communication</td>
<td>.640 (.258)*</td>
<td>.127 (.270)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female negative communication</td>
<td>-.140 (.234)</td>
<td>.005 (.233)</td>
<td></td>
</tr>
</tbody>
</table>

* p < .05; df = degrees of freedom
symptom severity was associated with low relationship satisfaction for both spouses. The second hypothesis, predicting communication as a mediator of this relationship, was partially supported.

Female positive communication was associated with couple relationship satisfaction and partially mediated the association between male trauma symptoms and female relationship satisfaction. As expected, positive communication was associated with higher relationship satisfaction in females, which replicates previous research (Woodin, 2011). Although causation cannot be implied due to the cross-sectional nature of the data, it is possible that trauma symptoms in the military member caused a decline in their partner’s positive communication, and in turn, their relationship satisfaction. Female partners might avoid discussion with a spouse affected by trauma, to avoid triggering a negative emotional reaction. This phenomenon (i.e., when partners change their behaviour in response to patient trauma symptoms) is known in the literature as ‘partner accommodation’, and has been linked previously to lower relationship satisfaction in the partner (Fredman, Vorstenbosch, Wagner, Macdonald, & Monson, 2014). The female partner might become dissatisfied with the relationship because they are unsure how to communicate their support to their military spouse, and feel helpless in how to deal with their spouse’s symptoms. Of course it is also possible that other causal links account for the association. For example, high neuroticism in the male partner might lead to high vulnerability to both communication difficulties and trauma-related symptoms. Alternatively, low spousal support reflected in negative communication might increase risk of trauma symptoms.

Male negative communication partially mediated the association between male trauma symptoms and male relationship satisfaction. Males with high negative communication were highly satisfied with their relationships. This finding was unexpected and needs replication. Nonetheless, the possibility that some communication labelled as negative might, at least in some couples, enhance satisfaction has been suggested previously. McNulty and Russell (2010) found in couples facing severe problems, negative communication predicted longitudinal improvement in satisfaction, while those same behaviours in couples facing minor problems predicted deteriorating relationship satisfaction. If we assume that trauma symptoms are a serious issue for couples, which seems reasonable, then perhaps direct negative communication by the male about experiences is sometimes adaptive. In a long-term follow-up of couples who received communication skills focused relationship education, Baucom, Hahlweg, Atkins, Engl and Thurmaier (2006) found females’ large decreases in negative communication were predictive of relationship distress in the following five years. Similarly, wives’ increases in positive communication predicted a paradoxical increased likelihood of declining relationship satisfaction for themselves and for their partners (Baucom et al, 2006; Schilling, Baucom, Burnett, Allen, & Ragland, 2003). It was speculated that these participants might inadvertently have learned to avoid speaking their feelings during problem-
solving. If emotional numbing and failure to disclose feelings is associated with low relationship satisfaction (Riggs, Byrne, Weathers, & Litz, 1998), it is possible that willingness to share one’s feelings with their spouse has positive effects on the relationship, even if this is expressed using communication behaviours that are usually considered maladaptive.

In the current study there was no association between male negative communication and female relationship satisfaction, so spouses did not appear to be affected by this behaviour. This is likely due to overall low levels of negative communication in the sample, with males on average displaying negative communication behaviours in only 11.1% of intervals. The standard deviation of 9.8% suggests many couples did not use negative communication at all.

The current results are consistent with some previous research that suggests negative communication is not necessarily detrimental to relationship satisfaction, and might even have positive effects on the couple relationship. Although preliminary, this finding might have consequences for the way that communication is addressed in RE. Teaching couples specific rules on how to interact with one another, particularly to always seek to reduce negativity, might be unhelpful. An alternative is to do a functional assessment of the effect of the communication within a particular relationship. The Couple CARE programs (Halford et al., 2006) encourage self-evaluation by couples of their current communication behaviours and self-selection of communication enhancement goals, and these self-change attempts are reviewed for their effects on the relationship. Clinicians working with military personnel affected by trauma might also shift focus from reducing negative communication to facilitating this more self-regulatory approach to teaching adaptive communication behaviours. Assisting both partners to engage in open discussion, even with some negativity, might help to enhance relationship satisfaction.

Limitations

The current study was cross-sectional, which prevents any conclusions relating to the direction of causation between key variables. Future research should look at the role of couple communication in mediating the trauma – satisfaction relationship over time. All couples in the sample were presenting for relationship education, and therefore might not be representative of all military couples. Couples who present for relationship education typically over-represent the couples at high-risk of relationship problems (Halford & Bodenmann, 2013).

The use of the civilian PCL scale to measure trauma symptoms might have contributed to the low level of trauma symptoms in the sample. The PCL-M is identical to the PCL-C, only the PCL-M asks respondents to think specifically of “a stressful military experience”. Specific priming of military combat experiences might have impacted trauma scores. Additionally, due to low numbers of female military personnel only male scores were used in the analyses. Future research should look to examine trauma symptoms in female military personnel and their partners.
Conclusion

The current study found a negative association between trauma symptoms and relationship satisfaction in a sample of Australian military couples, with couple communication a partial mediator of this relationship. Female positive communication accounted for a large proportion of the variance between male’s trauma symptoms and female’s relationship satisfaction. Male negative communication was associated with higher relationship satisfaction in males, an unexpected effect suggesting that negative communication is not necessarily detrimental to relationship satisfaction. These findings are in need of replication, however suggest that communication behaviours usually considered to be negative might be adaptive in some couples. Consequently, RE programs that focus on reducing communication labelled as negative might be unhelpful. The way communication is addressed in the Couple CARE programs (Halford et al., 2006), encouraging couples’ reflection and self-selection of communication enhancement goals, seems appropriate given this finding. For military couples, RE that encourages partners to engage in open discussion about their experiences during deployment, even with some negativity, might enhance relationship satisfaction for both partners. The next chapter looks at the association between dyadic coping and relationship satisfaction in military couples, and whether dyadic coping is a valuable inclusion in military RE.
Chapter 3 -
Dyadic Coping in Australian Military Couples

This chapter explores the ways in which dyadic coping influences the adjustment of military couples. The cross-sectional study reported here is the first study to assess dyadic coping and apply the systemic-transactional model (STM; Bodenmann, 2005) in Australian couples, therefore this chapter begins by describing the characteristics of Australian couple relationships. The relevance of dyadic coping to understanding how couples adapt to the military lifestyle is explored, and data is presented on the association of dyadic coping with relationship adjustment. We conclude by analysing the implications of a dyadic coping focus for military-specific relationship education.

Couple Relationships in Australia

Australian couples have some characteristics that are distinctive from other countries. Relative to the United States, where much couple research has been conducted, there are low levels of religiosity in marriage among Australians (Australian Bureau of Statistics, 2010; United States Census, 2012). Specifically, nearly 70% of all Australian couples marry in civil ceremonies rather than religious ceremonies, whereas only 30% of U.S. marriages are civil ceremonies (Australian Bureau of Statistics, 2010; United States Census, 2012).

Relative to the 27 member countries of the Organisation for Economic Co-operation and Development (OECD) Australia has a relatively high fertility rate (1.9 children per woman), which is above the OECD average (1.7) and close to the replacement rate (2.1; OECD, 2011). The rate of adult women in the workforce is 66.2%, has been rising steadily since the 1960s, is now well above OECD average (59.6%), and is similar to the United States (62.2%), although part-time work is more common among Australian women with young children than in other developed countries (OECD, 2011).

Cohabiting couples constitute about 17% of Australian couple households, which is substantially higher than in the United States (about 12%), and similar to countries like Denmark, France and Finland (OECD, 2011). Moreover, more than 80% of Australian couples married in the last 20 years cohabited before marriage (Hewitt & Baxter, 2015). For most couples cohabitation is a transitional phase and within five years couples tend to either marry (40% of couples) or separate (45% of couples), with only 15% of couples continuing long-term cohabitation beyond a five year period (Hewitt & Baxter, 2015).

Under Australian law couples who live together for two years are of very similar status to married couples, with regards to financial and legal matters (Hewitt & Baxter, 2015). For example, cohabiting partners are recognised for spouse entitlements in terms of employment benefits, death and disability entitlements, retirement benefits, and access to the Family Court to resolve separation disputes. At the same time, cohabiting and marital couple relationships have some distinctions. In
Australia cohabiting couples break up at much higher rates than married couples, which is suggested to reflect less partner commitment to cohabiting than married relationships, and lower constraint commitment (i.e., separate assets, less likely to have children together; Hewitt & Baxter, 2015).

Same-sex marriage is not recognised in Australia, although Australian cohabiting same-sex couples have the same legal rights as cohabiting heterosexual couples. In the 2011 Australian census, there were 33,714 self-identified same-sex couples, a threefold increase since the 1996 census (Australian Bureau of Statistics, 2012). This increase likely reflects the increasing willingness of same-sex couples to make their relationships public, both by living together and reporting this. Same-sex couples are 1.6% of all couple households for partners aged 18-35 years, but only 0.1% of couple households for partners aged 55+ (Australian Bureau of Statistics, 2012), suggesting a generational change in the likelihood of openly cohabiting in same-sex relationships. Assuming these trends continue, the number of same-sex couples is likely to increase substantially in Australia across the next two decades.

Australia is a multicultural society with people tracing their ancestry to more than 140 other countries, with the three most widely spoken languages being English, Chinese and Italian (Australian Bureau of Statistics, 2012). Australia’s population is growing quite quickly relative to most other developed countries, in part due to the high fertility rate and in part because of relatively high rates of immigration; more than 30% of the population was born outside Australia (Australian Bureau of Statistics, 2012). Australia’s multicultural nature is underscored by the fact that more than 30% of Australian couples are classified as intercultural (i.e., consisting of partners from different cultural backgrounds), which is similar to the rates of intermarriage in the most culturally diverse regions of the world such as Singapore, Taiwan, and Hawaii (Hiew, Halford & Liu, 2014).

Support from family and friends for less religious couples, cohabiting couples, same-sex couples, and intercultural couples is often lower than for religious, married, heterosexual, intracultural couples (Halford, 2011). Consequently partners are often more reliant on each other for support in the face of stress, as they lack supplementary support. Moreover, other characteristics suggest Australian couples often face significant external stresses that they must manage together. For example, the high Australian fertility rates combined with workforce participation rates result in large numbers of dual career families (OECD, 2011), who often struggle with balancing work and family demands. Intercultural couples sometimes struggle with reconciling different cultural standards for how couple relationships should be, as well as different cultural-based styles of intimate communication, which might explain elevated rates of separation relative to intracultural couples (Hiew, Halford & Liu, 2014). Same-sex couples often are exposed to homophobic
discrimination that is associated with high risk of relationship distress (Frost & Meyer, 2009) in the face of external judgement and disapproval of their relationship.

In summary, Australian couples differ from couples around the world in a number of important ways. Overall low religiosity, paired with high prevalence of cohabitation, same-sex and intercultural couples, put some Australian couples at increased risk of relationship distress.

What is Dyadic Coping?

Dyadic coping refers to the ways in which couples cope together with stress. The systemic-transactional model of dyadic coping discriminates between supportive and common dyadic coping (Bodenmann, 2005). Supportive dyadic coping is behaviors displayed by an individual in an attempt to support their partner; for example, expressing empathy, listening, practical support (e.g., taking on additional tasks to lessen the burden on their partner), and helping their partner to view stressors from a different angle. These supportive behaviors overlap somewhat with the concept of social support, but are distinguished in the literature on several grounds (Bodenmann, Pihet, & Kayser, 2006). First, while social support can be provided by a wide range of people, dyadic coping is specific to interactions with an intimate partner. Intimate partners are viewed as the most important source of support, and such support is often more effective than support from others (Bodenmann et al., 2006). Second, when intimate partners provide support to each other in order to manage stress, the enhanced stress management produces benefits for both partners as the coping and life satisfaction of partners are so closely interconnected. Common dyadic coping is when the couple discusses a significant stress, works together to develop potential strategies, and decides together on an appropriate solution. It seems likely that all attempts by couples to assist each other with stressors will be beneficial, and hence impact relationship satisfaction; however common dyadic coping is argued to facilitate a stronger emotional connection between couples, leading to a stronger association with satisfaction.

Dyadic coping has been consistently linked to high couple relationship satisfaction (Bodenmann, Meuwly, & Kayser, 2011; Herzberg, 2013; Papp & Witt, 2010). In a longitudinal study of 162 Swiss couples, dyadic coping behaviors were found to be a significant predictor of high relationship satisfaction in men at a 10-year follow-up (Ruffieux, Nussbeck, & Bodenmann, 2014). The Couple Coping Enhancement Training (CCET), which specifically focuses on promoting dyadic coping, was shown in several randomised controlled trials to improve couple dyadic coping and couple relationship satisfaction (e.g., Bodenmann, Bradbury, & Pihet, 2009; Bodenmann, Hilpert, Nussbeck, & Bradbury, 2014).

Dyadic coping skills may prove especially useful for military couples because they face a number of external challenges to their relationship. As explored in detail in chapter 1, Australian military couples have distinctive strengths and challenges to their relationships in addition to those
faced by civilian couples, such as financial stability, frequent relocations and time apart. A study by Lambert, Hasbun, Engh, and Holzer (2015) found that in a sample of U.S. veterans, partner supportive dyadic coping and common dyadic coping both moderated the negative relationship between trauma symptoms and relationship quality, serving as a protective factor in the relationship. In the next section we discuss the ways that military couples might use dyadic coping to deal with the stresses of military life.

**Dyadic Coping in Military Couples**

As noted earlier, military personnel are typically relocated every few years (Castaneda & Harrell, 2008). Dyadic coping could involve individuals each expressing the way they are feeling about these relocations to their partner, developing a shared understanding of the challenges for them as a couple through this communication, and then jointly developing and implementing agreed on solutions. For example, after such a discussion the military spouse might help their partner to find new social connections by introducing them to the partners of fellow military personnel. In this way, both spouses work together to cope with relocation challenges, ensuring one partner does not feel alone in coping with their situation.

Deployment is a major stressor for personnel, who must live and work in a war zone, as well as their spouses and families, who fear for their safety (Allen et al., 2011). One area in which couples can dyadically cope is by jointly deciding what to communicate while apart. Military personnel are often exposed to traumatic experiences during deployment. Some personnel might wish to discuss these experiences with their spouse, but some personnel avoid such disclosure (Balderrama-Durbin et al., 2013). The civilian spouse might seek disclosure from their partner, or might feel unable to deal emotionally with these stories and avoid such discussion. Moreover, personnel might feel guilt and helplessness if their spouse is struggling to cope with loneliness, misbehaving children, or other crises while they are overseas on deployment. If couples talk about the expected challenges before the deployment, and discuss ground rules for communication when separation occurs, they often can reach a mutually acceptable agreement about how to best cope dyadically. For example, agreeing only to discuss deployment experiences in general terms and not getting into details of events. Similarly, there might be agreement to only discuss major problems (e.g., a serious illness) and leaving less critical issues (e.g., minor child misbehaviour) until they are reunited.

Reintegration after deployment is another key time for military couples to utilise dyadic coping. Military personnel often struggle to fit back into their family after a long separation, while civilian spouses have become accustomed to a new lifestyle and can find it difficult to readjust to living with their partner. Couples can use dyadic coping here by speaking openly to each other about what they are finding stressful, and come up with joint strategies for coping during this
adjustment period. Military personnel dealing with trauma-related symptoms who discuss their experiences during deployment with their spouse tend to adjust better (Monson et al., 2012), and couples who discuss the military spouse’s combat experiences have higher relationship satisfaction (Balderrama-Durbin et al., 2013). It seems likely that civilian spouses who show empathy can aid in the recovery process by allowing their partner to emotionally process their traumatic experiences and feel supported. Civilian spouses can also contribute to their partners’ recovery by ensuring they support graded exposure to feared situations. For example, if the military spouse is anxious in large crowds, the civilian spouse might prompt and support graduated attempts to enter and manage that anxiety-eliciting situation. In contrast, well-meaning offers to support military personnel avoiding feared situations (e.g., the spouse doing all the shopping alone) inadvertently prevent exposure and hinder their partner’s recovery. This is another example of partner accommodation, which has been negatively associated with both the member’s mental health and the spouse’s satisfaction with the relationship (Fredman et al., 2014). Military couples can benefit from psycho-education that addresses these issues and provides guidelines for couples on how to dyadically cope with the challenges of deployment and reintegration.

Supportive and Common Dyadic Coping in Australian Military Couples

Here we present new data attained from a sample of Australian military couples, which assessed the association of supportive and common dyadic coping with relationship satisfaction. Couples were recruited as part of a larger program of research evaluating, within a randomised controlled trial, Couple CARE in Uniform (Halford & Bakhurst, 2013). The Couple CARE programs are similar to the Couple Coping Enhancement Training (CCET) of Bodenmann and Shantinath (2004). Both programs use cognitive-behavioural techniques to facilitate change in couples, with Couple CARE focusing on self-regulation in partners, while CCET places an emphasis on how dyads manage stress. Data reported here are based on assessments completed by couples before they began relationship education. The male and female partner in each couple rated their own and their spouse’s dyadic coping behaviours, and each partner reported on their relationship satisfaction. This enabled us to use one partner’s reports of dyadic coping to predict the other partner’s relationship satisfaction. This method circumvents the limitations of common method variance, in which one person’s report of behaviour is used to predict their own outcome. Positive associations were expected between (a) an individual’s dyadic coping behaviours, as reported by their partner, and their relationship satisfaction (an actor effect); (b) an individual’s self-reported dyadic coping behaviours and their partner’s relationship satisfaction (a partner effect), and (c) an individual’s self-evaluation of the couple’s conjoint dyadic coping behaviours and their partner’s relationship satisfaction.
**Study sample.** Participants were 32 couples in which one or both partners were members of the Australian Defence Force (ADF). Inclusion criteria for the study were that couples had been married or cohabiting for at least six months, and that neither partner was currently receiving psychological therapy for an individual or couple-related issue. Participants were recruited through articles in ADF newsletters and magazines, flyers, presentations to military units, and radio interviews.

Participants’ mean age was 34.3 years ($SD = 9.0$) for men and 32.8 years ($SD = 9.0$) for women. Twenty-seven couples were married (84.4%) and five were cohabiting (15.6%). Couples had been married/cohabiting for an average of 5.9 years ($SD = 7.9$), with relationship length varying from 0 to 38 years. Four couples were dual military couples (both partners were members of the ADF), with the remaining 28 couples consisting of one military member and a civilian spouse. All but one of these couples consisted of a male military member and a female civilian spouse. Of the military personnel who took part in the study, there were 18 Army (50%), 11 Air force (31%) and 7 Navy personnel (19%).

**Measures.** As part of a broader program of research, couples completed a battery of assessment measures assessing the couple relationship, dyadic coping and individual adjustment. Here we only describe the measures relevant to the current study. Relationship satisfaction was measured by the 16-item Couples Satisfaction Index of Funk and Rogge (2007). Individuals obtain a global satisfaction score ranging from 0-81, with higher scores indicating high satisfaction with the relationship. Scores below 52 are considered to indicate clinical levels of couple distress. Internal reliability was high at $\alpha = .96$.

The Depression Anxiety Stress Scales – 21 (DASS21; Lovibond & Lovibond, 1995) were administered to describe the individual adjustment of the partners. The 21 items were rated on a 4 point scale (0 = *Did not apply to me at all* to 3 = *Applied to me very much, or most of the time*) and consisted of statements such as “I felt that I had nothing to look forward to” and “I felt scared without any good reason”. Participants received a score for each sub-scale, as well as a total score reflecting their overall distress. Higher scores reflect a greater number of symptoms. Internal reliability was high, $\alpha = .89$ for males and $\alpha = .88$ for females.

The Dyadic Coping Inventory (DCI; Gmelch et al., 2008) was administered to assess the individual’s supportive dyadic coping, their evaluation of their partner’s supportive dyadic coping, and the couple’s common dyadic coping. Internal reliabilities were high for all three sub-scales: $\alpha = .75$ for males and $\alpha = .82$ for females on self-report of own supportive dyadic coping; $\alpha = .85$ for males and $\alpha = .87$ for females on report of partner supportive dyadic coping, and $\alpha = .81$ for males and $\alpha = .89$ for females on common dyadic coping.
**Procedure.** Couples expressed interest in the study by contacting the researchers by email or telephone. The lead researcher then contacted couples by phone for an initial screening interview, to discuss what participation would involve and to assess their suitability for the study. Eligible couples who chose to proceed were sent informed consent documents by post. Once consent was received, couples were emailed a link to the online survey. Each partner was instructed to complete the survey individually. Ethical approval for the study was received by the Human Research Ethics Committee at the University of Queensland and the Australian Defence Human Research Ethics Committee.

**Data analysis.** In order to examine the association of dyadic coping with relationship satisfaction in military couples we conducted a gender-specific, couple-level model analysis using MLwiN (Rasbash, Charlton, Browne, Healy, & Cameron, 2005). We first analysed the association between supportive dyadic coping and satisfaction, and then common dyadic coping and satisfaction. In order to reduce the possibility of spurious associations resulting from common method variance, we used one partner’s report of dyadic coping to predict the other partner’s satisfaction. Specifically, we predicted male relationship satisfaction from the female partner’s reports of the male spouse’s dyadic coping (an actor effect), the female partner’s report of her own dyadic coping (a partner effect), and the female partner’s report of the couple’s common dyadic coping. Conversely, we predicted female relationship satisfaction from the male partner’s reports of the female spouse’s dyadic coping (an actor effect), the male partner’s report of his own dyadic coping (a partner effect), and the male partner’s report of the couple’s common dyadic coping. The equations for the model tested are as follows.

\[
\text{Relationship satisfaction}_{ij} = [\beta \text{ male}_{0i} + \beta \text{ female}_{1i}] + [\text{male. male dyadic coping}_{i} + \text{female. female dyadic coping}_{i} + \text{male. female dyadic coping}_{i} + \text{female. male dyadic coping}_{i} + \text{male. conjoint dyadic coping}_{i} + \text{female. conjoint dyadic coping}_{i}]
\]

In the above equation male and female are dummy variables that create the gender specific estimates, and \(\beta \text{ male}_{0i} + \beta \text{ female}_{1i}\) represent the intercepts of satisfaction for men and women, respectively. Male. male dyadic coping\(_i\) and female. female dyadic coping\(_i\) are the actor effects of male and female dyadic coping, respectively. Male. female dyadic coping\(_i\) and female. male dyadic coping\(_i\) are the partner effects of male and female dyadic coping, respectively. Male. conjoint dyadic coping\(_i\) and female. conjoint dyadic coping\(_i\) are the effects of common coping on male and female relationship satisfaction, respectively. To give an estimate of effect size for the effect of dyadic coping on relationship satisfaction, the final MLM equation was used to estimate
the male and female relationship satisfaction for couples with dyadic coping 1 SD above, and 1 SD below, the sample mean.

**Study results.** Table 3.1 presents the means, standard deviations and correlations between dyadic coping and relationship satisfaction in the sample. Mean scores on relationship satisfaction are similar to the population means described by Funk and Rogge (2007). Scores on the DASS reflect low levels of anxiety, depression and stress. Male and female relationship satisfaction was highly correlated, as was common dyadic coping. There was no correlation within couples between male and female psychological distress, and small to moderate correlation between partners on supportive dyadic coping. Dyadic coping showed high correlation with relationship satisfaction, but dyadic coping and psychological distress were not correlated.

As is conventional with MLM (Singer & Willet, 2003) we developed the model sequentially. We began first by estimating the unconditional model. Men had an overall mean CSI satisfaction of 62.0 ($SE = 2.0$), and women a mean of 61.0 ($SE = 2.1$). As we had both cohabiting and married couples we wanted to test if this variable influenced couples’ relationship satisfaction. We entered marital status as a dummy variable (cohabiting = 0, married = 1), and found it did not significantly predict relationship satisfaction, $\chi^2 (2) = 0.090 \ p = .955$. Following usual MLM conventions (Singer & Willet, 2003) we removed the non-significant marital status term.

We entered the supportive dyadic coping terms as a block, and then the common dyadic coping as a block, to predict relationship satisfaction. Table 3.2 presents the results of these analyses. As shown, supportive dyadic coping significantly predicted satisfaction, and then entering common dyadic coping further enhanced prediction of satisfaction. However, once common dyadic coping was entered, none of the supportive dyadic coping terms predicted satisfaction. We then entered common dyadic coping first, and then entered supportive dyadic coping actor and partner effects after common dyadic coping. Adding supportive dyadic coping actor and partner effects after common dyadic coping did not significantly enhance prediction of satisfaction, $\chi^2 (4) = 3.01 \ p = 0.556$. Thus, the final equation was the one shown at the bottom of Table 3.2, in which both male and female relationship satisfaction are significantly predicted by common dyadic coping. It is important to remember these associations are not due to common method variance resulting from reports by just one person, as male reports of common dyadic coping are predicting female satisfaction, while female reports of common dyadic coping are predicting male satisfaction.

We used the final equation in Table 3.2 to estimate the male and female relationship satisfaction for couples with common dyadic coping 1 SD above, and 1 SD below, the sample mean on dyadic coping. Figure 3.1 displays the estimated satisfaction levels. The difference between the high and low dyadic coping couples in relationship satisfaction was 13.4 points for men, and 19.3
Table 3.1
*Correlation between Dyadic Coping and Relationship Satisfaction in Australian Military Couples*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1. Satisfaction</td>
<td>62.0</td>
<td>11.8</td>
<td>61.0</td>
<td>12.2</td>
<td>0.66*</td>
<td>-0.34</td>
<td>0.40*</td>
<td>0.56*</td>
</tr>
<tr>
<td>2. Distress</td>
<td>8.8</td>
<td>7.3</td>
<td>8.9</td>
<td>6.9</td>
<td>-0.33</td>
<td>-0.23</td>
<td>-0.01</td>
<td>-0.22</td>
</tr>
<tr>
<td>3. Actor supportive dyadic coping</td>
<td>40.8</td>
<td>7.3</td>
<td>40.8</td>
<td>6.6</td>
<td>0.45*</td>
<td>-0.25</td>
<td>0.32</td>
<td>0.63*</td>
</tr>
<tr>
<td>4. Partner supportive dyadic coping</td>
<td>43.3</td>
<td>5.1</td>
<td>42.5</td>
<td>5.0</td>
<td>0.36*</td>
<td>-0.24</td>
<td>0.74*</td>
<td>0.42*</td>
</tr>
<tr>
<td>5. Common dyadic coping</td>
<td>16.3</td>
<td>4.7</td>
<td>15.8</td>
<td>3.5</td>
<td>0.63*</td>
<td>-0.11</td>
<td>0.58*</td>
<td>0.58*</td>
</tr>
</tbody>
</table>

*p < .05; correlations above the diagonal are for male partners, below the diagonal for female partners, and on the diagonal show correlation between male and female partners on the same variable; relationship satisfaction and psychological distress are self-report, dyadic coping variables are all spouse report.*
Table 3.2
Multilevel Model Prediction of Couple Relationship Satisfaction from Supportive and Common Dyadic Coping

<table>
<thead>
<tr>
<th>Block</th>
<th>Block entry statistic</th>
<th>Predictor</th>
<th>MLM Coefficients (standard error)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chi-square</td>
<td>df</td>
<td>Male</td>
</tr>
<tr>
<td>Supportive dyadic coping</td>
<td>18.38*</td>
<td>4</td>
<td>Actor: 0.122 (.302)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partner: 1.172 (.428)*</td>
</tr>
<tr>
<td>Common dyadic coping</td>
<td>11.92*</td>
<td>2</td>
<td>Actor: -0.193 (.333)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partner: 0.794 (.455)*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Common: 1.042 (.563)*</td>
</tr>
<tr>
<td>Common dyadic coping</td>
<td>31.99*</td>
<td>2</td>
<td>Common: 1.435 (.363)*</td>
</tr>
</tbody>
</table>

* p < .05 – one tailed tests; df = degrees of freedom
Figure 3.1

Effect of Common Dyadic Coping on Couple Relationship Satisfaction
points for women. Based on a standard deviation of 17 on the CSI as reported by Funk and Rogge (2007), these differences correspond to large effect size differences, $d = .79$ and $d = 1.14$, for male and female satisfaction, respectively.

The study replicated prior research (Bodenmann et al., 2011; Herzberg, 2013; Ruffieux et al., 2014) showing a robust association between dyadic coping and couple relationship satisfaction, and suggests that the importance of dyadic coping in couple relationships extends to couples living the military lifestyle. The current study also suggests that common dyadic coping is more strongly associated with relationship satisfaction than supportive dyadic coping. Implementing joint coping strategies might result in feelings of teamwork and togetherness that contribute further to the enhancement of relationship satisfaction. For military couples, working together to overcome the challenges of military service likely results in the development of strategies that suit both partners.

**Implications for Relationship Education**

Most existing couple relationship education programs encourage spouses to provide support to one another during times of stress. Adding promotion of common dyadic coping might enhance the benefit of RE for couples. Specifically, it seems potentially useful to teach couples techniques that involve discussing problems together, developing a shared understanding of the situation and the various options available to them, and deciding together on which approach to take. Although the term dyadic coping has not been used in the Couple CARE programs, there is emphasis in Couple CARE on couples talking through issues, seeking to understand each other, and developing agreed upon ways to manage stress, which are all established dyadic coping techniques.

In addition to the dyadic coping techniques present in the existing Couple CARE, Couple CARE in Uniform was tailored to include several additional exercises on military-specific stressors and various strategies that couples could use to cope with these stressors together. The exercises encouraged couples to use their time together to develop strategies that they could implement during their next separation. For example, one exercise explored how the couple communicated while separated; couples discussed the pros and cons of different approaches, before agreeing on an approach that worked best for them as a couple. Similar techniques were used to explore challenges of the homecoming phase, such as re-establishing intimacy and reintegrating into the family routine. Thus, the adaptation of Couple CARE for military couples promotes common dyadic coping to help couples manage military life. The current finding of a strong association between common dyadic coping and relationship satisfaction supports the inclusion of dyadic coping techniques in Couple CARE in Uniform.

**Implications for Research**

This study extended prior work in three important ways. First, by using one partner’s report of dyadic coping to predict the other partner’s relationship satisfaction, it was shown that the
association of dyadic coping with relationship satisfaction is not just an artefact of common method variance resulting from having one person’s report to assess the predictor and criterion variables. Second, it showed that the prior work on dyadic coping and relationship satisfaction generalises to Australian military couples, a population of couples with significant external stresses to manage. Third, it considered the relative contribution of supportive dyadic coping and common dyadic coping, showing the latter has the strongest association with relationship satisfaction.

A key limitation of the current study was that it was cross-sectional, which prevents any conclusion on the causal effects of dyadic coping on relationship satisfaction over time. However, as noted previously, incorporating promotion of common dyadic coping into RE and testing its effect could test causal models. The sample was made up of largely married, heterosexual couples, limiting generalisability to the wider population. Future studies should look to include cohabiting, intercultural and same-sex couples in order to be more representative of the Australian population. The couples in the current study were also presenting for RE, and therefore might not be representative of all Australian military couples. Across studies evaluating RE, couples who present typically over-represent the couples at high-risk of future relationship problems (Halford & Bodenmann, 2013). However, high risk couples are those most likely to show the largest benefits from RE (Halford & Bodenmann, 2013), so the predictors of satisfaction in these couples are of particular relevance to planning interventions.

**Conclusion**

Couples in Australia face a number of distinctive challenges, such as those faced by dual career families, and high rates of intercultural relationships. Australian military couples face additional challenges in navigating the relocations, separations and deployments characteristic of military life. There has been a dearth of research on dyadic coping in Australian couples, but the data presented in this chapter is a start to such research. Consistent with earlier research we found a strong association between common dyadic coping behaviours and relationship satisfaction. Couples who cope with stress together appear to have healthier and happier relationships, therefore including these techniques in relationship education may be important in enhancing and maintaining relationship quality. Promotion of dyadic coping is incorporated into Couple CARE in Uniform, and the current research finding is consistent with the assumption that dyadic coping is important to military couple relationships. The final chapter in this dissertation presents data on the first randomised controlled trial of Couple CARE in Uniform with a sample of Australian military couples.
Chapter 4 -

A Randomised Controlled Trial of the Effects of Couple CARE in Uniform

Military couples experience challenges that are distinctive from those experienced by civilian couples, and that might put them at elevated risk of relationship distress (see Chapter 1). High-risk couples have been shown to benefit from relationship education (RE) programs aimed at preventing distress and increasing resilience (Halford and Bodenmann, 2013). Military couples are thus ideal candidates for RE, particularly in the current climate with the high tempo of military deployments in recent years (de Burgh, White, Fear, & Iversen, 2011). The flexible delivery relationship education program Couple CARE was adapted for use with a military population. This chapter reports the results of a randomised controlled trial of that adaptation, called Couple CARE in Uniform, with a sample of Australian military couples.

Relationship Education – Research with Civilian and Military Couples

Relationship education is a form of preventative couple intervention that aims to teach couples the knowledge and behaviours they need to maintain happy, long-term relationships (Halford & Bodenmann, 2013). The skills taught in RE often vary depending on the emphasis of individual programs, for example: Couples Coping Enhancement Training (CCET; Bodenmann & Shantinath, 2004) focuses on individual and conjoint coping with stress; the Prevention and Relationship Education Program (PREP; Markman, Stanley, & Blumberg, 2010) places emphasis on the prevention of destructive conflict, and Couple Commitment and Relationship Enhancement (Couple CARE; Halford, Moore, Wilson, Dyer, Farrugia, & Judge, 2006) focuses on relationship self-regulation and developing each partner’s ability to implement self-change. Commonly taught skills across all RE programs include effective communication, conflict management and intimacy.

As discussed in Chapter 1, numerous trials of RE programs have been conducted with civilian couples in recent years, with some including sufficient follow-up to track the long-term efficacy of the programs. RE helps couples to maintain relationship satisfaction, with the strongest effects seen in couples at higher risk of relationship distress (Halford & Bodenmann, 2013). Several studies also found that couples receiving RE had improved communication skills, an important focus of many RE programs (Hawkins, Blanchard, Baldwin and Fawcett, 2008). PREP for Strong Bonds (Stanley et al., 2010) is the only military adaptation of RE to have undergone randomised controlled trial, with promising results (see Chapter 1).

A number of factors have the potential to moderate how RE influences relationship satisfaction, as well as the ability to detect these effects. Ceiling effects seem to prevent initially highly satisfied couples from showing much improvement after RE (Halford &
Bodenmann, 2013), and there is a replicated finding that couples with low satisfaction receiving RE showed moderate immediate increase in relationship satisfaction after RE, whereas those with high satisfaction showed little to no change (Halford et al., 2015). Although RE is primarily intended for satisfied couples, these results suggest that RE might also function as an accessible and cost-effective intervention for couples entering the early stages of distress. Halford and Bodenmann (2013) also argue that longer term benefits of RE are more easily detected in couples at higher risk of relationship distress (e.g., those with family-of-origin parental divorce or violence), as these couples show a larger natural decline in satisfaction over time, in contrast to lower risk couples who might remain stable even in the absence of RE. Consistent with this proposition of a selective effect of RE, risk moderates the effects of RE with moderate to large effects evident for high-risk couples two to four years after RE (Allen, Rhoades, Stanley, Loew, & Markman, 2012; Halford, Sanders & Behrens, 2001; Petch, Halford, Creedy, & Gamble, 2012).

Some couples utilise relationship self-help books in order to enhance their relationship in a low-cost and private setting. Doss and colleagues (2009) found that relationship books were the most popular form of relationship help-seeking behaviour among couples in their first five years of marriage. As couples often look for relationship guidance from self-help books as an easily accessible form of intervention, the comparison group in the current trial of RE read a self-help book as their intervention. Reading allows couples to work on their relationship and controls for that effect, and tests whether the more interactive activities, practice of skills, and feedback from a qualified professional included in skill based RE has any greater effect than reading. An active control like reading might also have advantages in retaining research participants. Many RE trials have used a wait list or no treatment control. However, couples who elect to participate in RE trials often do so in order to receive an intervention, and those assigned to the control condition might be disappointed and drop out of the study, resulting in high and unequal attrition between groups.

**Flexible-delivery RE.** Wide dissemination of RE is hindered by the barriers to care that prevent couples who could benefit from RE from presenting for intervention. For some couples, having to organise childcare and find the time to attend multiple appointments can stop them from participating (Sullivan & Bradbury, 1997), while others are deterred by the thought of discussing their relationship in front of strangers (Halford & Simons, 2005). These types of barriers are likely particularly relevant for military couples, who face the added challenge of frequently being separated from their spouse, being sent away with little notice, irregular working hours, and added privacy concerns related to their service. Military couples
might be well suited to flexible-delivery RE, which allows couples to work on programs from home in their own time. Couples complete program content either online or using take-home audio-visual materials, and communicate with a relationship educator using telephone or online video conferencing. Giving couples added flexibility, privacy, and reducing perceived inconvenience might be key in increasing RE dissemination for couples who need it most.

The Couple CARE program by Halford and colleagues (2006) was the first flexible-delivery RE program and has been the most widely researched to date. Couple CARE has a self-regulatory focus, teaching partners to consider what they themselves can contribute to their relationship. The program involves use of a DVD and guidebook that couples work through from home at a semi-structured pace, and communication with a relationship educator using telephone or Skype. Couple CARE consists of six units, each designed to be completed in approximately one week. Units cover topics such as relationship self-change, communication, intimacy and support, conflict, sexuality, and managing life changes. For each unit, the couple watches a 10-12 minute clip from the DVD, which introduces the concepts for that unit and provides examples of the skills in action. The couple then completes the relevant unit in the guidebook, which provides them with structured exercises to apply the ideas and skills from the DVD to their own relationship. Couples then have a one hour coaching session with their educator, where they refine the skills from the unit and form goals for applying them in their relationship. The details of the Couple CARE program can be found in Halford, Moore, Wilson, Farrugia and Dyer (2004).

Halford and colleagues (2001) conducted a randomised controlled trial of the Self-Regulatory Prevention and Relationship Enhancement Program (Self-PREP), an earlier face-to-face version of the Couple CARE program, with 83 couples who stated intentions to marry. High-risk couples receiving Self-PREP remained stable in relationship satisfaction, while satisfaction in high-risk control couples decreased significantly at four-year follow-up. Halford and colleagues (2004) evaluated the flexible-delivery version of Couple CARE relative to a wait-list control with 59 Australian couples, and found significant improvements for Couple CARE couples on both relationship satisfaction and stability. A further trial with 59 newlywed Australian couples compared the flexible-delivery Couple CARE program to an assessment and feedback control condition (Halford et al., 2010). Couple CARE improved communication for both genders, and enhanced relationship satisfaction in female but not male partners.

The Couple CARE program has been adapted to meet the needs of different populations. Halford, Petch and Creedy (2010) adapted the Couple CARE program to address the challenges associated with the transition to parenthood. Seventy-one couples expecting
their first child participated in a randomised controlled trial of the Couple CARE for Parents (CCP) program, which was compared against a standard parenting program. Relative to control couples, CCP couples declined in negative communication from pre- to post-intervention, and the program prevented decline in relationship satisfaction for women (but not men) from pre-intervention to a 7-month follow-up. A larger trial of the program with 250 expectant couples showed similar declines on negative communication for intervention couples. There was also less decline in satisfaction across three years for women in the CCP condition relative to control, although this effect was just in high-risk couples (Petch, Halford, Creedy, & Gamble, 2012). A version of Couple CARE was also developed for couples dealing with hazardous alcohol consumption in one or both partners (Bouma, Halford, & Young, 2004). Couples completing the Controlling Alcohol and Relationship Enhancement program saw improvements in communication relative to a control condition receiving no relationship skills training, with both conditions seeing a reduction in levels of alcohol consumption.

Adapting Couple CARE for Military Couples

The flexible-delivery Couple CARE program was tailored for use with military couples. A detailed account of the adaptations can be found in Chapter 1. In summary, new content was added to address the distinctive military lifestyle and the challenges associated with relocation, separation and deployment. With the exception of these additions units remained largely unaltered, although military examples and terminology were added throughout to make content more salient to military couples. The guidebook was also changed to feature photos of military families, with the military spouses in uniform, with quotes from military couples being used to illustrate issues. As well as assisting couples to consider how they might cope in military-specific situations, it was thought that couples would be more satisfied with a program that identified and acknowledged the distinctive characteristics of military couple relationships. Consistent with the educational design of Couple CARE, a self-directed learning approach was used in which ideas and skills were introduced, couples discussed their thoughts on the range of possible strategies, and developed individual plans to apply their self-selected strategy.

Chapter 1 detailed a number of best practice recommendations with regard to the ideal timing, target, and format of RE interventions with military couples, in order to maximise the effectiveness of interventions tailored for this population. Couple CARE in Uniform was designed for couples at all stages of their relationships and included content relevant to all aspects of the military lifestyle. One option was to target couples who were in the pre-deployment phase, in order to try and prevent separation-related issues from occurring;
however this was considered logistically too difficult, due to most personnel attending extensive training courses in the months leading up to a deployment. As such, the current study accepted couples at any stage of the deployment and posting cycles. Both married and cohabiting couples were targeted, as cohabitation rates among Australian military couples are high (20%; Department of Defence, 2012) and representative of the Australian population as a whole (17%; OECD, 2011). Finally, the existing Couple CARE format was retained (i.e., individual delivery over an extended period) due to previous success of this program with civilian couples.

Aims and Hypotheses

Existing research shows that RE can be effective in enhancing relationship outcomes for couples from many different walks of life, and suggests that RE might be a useful tool for military couples in addressing the distinctive challenges they face. Despite the ever-increasing body of work looking at RE efficacy with civilian couples, there is only one published study evaluating RE for military couples. In the current study a randomised controlled trial of the Couple CARE in Uniform program was conducted with a sample of Australian military couples, to determine whether military couples would benefit from RE tailored to address their distinctive needs and lifestyle. This trial contributes to the existing RE literature in three important ways. First, this is only the second randomised controlled trial of RE to be conducted with military couples, and the first to test the acceptability and feasibility of a flexible-delivery RE program designed for this population. Second, the only existing evaluation of RE had a wait list control (Stanley et al., 2014). This is common in much RE research, but it is important to compare RE with active comparison conditions to test for specific effects of RE (Halford & Bodenmann, 2013). Finally, the current study is the first to assess observed communication in Australian military couples, which has been recommended as mean to assess observable change (Halford, Markman, Kline, & Stanley, 2003).

In order to allow comparison with previous RE trials, the commonly-reported relationship outcomes of satisfaction and communication were assessed before and after completion of the program, and satisfaction was assessed again at a six month follow-up. Based on previous trials of the Couple CARE program, it was hypothesised that couples receiving Couple CARE in Uniform would increase in relationship satisfaction relative to control couples (Hypothesis 1). It was also predicted that Couple CARE in Uniform would improve communication (Hypothesis 2). Based on the assumption that Couple CARE in Uniform would enhance couple satisfaction and communication, and in light of cross-sectional research from Chapter 2 showing satisfaction and communication negatively associated with
trauma symptoms, it was also expected that Couple CARE in Uniform would decrease trauma symptoms (Hypothesis 3). Finally, it was hypothesised that Couple CARE in Uniform would produce higher consumer satisfaction with the program than for control couples who received self-directed reading (Hypothesis 4).

Method

Participants

Participants were 32 couples in which one or both partners were members of the Australian Defence Force (ADF). Inclusion criteria for the study were that couples had been married or cohabiting for at least six months; both partners were over 18 years of age; both partners stated a willingness to participate; and that neither partner was currently receiving psychological therapy for an individual or couple-related issue.

Participants were recruited through articles in Defence newsletters and magazines, flyers distributed within military communities, presentations to military units and welfare officers, and radio interviews. The recruitment target was set at N = 60 couples, in order to acquire a high level of statistical power for data analysis. However, after an eight month recruitment period (March - October 2013) all resources were exhausted, and recruitment ceased after reaching N = 32 couples.

Thirty-two couples were recruited and completed pre-program assessments. The progress of couples through the study can be found in Figure 4.1. Eight couples withdrew during the course of the program; of these couples, three were separated due to military exercises and deployments, while five stated they were unable to find the time to complete the program tasks. A further two couples completed their allocated program but declined to participate in post-intervention assessments, leaving 22 couples with post-intervention data. A six-month follow-up survey was administered; only 11 couples responded leaving this wave of data with low power to detect effects. A further six couples provided partial data (i.e., one partner completed the survey), one couple declined assessment, and five couples were unable to be contacted.

Participants’ mean age was 34.3 years ($SD = 9.0$) for men and 32.8 years ($SD = 9.0$) for women. Table 4.1 presents the demographic characteristics of the sample by condition. As shown most couples were married (85%) and couples had been married/cohabiting for an average of 5.9 years ($SD = 7.9$). Four couples were dual military (both partners were members of the ADF), with the remaining 28 couples consisting of one military member and a civilian spouse. All but one of these couples consisted of a male military member and a female civilian spouse. The majority of couples (81%) had experienced deployment, with at least one partner
Enrolment

Assessed for eligibility (n=34 couples)

Excluded (n=2 couples)
- Not meeting inclusion criteria (n=0)
- Declined to participate (n=2)
- Other reasons (n=0)

Randomised (n=32 couples)

Allocation

Reading Control (n=15 couples)
- Received allocated intervention (n=13)
- Did not receive allocated intervention (n=2)
  Too busy to complete program (n=2)

Couple CARE in Uniform (n=17 couples)
- Received allocated intervention (n=11)
- Did not receive allocated intervention (n=6)
  Too busy to complete program = (n=3)
  Could not complete due to military separation = (n=3)

Post-intervention

Completed post-intervention assessments (n=10 couples)
Declined assessment (n=2)
Data not received (n=1)

Completed post-intervention assessments (n=11 couples)
Discontinued intervention (n=0)

Follow-up

Completed follow-up assessments (n=6 couples)
Partial data (one partner responded) (n=3)
Declined assessment (n=1)
Lost to follow-up (n=2)

Completed follow-up assessments (n=5 couples)
Partial data (one partner responded) (n=3)
Declined assessment (n=0)
Lost to follow-up (n=3)

Analysis

Analysed (n=15 couples)
- Excluded from analysis (n=0)

Analysed (n=17 couples)
- Excluded from analysis (n=0)

Figure 4.1
CONSORT Flowchart – Randomised Controlled Trial of Couple CARE in Uniform
Table 4.1  
*Participant Baseline Demographics by Condition*

<table>
<thead>
<tr>
<th></th>
<th>Couple CARE (n = 17)</th>
<th>Control (n = 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Age (years)</td>
<td>34.5 (8.3)</td>
<td>32.9 (8.0)</td>
</tr>
<tr>
<td>Married (%)</td>
<td>14 (82%)</td>
<td></td>
</tr>
<tr>
<td>Duration of relationship (years)</td>
<td>4.9 (4.4)</td>
<td></td>
</tr>
<tr>
<td>Member of ADF (%)</td>
<td>17 (100%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>Deployed overseas (%)</td>
<td>14 (82%)</td>
<td>1 (6%)</td>
</tr>
</tbody>
</table>

Note: Means and Standard deviations (in parentheses) for continuous variables, number and percentage (in parentheses) for categorical variables.
having been sent overseas on operations. There were no significant differences between conditions on any of the demographic variables.

**Measures**

**Self-report measures.** Relationship satisfaction was measured by the 16-item Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007) at each timepoint (pre-intervention, post-intervention and follow-up). Individuals obtain a global satisfaction score ranging from 0-81, with higher scores indicating higher satisfaction with the relationship. Scores below 52 indicate couple distress (Funk & Rogge, 2007). Internal reliability was high at $\alpha = .95$.

The PTSD CheckList – Civilian version (PCL-C; Weathers, Litz, Huska, & Keane, 1994) was administered to personnel and their spouses at each timepoint to measure trauma symptoms. Participants rate 17 common symptoms of posttraumatic stress on how much they had been bothered by that symptom in the past month ($1 = not at all$ to $5 = extremely$). Scores in the mid-forties and above suggest increased trauma symptoms and a high probability of a PTSD diagnosis (Ruggiero, Ben, Scetti, & Rabalais, 2003). The scale had high internal reliability at $\alpha=.93$.

The Consumer Satisfaction Questionnaire (CSQ; Nguyen, Attkisson, & Stegner, 1983) was administered post-intervention to assess participants’ satisfaction with the RE program they received. The scale consisted of 8 items assessing the quality of the program and the level of support received, as well as the self-perceived impact it had on their relationship. Participants rated each statement on a scale of 1-4 and received a global satisfaction score from 8-32, with higher scores indicating a higher level of satisfaction with the program. This scale had high internal reliability, $\alpha = .90$ for males and $\alpha = .87$ for females.

Participants completed the 12-item Relationship Status Inventory (RSI; Weiss & Cerreto, 1980) at each time point to assess relationship stability. The RSI is a true/false scale using items that assess steps taken towards separation, e.g., “I have set up an independent bank account in my name as a measure of protecting my own interests”. Scores range between 0-12, with higher scores indicating higher instability. Internal reliability for the RSI was acceptable for males ($\alpha=.69$) but low for females ($\alpha=.48$).

The Conflict Tactics Scale – Short Version (CTS-10; Halford, Farrugia, Lizzio, & Wilson, 2010) is a 10-item version of the scale by Straus, Hamby, Boney-McCoy, and Sugarman (1996), which uses the most frequently endorsed items of psychological and physical aggression to give a brief screen for interpartner violence. Five items relate to behaviours by the respondent toward their partner, and 5 items relate to behaviours perpetrated by the partner toward the respondent. The CTS-10 was administered at pre-intervention and follow-up to screen for intimate partner violence. Participants rate abusive behaviours on a 4 point scale for how often they had occurred in their relationship over the past six months ($0 = Never$, $1 = Once$, $2 = Twice$, $3 = More than twice$). We
used the scale to classify whether there was reported violence perpetrated by the respondent, or toward the respondent.

**Observational measure of couple communication.** Couples’ communication was assessed both before and after participation in the program, by having couples engage in a 10 minute recorded discussion about a contentious topic. These discussions were coded using the Brief KPI (Halford, Sanders & Behrens, 2000), an adaptation of the Kategoriensystem für Partnerschaftliche Interaktion [Couple Interaction Coding System] (Hahlweg et al., 1984). Each 30 second interval was coded for the occurrence of positive speaker behaviours (self-disclosure, positive solution), positive listener behaviours (acceptance, agreement), negative speaker behaviours (criticism, disagreement) and negative listener behaviours (justification, withdrawal), as well as the occurrence of positive and negative voice tone. Definitions of each code can be found in Table 2.1. Each couple’s total score was derived from the percentage of intervals during which each behaviour was observed.

Two research assistants coded all couple interactions. Both coders were blind to (a) the condition of the couple, and (b) whether the interaction took place before or after participation in the program. Coders received two full days of training in the Brief KPI method and were supervised throughout the coding process. Inter-coder agreement was high, with intra-class correlation coefficients (ICC) as follows: ICC = .72 for positive speaking, ICC = .90 for positive listening, ICC = .74 for negative speaking, ICC = .79 for negative listening, ICC = .95 for positive affect, and ICC = .81 for negative affect.

An overall positive communication score was created by calculating the average of the positive speaking, positive listening and positive affect scores. Similarly, an overall negative communication score was created by calculating the average of the negative speaking, negative listening and negative affect scores. These summary variables were used as the outcome variables in this study, in order to decrease the risk of type 1 error that can occur with large numbers of outcome variables (Heyman, 2001). Separate positive and negative communication variables were retained over a single communication variable, as these behaviours were thought to be independent of one another rather than opposite ends of a spectrum (i.e., it is possible for couples to display high scores on both positive and negative communication behaviours within the one discussion).

**Relationship Educators**

The relationship educators in this study were postgraduate students in clinical psychology (10 females, 2 males) at The University of Queensland. Educators received credit towards their required supervised hours of clinical practice for their work on the study. Educators took part in a full-day training workshop on administering the Couple CARE in Uniform program, as well as collecting couple data and facilitating the reading control condition. The author of this dissertation
is a military member and spouse, and one of the educators had previously served in the military, and these people provided additional mentoring on ensuring the content addressed military service issues for couples. Educators were briefed on the distinctive lifestyle and needs of military couples. The workshop included didactic presentations, demonstrations, and role-playing exercises to allow educators to practice their new skills. Educators were also supplied with an educator notebook, which contained a structured approach to guiding couples through Couple CARE in Uniform and provided suggested questions and discussion points for each session (Appendix F). Weekly supervision sessions were conducted by two senior clinical psychologists, both of whom had over 15 years of experience delivering relationship education, in order to provide additional training and support for educators for the duration of the trial.

**Couple CARE in Uniform**

Couples in the Couple CARE in Uniform condition were sent a program DVD and workbook by post. Couples completed one unit of the workbook each week before a one-hour session with their educator, resulting in approximately two hours of work per week for a total of six weeks. If the couple had not completed the homework by their weekly session, the session was rescheduled and the educator worked with the couple to overcome any barriers preventing them from completing the work. Most couples did not complete the program in the 6 week window; many were disrupted by work-related separations. The average length of time taken to complete the program was 9.6 weeks ($SD = 3.8$).

Couples in the reading control condition were sent a copy of the book *12 Hours to a Great Marriage* (Markman, Stanley, Blumberg, Jenkins, & Whiteley, 2004). This book was selected because the skills covered closely matched those from Couple CARE, the book was easy to read, and there were no suitable military RE books available. Couples were instructed to read two chapters of the book per week for six weeks, matching the time intensity of the intervention condition but without guidance from their educator. Couples had a brief telephone or Skype session with their educator halfway through the program. The purpose of this check-in was so that educators could assess the couples’ engagement with the book; no discussion or motivational interviewing took place in this session. Couples who had not read the prescribed number of chapters at the halfway check-in engaged in a problem-solving discussion with their educator to overcome potential barriers. After six weeks, all couples in this condition continued to the post-intervention interview, regardless of how many chapters they had completed. One of the limitations of a self-directed approach is that some couples struggle to maintain their motivation in the program without the structure and professional support offered in RE. The current study assessed whether Couple CARE in Uniform produced more change in couples than the unstructured approach of reading a book containing similar content, the latter being something couples can access easily and cheaply.
**Procedure**

Couples expressed interest in the study by contacting the researchers by email or telephone. The lead researcher then contacted couples by phone for an initial screening interview, to discuss what participation would involve and to assess their suitability. Eligible couples were sent informed consent documents by post, and followed up with another phone call to discuss any questions or concerns. Once consent was received, couples were emailed a link to the online pre-intervention survey, which each partner was instructed to complete individually.

After completing the pre-intervention survey, blocks of two couples were assigned to a relationship educator. One couple within each block of two couples was randomly allocated (by the flip of a coin) to one of the two conditions by the lead researcher. This meant each educator had an equal number of couples in each of the two conditions. The educators received the couple allocation to condition in a sealed envelope, which they only opened once the couple had completed a pre-intervention interview (see below).

All couples completed a pre-intervention interview. Couples could complete this interview either face-to-face in the UQ Psychology Clinic, or from home via internet-based video conference. During the interview educators took a brief relationship history, discussed what the couple wanted to gain from the program, explored if they had any concerns about completing the program, and had couples complete a 10 minute discussion task. Couples attending the clinic conducted the discussion with their educator leaving the room for privacy. Couples completing their interview using online video conferencing commenced their discussion after their educator had removed their headphones. These discussions were recorded using an online digital recorder. All couples were stopped by their educator once 10 minutes had lapsed, and debriefed on how they thought the discussion had gone.

Once the pre-intervention survey and interview were both complete, the educator opened the envelope with the couple’s condition allocation, informed the couple of their condition, and negotiated a time for their next contact. For Couple CARE couples this was the Unit 1 session with their educator which occurred approximately two weeks later, allowing couples one week to receive the materials by post and another week to complete the Unit 1 homework exercises. For reading control couples this was their halfway check-in session which was scheduled for four weeks later.

Approximately eight weeks after beginning their allocated program, and once Couple CARE couples had completed all six units, couples met with their educator for their post-intervention interview. This was again conducted either face-to-face in the clinic, or via internet-based video conference. Couples discussed the program and its impact on their relationship with their educator, such as what the couple enjoyed about the program, which skills they found most useful, and how they felt their relationship had changed as a result of taking part. Couples then completed another
discussion task. Couples were instructed to complete a post-intervention survey online. Couples were contacted by email approximately six months after completion of the program, and invited to complete a follow-up survey. The last wave of data were collected in June 2014.

Ethical approval for the study was received from the Human Research Ethical Review Committee at The University of Queensland and the Australian Defence Human Research Ethics Committee. The study was registered with the Australian and New Zealand Clinical Trials Registry (ACTRN12612000167864).

Data Analysis

In order to estimate the effects of Couple CARE in Uniform relative to the control condition on the key outcome measures of relationship satisfaction, positive communication and negative communication, we conducted three separate three-level multi-level model (MLM) analyses, one for each outcome variable using MLwiN (Rasbash, Charlton, Browne, Healy, & Cameron, 2005). Time (coded 0 = pre-intervention, 1 = post-intervention and 2 = six month follow-up) was clustered within partners, who were clustered within couples. Treatment condition was then added (0 = reading control, 1 = Couple CARE in Uniform) as a couple-level predictor to assess any significant differences between the two groups. The final equation for the model was as follows for each outcome.

\[ \text{Outcome}_{ijk} = [\beta_{0ijk}\text{Constant} + \text{Time}_{ijk}] + [\text{Couple CARE}_{ijk} + \text{Couple CARE.Time}_{ijk}] \]

In the above equation, the variables in the first set of square brackets represent the unconditional growth model; \(\beta_{0ijk}\text{Constant}\) represents the initial score before intervention, and \(\text{Time}_{ijk}\) represents change in outcome over time (pre-intervention to six month follow-up for relationship satisfaction, and pre-intervention to post-intervention for communication) across the whole sample. The variables in the second set of square brackets look at the effect of condition, with \(\text{Couple CARE}_{ijk}\) representing the difference on the outcome measure between conditions at pre-intervention, and \(\text{Couple CARE.Time}_{ijk}\) representing the differential change in outcome in the Couple Care condition relative to the control condition over time. A mixed ANOVA of Condition (Couple CARE in Uniform) by Gender, with the latter factor being a within-subjects factor, was conducted to assess whether mean consumer satisfaction differed significantly between the conditions, or by gender. In this analysis the couple is conceptualised as the unit of analysis, and partners are seen as repeated measures of the couple as suggested by Kraemer and Jacklin (1979).

Results

Means and standard deviations for relationship satisfaction, positive communication and negative communication at each time point are presented in Table 4.2. Censoring of outliers made
Table 4.2
Sample Size, Means, and SDs (in Parentheses) on Key Outcome Measures by Condition and Gender at Each Time Point

<table>
<thead>
<tr>
<th>Measures</th>
<th>Couple CARE</th>
<th>Reading Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Pre</td>
</tr>
<tr>
<td>Self-report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample size</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Relationship satisfaction</td>
<td>64.65</td>
<td>68.18</td>
</tr>
<tr>
<td></td>
<td>(10.64)</td>
<td>(8.18)</td>
</tr>
<tr>
<td>Relationship stability</td>
<td>1.35</td>
<td>.82</td>
</tr>
<tr>
<td></td>
<td>(.180)</td>
<td>(.108)</td>
</tr>
<tr>
<td>Intimate partner</td>
<td>4.82</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(2.83)</td>
<td>(1.98)</td>
</tr>
<tr>
<td>Violence</td>
<td>22.94</td>
<td>21.00</td>
</tr>
<tr>
<td></td>
<td>(5.86)</td>
<td>(8.45)</td>
</tr>
<tr>
<td>Trauma symptoms</td>
<td>26.47</td>
<td>23.00</td>
</tr>
<tr>
<td></td>
<td>(12.39)</td>
<td>(6.20)</td>
</tr>
</tbody>
</table>

Observational

<table>
<thead>
<tr>
<th>Measures</th>
<th>Couple CARE</th>
<th>Reading Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Pre</td>
</tr>
<tr>
<td>Sample size</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Positive</td>
<td>23.44</td>
<td>20.19</td>
</tr>
<tr>
<td>communication</td>
<td>(11.53)</td>
<td>(12.59)</td>
</tr>
<tr>
<td>Negative</td>
<td>13.21</td>
<td>13.68</td>
</tr>
<tr>
<td>communication</td>
<td>(10.11)</td>
<td>(13.08)</td>
</tr>
</tbody>
</table>
no change to the pattern of results, thus analyses on the raw data are presented here. Three couples (9%) reported one incident of physical violence in their relationship over the past six months, while a further three couples (9%) reported two or more occurrences. There were very low base rates of relationship instability in our sample (see Table 4.2). While we originally intended to examine interpartner aggression and relationship stability as outcome measures, floor effects prohibited us from examining these as outcomes.

Results of the MLM for condition for each of the outcome measures are summarised in Table 4.3. The grand mean of relationship satisfaction in the current sample was similar to the population mean of 61 (SD = 17) described by Funk and Rogge (2007). As is conventional in MLM, the model was developed sequentially (Singer and Willett, 2003), beginning with a partitioning of the variance. The unconditional growth model showed there was a significant main effect of time on relationship satisfaction $\chi^2 (1) = 4.61, p = .03$, with a small but reliable increase of 4.36 points, $z = 2.16, p = .04, d = .26$ from pre-intervention to six month follow-up. As shown in Table 4.3, there was no effect of condition, with no reliable difference between conditions in pre-intervention satisfaction, or in extent of change in satisfaction from pre-intervention to follow-up.

There was no fixed effect of time on positive communication, $\chi^2 (1) = 0.15, p = .70$, reflecting no reliable change in mean positive communication from pre-intervention to post-intervention. As shown in Table 4.3, there was no effect of condition. Thus, positive communication was unchanged by intervention. There was a trend for a fixed effect of time on negative communication, $\chi^2 (1) = 3.28, p = .07$, suggesting a modest overall decrease in negative communication scores from pre to post across both conditions, $z = 1.83, p = 0.07$. Condition did predict negative communication, $\chi^2 (2) = 13.61, p = .001$. Despite random assignment, couples in the Couple CARE condition were more negative in communication before intervention than control couples. There was a reliable decrease in negative communication within the control couples, and no reliable difference between conditions in the extent of decline across time. Thus, couples across both conditions tended to decrease their negative communication. Finally, there was no fixed effect of time on trauma symptoms, $\chi^2 (1) = 0.84, p = .36$, reflecting no reliable change in mean trauma symptoms from pre-intervention to follow-up. There was also no effect of condition (Table 4.3). Thus, trauma symptoms were unchanged by intervention.

Supplementary MLM analyses were conducted on each of the outcome variables to test whether there was main effect of gender, or if gender moderated any effect. In each of these analyses gender was added as a dummy variable (0 = male, 1 = female). None of these analyses were significant, with males and females showing similar changes across time.
Table 4.3

*Multi-level Modelling Coefficients predicting Relationship Satisfaction, Communication, and Trauma Symptoms by Condition*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Condition effect</th>
<th>Control Condition</th>
<th>Difference between Control and Couple Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\chi^2$ (df = 2)</td>
<td>Pre-RE</td>
<td>Change</td>
</tr>
<tr>
<td>Relationship satisfaction</td>
<td>2.97</td>
<td>59.91 (1.92)</td>
<td>4.16 (1.61)*</td>
</tr>
<tr>
<td>Positive communication</td>
<td>5.92</td>
<td>26.46 (2.22)</td>
<td>4.99 (3.80)</td>
</tr>
<tr>
<td>Negative communication</td>
<td>13.61*</td>
<td>9.67 (1.70)</td>
<td>-7.33 (2.90)*</td>
</tr>
<tr>
<td>Trauma symptoms</td>
<td>1.76</td>
<td>23.53 (1.66)</td>
<td>-0.99 (1.03)</td>
</tr>
</tbody>
</table>

* p < .05; Pre-RE = estimated mean before relationship education. Change is scale points change from pre-RE to post-RE.
The two-way ANOVA of condition by gender, with gender as a within-subjects factor, showed couples in the Couple CARE in Uniform condition were significantly more satisfied with the program they received (\(M = 29.0, SD = 3.0\)) than couples in the reading control condition (\(M = 24.6, SD = 3.3\)), \(F(1,19) = 14.38, p = .001, d = 1.4\). There was no main effect of gender, \(F(1,19) = .06, p = .818\), or interaction of condition by gender, \(F(1,19) = .94, p = .345\). Thus, men and women were equally satisfied with the programs they received. It is noteworthy that the Couple Care in Uniform couples rated the program a mean of 29 out of a possible 32, suggesting that the military adaptation of the Couple CARE program was seen as relevant and helpful by couples.

**Discussion**

The current study tested the efficacy of a relationship education program tailored for military couples. The first hypothesis, which predicted an increase in relationship satisfaction for Couple CARE couples relative to control couples, was not supported. Couples in both conditions showed modest increases in relationship satisfaction at six month follow-up, with no difference in the change between groups. The second hypothesis, which predicted enhanced communication skills for Couple CARE couples relative to control couples, was also not supported. There was no reliable increase in positive communication for couples in either condition. Couples in both groups decreased their use of negative communication, but there was no difference in the change between conditions. Hypothesis 3, which predicted a decrease in trauma symptoms for Couple CARE couples relative to control couples, was not supported. There were no changes in trauma symptoms across time or condition. This hypothesis was based on the assumption that Couple CARE in Uniform would enhance satisfaction and communication, therefore this result is intuitive based on the lack of evidence in support of the previous two hypotheses.

Consistent with Hypothesis 4, Couple CARE in Uniform couples reported greater consumer satisfaction than control couples with the program they received, despite the equivalence of relationship outcomes (communication and relationship satisfaction) from the two programs. The positive consumer evaluation was also reflected in comments made by participants in their post-intervention interviews with their educator, and in unsolicited emails received by the research team. One ADF member commented “The lessons we learnt help my wife and I communicate and deal with the trials and tribulations of life in the forces”. One female spouse most enjoyed “being able to work [through] the exercises in [their] own time, then talk[ing] with the educator”. Other participants stated that they thought the “program was excellent”, and one ADF member was “surprised by how much [he] enjoyed the program”. One couple, in giving their suggestions for how the program might be improved, requested more military-specific content, stating that “dealing with separation needs more focus” and the program could “go into more depth with the military [content]”. The book used in the reading control condition did not contain any military-specific
content. Although the Couple CARE in Uniform program did not outperform the control condition on the measured relationship outcomes, participants preferred the additional support and attention provided by educators, the more interactive nature of Couple CARE, and the military-specific content.

**Enhancing Satisfaction and Communication: Are Self-directed Approaches Sufficient?**

The lack of differential effects of Couple CARE in Uniform from the control condition might be attributable to the modest power of the current study. Previous research with larger samples found Couple CARE for civilians produced larger increases in relationship satisfaction than low intensity control interventions like guided reading (Halford et al., 2015) or assessment and feedback (Halford et al., 2010). At the same time it is noteworthy that the increases in satisfaction observed in the control condition in the current study are similar to the small effect size increases in relationship satisfaction noted in initially satisfied couples with skill-based relationship education (Halford & Bodenmann, 2013). In the absence of a no intervention control it is not possible to conclude that the controlled reading program had a positive effect. However, Rogge, Cobb, Lawrence, Johnson, and Bradbury (2013) found that couples who watched and discussed movies about intimate relationships reaped similar benefits to couples receiving skill-based RE. There is considerable debate in the literature around whether active skills training such as that included in Couple CARE in Uniform is necessary (e.g., Markman & Rhoades, 2012; Rogge et al., 2013). Perhaps couples investing effort in their relationship, and discussing relationship issues, might be enough to enhance couple outcomes. The control condition in the current study had couples read and discuss topics similar to those covered in the Couple CARE program, and that might have been beneficial.

Another possible explanation for the lack of differential effect between conditions is that the couples in our sample were quite satisfied in their relationships before starting the program. Skill-based RE tends to produce larger short-term effects on satisfaction in couples with low relationship satisfaction (Halford et al., 2015). It may be that highly satisfied couples show little benefit from RE in the short term, or that any changes are not detected by existing measures of relationship satisfaction, which have low sensitivity for discriminating between couples at the high end of the satisfaction range (Funk & Rogge, 2007). Even in the absence of immediate effects of RE, RE effects might be evident with longer follow-up, possibly selective effects with high-risk couples.

As with satisfaction, there was a lack of differential effects for communication between conditions. The current study saw no changes in positive communication for either condition, while couples in both conditions decreased their negative communication. In previous Couple CARE trials, intervention couples decreased their negative communication significantly more than control couples (Halford et al, 2010). Allen, Stanley and colleagues (2011) found similar effects for
communication for PREP couples at post-test relative to control couples. Halford and Bodenmann (2013) proposed a moderated mediation hypothesis, in that meaningful reductions in negative communication might only be achievable in couples with initial high negative communication, and consequently only in those couples would it mediate reductions in satisfaction. In the current study, couples had low pre-intervention levels of negative communication, and there likely was a floor effect that contributed to the lack of differential effects between the conditions on communication.

Limitations

Attrition in the current study, combined with low initial recruitment numbers, resulted in lower than desired statistical power. Twenty-five percent of couples dropped out of the study before finishing their allocated intervention, which is only slightly higher than the 15 to 20% attrition reported in previous trials of Couple CARE (Halford et al., 2010; Halford, et al., 2015). However, the further 22% loss from the analyses of couples not participating in the follow-up assessments did erode power substantially. Recruitment and attrition difficulties are discussed in the next section.

Another limitation of the study was a lack of long-term follow-up. As RE aims to prevent the deterioration in satisfaction that occurs naturally in couple relationships, long-term follow-up is required in order to allow deterioration in control couples to occur. Moreover, selective effects of RE in high-risk couples are easier to detect than universal effects (Halford & Bodemann, 2013). The current study evaluated universal effects across military couples. The only previous trial of RE with military couples found a selective benefit of RE with high risk couples (Allen et al., 2012). Hence future research needs to evaluate long-term effects of RE with military couples, and to test for potential selective effects.

In summary, although no difference was found between the two conditions, couples receiving Couple CARE in Uniform had higher consumer satisfaction with the program, suggesting that the more intensive, military-specific program was preferred by participants. These results suggest that Couple CARE in Uniform has value as an intervention that couples view as helpful and relevant to their distinctive lifestyles. Further randomised controlled trials should be conducted with larger samples, in order to gain the required statistical power to determine the efficacy of the program. Future research should consider differential response by level of risk, and continue to use active comparison in order to assess the level of intensity required for successful relationship education.

Working with Military Couples: Barriers and Feasibility of Relationship Education

This section discusses the barriers to administering RE with military couples, in particular the challenges associated with recruitment and retention. The current study recruited just 32 couples from a target of 60 couples, despite expanding the recruitment period to eight months and exhausting all available resources. Of the couples recruited, 25% dropped out of the study before
finishing their allocated intervention, with a further 22% lost or electing not to participate in follow-up assessments. The feasibility of RE with this population is also considered, focusing on the protective factors present in Australian military couples and the likelihood of ceiling effects.

**Recruitment Difficulties**

Despite the efforts made to disseminate study information within the ADF community, the final number of couples recruited into the trial of Couple CARE in Uniform fell significantly short of the target. This was not entirely unexpected, after discussions with ADF welfare personnel and staff at the Defence Community Organisation (all of whom have considerable experience working with military families) revealed that military couples are notoriously difficult to recruit into couple- and family-oriented programs.

**Dissemination of information.** It is possible that couples in the target population were not aware of the service on offer. The current study was advertised primarily through use of feature articles in both online and printed ADF newsletters and magazines. However most ADF publications rely on families to sign up to receive the service, and as such only reach a limited number of families. They are therefore not sufficient as a means to disseminate news of RE and similar services to ADF couples. Each service (Army, Air Force, and Navy) produces its own newspaper, which is distributed widely throughout the ADF network. Local community newspapers distributed in suburbs with military housing are likely to reach a significant military audience. One recruitment consideration specific to military couples is how to disseminate information to spouses. With the exception of the aforementioned ADF publications, there are very few means of communicating with military families that do not involve relying on personnel to pass information on to their spouse. The majority of ADF personnel are male (Defence Force Recruiting, 2015), and anecdotally I found it is often the female partner most interested in participating in RE. It seems likely that reaching out to female spouses is important in recruiting military couples into RE trials. The current study posted advertisements on Facebook groups for spouses of ADF personnel; however spouses must also sign up to these groups and therefore only a small number were reached using this method. Future studies might place additional focus on disseminating information directly to the spouses of military personnel, for example: attending military family events and/or playgroups, or displaying flyers in military childcare or community venues.

**Attitudes towards RE.** Couple CARE in Uniform was advertised using various Defence newsletters and magazines, flyers distributed throughout military communities, presentations to military units, and radio interviews. Despite the limited reach of this information, it can be assumed that a significant number of eligible couples were aware of the service being offered, but chose not to participate. There are number of reasons why couples are hesitant to participate in RE; these include concerns for privacy, unwillingness to discuss ones relationship with a stranger, the belief
that there is no need to fix something that is not broken, and the fear that relationship education may raise problems where none currently exist (Halford, 2004; Simons, Harris, & Willis, 1994).

The concept of a stepped intervention, as mentioned in Chapter 1, is one plausible solution for increasing RE participation in military couples. Providing universal offering of brief RE reduces stigma; lower intensity interventions have wider appeal and couples are less likely to feel that by participating they are suggesting there is something wrong in their relationship. Selective targeted intervention is then offered only to couples at high risk of relationship distress, ensuring higher intensity interventions are offered only to those most likely to benefit (Halford & Bodenmann, 2013). Future trials should also look carefully at how information is presented when advertising RE, in order to increase the appeal for couples hesitant to participate. For example, using positive wording and ensuring advertisements sell RE as a ‘tune-up’ for currently satisfied couples.

Another potential influence on RE recruitment is the level of military support. Trials of PREP for Strong Bonds with the U.S. Military conducted part of the intervention during working hours, meaning personnel were paid for their participation and at least one partner was relieved of having to use up limited spare time to take part (Stanley et al, 2010). The Timor-Leste Family Study (McGuire et al., 2012) utilised ADF nominal roles to contact families directly, resulting in survey responses from over 4,000 individual participants. These studies had high levels of military support which assisted greatly in recruitment efforts and participant retention. While the current study had support from the ADF in gaining ethical approval and access to personnel, additional support with regard to the dissemination of programs during work hours might have been especially beneficial for recruitment.

Attrition in RE trials

Attrition in the current study was higher than in civilian trials of the Couple CARE program with the same flexible-delivery format. In the study by Halford and colleagues (2010), 14% of couples in the intervention condition dropped out before completing the program, compared to 35% in the current study. Statistical analyses were conducted and found no differences in demographics, individual functioning, relationship factors or deployment history between couples who remained in the study and those who withdrew.

Program format. The flexible-delivery offering of the program likely aided in keeping couples in the program. Of the 32 couples participating in the trial, 15 couples elected to complete the program entirely from home, including the pre- and post-intervention interviews. This option, along with the flexible-delivery format of the program itself, allowed couples to participate who would not otherwise have had the opportunity. For example, one couple was posted to a remote island off the Northern coast of Australia mid-way through their participation, but the flexible-delivery format allowed them to continue in the program. Another couple consisted of two partners
living in different cities, as the military partner had received a posting and his spouse was unable to accompany him due to her own career. This couple was able to complete the program while separated, by completing their homework together over the phone and speaking to their educator using three-way video conferencing. It is evident that the flexible-delivery format allowed military couples more flexibility in working around the unpredictable nature of the military lifestyle.

Despite this, attrition rates in the current study were far higher than those in RE trials with U.S. military couples. In the 2010 trial of PREP for Strong Bonds, 17% of couples in the intervention condition failed to complete the program (Stanley et al., 2010). It is likely that program format is a factor here, in particular the length of intervention. As discussed in Chapter 1, PREP is administered in an intensive workshop format, with couples attending a weekend retreat or a full-day workshop which is sometimes supplemented with one or two follow-up sessions. Once couples have arrived at the workshop they are unlikely to leave mid-way through. Couple CARE, on the other hand, requires couples to set aside time once a week for six weeks to complete homework exercises and liaise with their educator. Although the flexible-delivery approach made this workable for most couples, many couples struggled to regularly find time to complete the intervention, while working around unpredictable working hours and frequent trips away. Some couples put their participation on hold multiple times for military-related interruptions, before they eventually asked to withdraw. Most of those who remained in the study took somewhat longer than the recommended six weeks to complete the program ($M = 9.6$ weeks, $SD = 3.8$ weeks), with some couples taking up to 3 months to finish. Couple CARE in Uniform has the potential to be a valuable contribution to the suite of services available for ADF personnel and their families, however the recruitment difficulties and high drop-out experienced in this trial suggest a modified approach might be needed. Military couples might be better served by a single intensive session followed by subsequent booster sessions. Future trials of the program should look at offering the same content in an intensive workshop format, in order to increase appeal and lower attrition.

**Feasibility – Do Australian Military Couples Need RE?**

As discussed in Chapter 1, along with the distinctive challenges experienced by military couples there are also a number of protective factors present due to the range of services made available to military couples. For example, Australian military families have access to subsidised housing, healthcare benefits, cost-free support services and other forms of financial assistance (Defence Force Recruiting, 2014), providing them with a number of advantages over civilian couples. Although the challenges of dealing with frequent relocation, separation and deployments are likely risk factors of relationship distress, it is possible that these strength and protective factors balance out the more difficult aspects of the military lifestyle, making military couples no more at risk than civilian couples.
The limited existing research on RE with military couples has been conducted with the U.S. Military. U.S. and Australian military couples differ slightly in the risk and protective factors they are exposed to as a result of the military lifestyle (see Chapter 1). For example, as mentioned, ADF personnel have higher wages than U.S. Military personnel (Defence Suppliers Directory, 2014; Defense Finance and Accounting Service, 2014), with financial security a commonly-accepted protective factor against relationship distress (Karney, Loughran & Pollard, 2012). ADF personnel also have lower rates of PTSD than U.S. Military personnel (Centre for Military and Veterans’ Health, 2010), a factor known to be negatively associated with relationship satisfaction (Allen et al., 2011). Although RE has been shown to benefit military couples in the U.S., Australian military couples may have less need for these types of intervention due to the protective factors that they possess over military couples in other countries.

It is likely that ceiling effects may be present here, in that despite the distinctive challenges faced, Australian military couples are generally satisfied in their relationships (McGuire et al., 2012). As stated in the limitations of the current study, long-term follow-ups are required to assess the true benefit of RE for military couples. This will allow researchers to determine whether RE is necessary to prevent military-specific challenges from having a detrimental effect on couple satisfaction over time, as well as preventing the natural decline in satisfaction that occurs in couples across all walks of life. Moreover, universal dissemination of RE might not be necessary with this population. Future studies should look at selective effects for higher risk couples, to determine whether selective dissemination of intensive RE might be more appropriate. For example, offering RE selectively to couples who have been through multiple back-to-back deployments, or where the member has experienced significant trauma.

**Conclusion**

The current program of research followed the development and trial of Couple CARE in Uniform, an RE program tailored to address the distinctive challenges for military couples. First the distinctive challenges for military couples were discussed, followed by recommendations for how military RE might be best adapted to address these challenges. Cross-sectional research was conducted with a sample of Australian military couples, in order to test core assumptions underpinning the educational design of Couple CARE in Uniform. Communication was found to play a mediating role in the association between trauma symptoms and relationship satisfaction. Results suggested that communication typically thought of as negative might be adaptive in some couples, and provided support for the Couple CARE approach of self-selection of communication goals. Common dyadic coping, involving couples working together to develop strategies for dealing with stress, was found to be strongly associated with military couple satisfaction, supporting the promotion of dyadic coping skills in Couple CARE in Uniform. A randomised controlled trial of
Couple CARE in Uniform was conducted against a low-intensity treatment control in a sample of Australian military couples. Couples saw reliable improvement in relationship satisfaction and communication, however no difference was found between the two conditions. Nonetheless, the Couple CARE in Uniform program had high face validity and was well received by participants, with Couple CARE couples showing significantly higher perceived benefit and satisfaction with the program than control couples.

Although Couple CARE in Uniform (CCU) content was accepted and valued by participants, there was no evidence of a universal benefit of this intensive form of RE relative to guided reading for Australian military couples. It is possible that risk factors such as combat exposure or multiple deployments might moderate response to RE in military couples. Future research should explore: a) whether guided reading is effective relative to a no intervention control; b) whether CCU benefits are detected universally with a larger sample, and c) whether selective effects of CCU are evident for high-risk couples.
List of References


Appendices

Appendix A


Relationship Education for Military Couples:
Recommendations for Best Practice

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Abstract

Military couples have a number of distinctive strengths and challenges that are likely to influence their relationship adjustment. Military couples’ strengths include stable employment, financial security, and subsidized health and counselling services. At the same time military couples often experience long periods of separation and associated difficulties with emotional disconnect, trauma symptoms, and reintegrating the family. This paper describes best practice recommendations for working with military couples, including: addressing the distinctive challenges of the military lifestyle, ensuring program delivery is seen as relevant by military couples, and providing relationship education in formats that enhance the accessibility of programs.
Relationship Education for Military Couples: Recommendations for Best Practice

Military couples are relocated frequently and spouses are often separated because of deployment and training. Service members are often repeatedly exposed to combat. This paper focuses on the experiences of military couples from the United States (US) and Australia. The US deployed the largest number of personnel into recent conflicts in the Middle East, with long-term ally Australia a numerically smaller yet important contributor to the war effort. Relationship education (RE) has the potential to help military couples manage challenges, and in this paper we describe guidelines for how RE can be offered to enhance its positive benefits for military couples.

Rates of help-seeking for mental health difficulties are low among US military personnel (Hoge et al., 2004). Personnel often do not utilize psychological services due to fears about career implications; personnel who are found to suffer from mental health concerns can be removed from active duty (Zinzow et al., 2013). In this paper we argue that universally-offered RE has the potential to enhance reach of mental health promotion services to military personnel.

Distinctive Characteristics of Military Couples: Supports and Challenges

Employment and Financial Security

Military couples have a number of protective relationship factors, which differ from country to country. The US Military provides service members with financial assistance for food and housing which increases when they are married, and families have the opportunity to live on military installations (U.S. Army, 2014) with support close-by. Although the base income for US personnel is low (Defense Finance and Accounting Service, 2014), personnel and their families have access to comprehensive health care (Department of Defense, 2014). Most armed forces screen for mental and physical health problems during recruitment (Cardona & Ritchie, 2007), and members have good health in comparison to the general population (Waller & McGuire, 2011).

Australian military personnel have access to subsidized housing in the wider community, and service members receive comprehensive health care (Defence Force Recruiting, 2014). Limited health care benefits have recently become available for Australian military families, adding to existing cost-free counselling and support services (Department of Defence, 2014). Australian military personnel earn somewhat higher wages than US personnel (Defence Force Recruiting, 2013). Stable employment and financial security are viewed as protective factors against relationship distress (Karney & Bradbury, 2005).

Military Relocations

Although there is variability between different military services and countries, relocation every few years is typical. For example, most US military children move six to eight times between kindergarten and high school graduation (Sherman & Bowling, 2011). Developing a support network in each new location may be a challenge. Just as a child gets established in a local sports

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team, or a military spouse forms new friendships, the family can be relocated. Understandably, some families report that they invest less effort in communities and friendships that they see as temporary (Sherman & Bowling, 2011).

Frequent relocations are disruptive to military spouses’ careers. Following relocation, Australian military spouses are unemployed an average of 5.4 months (Department of Defence, 2012). In interviews with over one thousand US military spouses, over 60% believed that being a military spouse had a negative impact on their employment (Castaneda & Harrell, 2008), as frequent job changes prevent advancement and training opportunities. Furthermore, the irregular hours and frequent trips away that are characteristic of military life often mean the spouse takes primary responsibility for looking after any children (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008).

**Deployments**

A number of Western countries have deployed large numbers of troops to Iraq or Afghanistan since 2001. The US has the largest military and has deployed more than two million personnel (Manos, 2010). Australia, with a much smaller military, has deployed approximately 33,000 members (Waller, Kanesarajah, Zheng, & Dobson, 2013). These deployments are associated with psychological difficulties in military personnel and their spouses, which can erode couple relationships.

**Trauma and mental health.** There are high rates of Posttraumatic Stress Disorder (PTSD) among returning military personnel (estimates in US personnel range from 11.2 to 24.5%; Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Milliken, Auchterlonie, & Hoge, 2007), and the presence of PTSD is strongly associated with low relationship satisfaction (Allen, Rhoades, Stanley, & Markman, 2011) and elevated psychological distress in spouses (McGuire et al., 2012). Many other personnel experience a sub-clinical level of trauma symptoms that are associated with low relationship adjustment (Nelson Goff, Crow, Reisbig, & Hamilton, 2007; Renshaw, Blais, & Caska, 2011).

A range of factors can alter the impact of trauma on couple relationships. For example, rates of alcohol and other drug misuse in US personnel increase after deployment (Jacobson et al., 2008), and these problems are well-established predictors of relationship dissatisfaction and interpersonal violence (O'Farrell & Clements, 2012). Similarly, the quality of the couple relationship can impact trauma symptoms in military personnel. Deployed personnel with high relationship satisfaction who communicate frequently with their spouses using delayed methods (e.g., email) have lower PTSD symptoms post-deployment (Carter et al., 2011). Moreover spouses of deployed military personnel experience substantially elevated rates of depression, anxiety disorders, sleep disturbance, and
adjustment disorders, particularly with extended and repeated deployments (de Burgh, White, Fear, & Iversen, 2011).

**Emotional disconnection.** Another challenge for military couples is re-establishing emotional connection after separations (Lyons & Elkovitch, 2011). Deployed personnel may be encouraged to put aside their feelings, so that concerns (e.g., about their families at home) do not distract them from their duties (Basham, 2008). However some spouses report that their military partner fails to express emotion upon returning (Nelson Goff et al., 2006). Emotional numbing in military personnel is associated with loss of emotional intimacy in the couple relationship (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004), and predicts low relationship satisfaction (Erbes, Polusny, MacDermid, & Compton, 2008; Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010).

Security restrictions prevent military personnel from sharing details of operations with their spouse. In addition, personnel might fear that their spouse will judge them for their actions overseas (e.g., killing a member of the opposing forces) (Lyons & Elkovitch, 2011). Consequently, personnel might prefer to discuss their deployment experiences with members of their unit (Badr, Barker, & Milbury, 2011), however low combat-related disclosure to intimate partners is associated with low relationship satisfaction in both spouses (Balderrama-Durbin et al., 2013).

**Hyperarousal and aggression.** Hyperarousal is a heightened level of alertness, which can persist in military personnel when they return from a warzone (Savarese, Suvak, King, & King, 2001). After combat deployment some personnel feel uncomfortable in public without the protection of their weapons (Lyons & Elkovitch, 2011). Personnel may also feel uncomfortable around groups of people, and avoid questions about their deployment (Hutchinson & Banks-Williams, 2006).

Personnel have been shown to exhibit high levels of anger during the post-deployment period (Bliese, Wright, Adler, Thomas, & Hoge, 2007), which could lead them to engage in intimate partner violence (IPV). There is a well-replicated finding that rates of IPV in the US are significantly higher in military than civilian couples (Heyman & Neidig, 1999; Taft, Walling, Howard, & Monson, 2011; Smith Slep, Foran, Heyman, & Snarr, 2010). The previously noted high rates of alcohol misuse are relevant here, as alcohol misuse predicts IPV in military couples (Foran, Heyman, & Smith Slep, 2011). Official government reports likely underestimate IPV rates; personnel might be hesitant to report domestic abuse for fear of career implications (McCarroll et al., 2000).

**How Distinctive Are Military Couple Relationships?**

Karney and colleagues (2012) compared divorce statistics in US military members and civilians matched on key demographics, and found that service members were approximately equally likely to be divorced. The 2011 Australian Defence Census revealed that 5% of Australian
Defence Force members identified as separated or divorced (Department of Defence, 2012), compared to 7.5% of Australian civilians as reported in The HILDA Survey (Kecmanovic, 2013). Divorce within military populations might be underreported, however; US military personnel receive additional benefits when married and therefore have incentive to stay in distressed marriages.

A number of careers have some similarities to the military; for example, mining families often deal with relocation and separations, and emergency workers share the threat of physical harm or death in their line of duty (e.g., police and fire officers). However, military families experience intense combinations of these challenges, which was particularly true between 2001 and 2013 due to the high frequency of military deployments in the US, UK, and Australian armed forces (de Burgh et al., 2011). More military personnel experienced multiple deployments in this period than in prior conflicts, with consequent increases in physical and mental health problems (Kline et al., 2010).

The aforementioned influences on military couples’ relationships give these couples a distinctive risk and resiliency profile. Military couples’ financial stability and access to healthcare are advantages over many civilian couples. At the same time military couples face challenges over and above those in civilian relationships (e.g., the frequent relocations, separations and deployments, as well as military personnel exposure to combat and the associated risk of trauma symptoms). Relationship education needs to be seen by military couples as relevant to these challenges that they face.

**Relationship Education for Military Couples: Best Practice Recommendations**

Relationship education (RE) is a form of couples’ intervention aimed at providing the skills needed to maintain a successful long-term relationship. Skills commonly taught in RE include communication, conflict management, support, intimacy, and relationship goal-setting (see Markman & Rhoades, 2012, for a review). Halford and Bodenmann (2013) conducted a comprehensive review of RE trials that included follow-up assessments at least one year later; of the 17 studies reviewed, 14 showed that couples who participated in RE maintained better relationship outcomes than control couples. These studies showed improvements in couple communication, relationship satisfaction, and relationship stability. Meta-analytic studies by Hawkins, Blanchard, Baldwin, and Fawcett (2008) reported similar findings for relationship quality and communication, with programs of moderate length (9-20 hours) being most effective (Hawkins, Stanley, Blanchard, & Albright, 2012).

RE has the potential to overcome barriers to help-seeking in military couples. Cordova (2014) suggests that brief educational programs are seen by couples as less time-demanding, are often accessed by couples who are unwilling to try therapy, and lead some couples to seek further,
more intensive assistance. Consistent with these suggestions, Doss, Rhoades, Stanley, and Markman (2009) found RE was more frequently accessed by couples than couple therapy. RE programs for military couples may have similar value as a low-stigma, easily-accessible form of couple assistance.

By enhancing military couples’ relationships, armed forces stand to benefit via increased resilience, readiness, and retention of personnel. Social support appears to be a protective factor for trauma survivors (Erbes et al., 2008), therefore promoting healthy relationships may decrease rates of mental illness for military personnel, helping to ensure they are ready to deploy. Couples with strong marriages have been shown to adjust well to military life (Booth, Segal, & Bell, 2007). In addition, low marital satisfaction is associated with interference with soldiers’ work functioning while on deployment (Carter et al., 2015). Enhancing military couple relationships may thus allow military personnel to focus on their missions without being distracted by relationship concerns.

There is an old axiom in military circles of “recruit the soldier, retain the family” (Cotton, 2009), and the validity of that axiom is supported by research showing strong positive links between spousal support for the member’s military career and member retention (Etheridge, 1989). Implementing programs aimed at enhancing couples’ relationships sends the message that the military prioritizes not only the well-being of military personnel, but also of the families who support them. Consequently efforts made by armed forces to improve families’ welfare might aid retention by helping spouses feel cared for, and inclined to continue supporting the member’s military service.

**Content Adaptations**

Couples are likely to benefit from RE when the content is seen as relevant by the target population (Johnson, 2012). In our experience almost all content of the evidence-based relationship education programs PREP (the Prevention and Relationship Education Program; Stanley, Allen, Markman, Rhoades, & Prentice, 2010) and Couple CARE (Couple Commitment and Relationship Enhancement; Halford et al., 2006) seems relevant to military couples. In our offering of these programs to US and Australian military, respectively, existing program materials have been modified only slightly to include military images and examples. In both the PREP and Couple CARE military adaptations, additional content was added to address military-specific challenges. For example, in the PREP adaptation for military couples, PREP for Strong Bonds, couples discuss their expectations and goals for during deployment, how to talk about bad news, and common difficulties and communication strategies for reunion and reintegration (Stanley et al., 2010). PREP for Strong Bonds is currently the only RE program to be implemented and to undergo randomized controlled trial in a military setting, with Couple CARE in Uniform soon to become the second.

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Thus there is little research to inform best practice in this area, and the recommendations that follow are based primarily in clinical experience.

Military-specific additions to program content will likely be similar across different cultures. As discussed previously, there are minor differences between different nations’ armed forces, particularly in relation to income, location of housing, and length of military deployment; for example, US troops deploy for longer periods than Australian troops. However the challenges for military families remain the same, with the separations and deployments most likely to cause additional stress a common and necessary aspect of military life worldwide. However there is a dearth of military RE research outside of the US and Australia, therefore our knowledge of how military content should be adapted in other, particularly non-Western, cultures is limited and is an important future research topic.

In Couple CARE in Uniform, the Couple CARE adaptation for military couples (Halford & Bakhurst, 2013), new modules address how to communicate during separation, maintain emotional connection, and manage homecoming, allowing couples to problem-solve emotional and practical hurdles before they arise. Couples first discuss the changes, both positive and negative, that military life has made to their relationship. Examples of such changes might include access to resources, a feeling of belonging and community, the meaning and value of military service, rellocations, service-related injuries, or frequent separations. This activity alerts educators to problem areas, and allows them to place more focus on these throughout the program. Participants work through how best to communicate over a distance, in particular what and what not to talk about during separations. For example, couples might discuss whether or not to talk about problems occurring at home while the member is away on deployment. This allows couples to strike their own balance between maintaining connection and providing support for one another, and overloading each other with information that causes additional stress. Couples also discuss different approaches they might use to cope emotionally with separations, e.g., maintaining constant psychological presence in each other’s lives and communicating wherever possible, or choosing to embrace their independence while separated. Couples identify the pros and cons of each approach and decide together on strategies that are best suited to their relationship. Couples then have the opportunity to talk about challenges they have experienced in the reintegration stage, such as fitting back into the family, managing parenting and household tasks, and re-adjusting to the partnership. They then talk about what types of support they would find most useful from their partner as they re-establish life together after homecoming. Psycho-educational elements were also added to make couples aware of possible symptoms of trauma and hyperarousal, and to help them distinguish between normal reintegration behaviors and circumstances where professional assistance might be necessary.
In a case example from the pilot study of Couple CARE in Uniform, Rachel and Tim used different mechanisms to cope with separations and this often caused conflict between them. Rachel became sad and lonely when Tim went away for training, and relied on frequent phone calls to help her cope. However Tim enjoyed his training exercises, and found their separations easy to deal with if he kept busy and focused on his job. This upset Rachel, who felt that Tim did not miss her while they were apart, and the pair began to experience conflict whenever Tim volunteered for a trip. Rachel and Tim benefited greatly from their participation in the program, particularly the exercise on different coping mechanisms. This activity allowed Rachel to recognize that Tim’s detached nature during training was not symbolic of a lack of affection, but rather his way of dealing with the separation, and allowed Tim to understand why Rachel became upset when he failed to contact home. The couple was able to come to a compromise, with Rachel endeavoring to take on extra work to keep her busy in Tim’s absence, and Tim agreeing to contact home more frequently where possible.

**Intimate Partner Violence (IPV).** As noted previously, IPV rates are higher amongst military couples than civilian couples. Moreover, there are some distinctive risk factors for IPV in military couples. For example, frequency and length of deployment, dissatisfaction with military service, and presence of PTSD symptoms are all associated with increased risk of IPV perpetration by military personnel (Marshall, Panuzio, & Taft, 2005; McCarroll et al., 2010; Smith Slep et al., 2010). There is substantial evidence that couple-based therapy targeting IPV can reduce its occurrence substantially, particularly when the IPV is less severe and when there is not comorbid substance abuse or other psychopathology in the perpetrator (Stith, McCollum, Amanor-Boadu & Smith, 2012).

There are high rates (30 to 35%) of Australian civilian couples presenting for RE who report at least one episode of less severe IPV in the past year (Halford, Petch, Creedy, & Gamble, 2011). There is a paucity of evidence on the effects of RE on IPV, however a recent study by Braithwaite and Fincham (2014) found that ePREP, a computer-based version of PREP, reduced reported physical and psychological aggression in married US couples to a 12 month follow-up. The content of RE on conflict management and positive couple interaction likely provides useful input to reduce less severe IPV.

RE is likely not an appropriate forum in which to deal with severe couple violence. One possibility is screening couples to identify severe couple violence, allowing referral to more appropriate services. For example, in use of Couple CARE in Uniform we use Heyman, Smith Slep, Snarr, and Foran’s (2013) 19-item IPV screening measure to identify couples who might need additional assistance. However, conducting screening is time consuming, not always practicable, and is only useful if accessible and affordable services are available. In the offering of PREP to US
couples screening is generally not conducted. However, with or without formal screening, educators sometimes become aware of severe IPV and can encourage the couple to seek additional assistance.

**Delivery Adaptations**

Delivering RE to military couples presents some additional challenges to educators due to irregular and unpredictable work hours. Similar to shift workers, military personnel work night and day and are often unaware of when they will return home. Personnel can also be sent on training exercises with short notice. Consequently it can be difficult to schedule sessions with these couples, who may be unable to commit to regular session times and likely to have to reschedule multiple times. In the pilot study of Couple CARE in Uniform this was common. Some couples took several months to complete the six week program due to unexpected separations causing long delays in their progress. The flexibility allowed in Couple CARE, where couples work at home at their own pace, is one way to address these scheduling challenges. Another is to offer programs in weekend retreats as has been done in the PREP for Strong Bonds program for the US Army (Stanley et. al, 2010).

**Timing.** Administering RE when couples are receptive to education, and likely to benefit, is important. Several windows of opportunity have been identified when couples are more likely to volunteer for RE, such as early in the committed relationship (e.g., when getting married), or when having a child together (Halford, 2011). There might also be windows of opportunity specific to military life, such as around relocation or deployment. Work by Cordova et al. (2014) has shown that regular booster sessions are effective in maintaining enhanced relationship outcomes for couples, therefore identifying multiple windows during which couples can access RE is preferable to a single time point.

Depending on the time at which military RE is delivered to couples, slight changes in content should be implemented in order to maximize the programs’ usefulness and relevance. For example, couples who have recently moved to a new military posting will likely benefit from content addressing how to cope with relocation, difficulty finding employment, and becoming settled together in their new home. Australian military couples, who live up to 30km away from military bases, might require additional assistance in how to cope with social isolation and establish new social networks. This is less relevant for US couples, who often live on base surrounded by other military families, however for National Guard and Reserve couples who do not typically live by a base in the US, similar issues are faced as with Australian couples. Couples about to experience a deployment, or who have recently gone through a deployment, might benefit most from content addressing separations, trauma symptoms, and reintegration. This does not necessarily mean that different program versions are needed for couples at each stage of military life, but rather,
that educators should focus on topics and activities that will be of most use to couples at that point in time.

**Target.** One advantage of RE is that it is usually offered universally, likely making RE less stigmatized than seeking therapy (Halford & Bodenmann, 2013). At the same time, some high-risk couples likely need more assistance than others, and the offering of RE needs to be proportionate to need. One approach is to offer a stepped intervention. For example, Halford (2011) described offering brief assessment and feedback universally to couples, and negotiating with couples if they wished to undertake a more intensive, skill-training form of RE. Another variant is offering a skill-training program universally, and when couples are identified as having additional needs (e.g., alcohol misuse, severe IPV) they are offered referral to more intensive services. Markman and Ritchie (2015) suggest having an optional therapy component offered at the completion of RE (which they term CRE Plus), as a way of dealing with the increased numbers of distressed couples presenting for RE. This is a plausible alternative to suggestions by Bradford, Hawkins, and Acker (2015) to incorporate therapy into RE to meet the needs of distressed couples, which Markman and Ritchie (2015) term the “clinicalization of CRE”. A stepped approach preserves the preventative nature of RE and the distinctive benefits of offering RE as a wide-reaching, low-stigma intervention.

There are advantages and disadvantages to selective versus universal offering of RE. Selective stepped RE provides only as much service as needed by couples, and the initial screening increases the likelihood of detection of more severe problems. On the other hand, there is a risk of stigma associated with being referred to more intensive services, and negotiation of what services might best serve couples’ needs has to be done sensitively. Universal offering maximizes accessibility and minimizes stigma, but runs the risk of missing severe problems. There likely is no single best practice, but rather those providing RE need to weigh up these considerations within their own service setting.

Another consideration is whether RE should be offered to unmarried cohabiting couples, or only to married couples as was traditionally the case. Cohabiting couples have a higher risk of relationship dissolution (Binstock & Thornton, 2003). This is an ideal time to teach couples behaviors that will set them up for relationship success, or alternatively, the skills to evaluate their relationship and determine whether or not marriage is right for them. For military couples, this should involve ensuring both partners are aware of the requirements and challenges of military life. Thus we encourage practitioners to make military RE available for both married and unmarried cohabiting couples.

**Educator Selection and Training.** In our experience, practitioners delivering RE to military couples need to understand the special needs of these couples. In PREP delivery to the US
military, military clergy were trained to deliver the program. Clergy were seen as being part of, and understanding, military culture. Practitioners that are seen as credible to couples might be as important to RE efficacy as the content being administered (Hawkins, Carroll, Doherty, & Willoughby, 2004). In Couple CARE in Uniform delivery to Australian military, psychologists familiar with couple work received additional training in understanding the specific challenges of military couples. This involved a mix of didactic presentations, group discussion, and role-playing exercises. Case studies were presented to demonstrate the military lifestyle and how this differs from civilian life, and educators were taught military-specific terminology to help them relate and communicate with couples. This element made up part of an intensive full day workshop, where educators were trained in program delivery and learnt key skills such as motivational interviewing. Educators should have the opportunity to practice their practical skills during training, as well as during subsequent supervision sessions, in order to allow feedback from experienced professionals.

RE programs vary in the extent to which they allow educators to tailor the content to each couple. For example, PREP is typically delivered to groups of couples and has a relatively fixed curriculum. Within these constraints some adjustment in the education provided to couples is possible. For example, a partner with poor listening skills can be assisted to focus on practicing those skills. Couple CARE also has a standardized curriculum, but is most often delivered to one couple at a time. Moreover, the self-directed learning approach allows each person to choose particular things to focus on in their relationship, and hence the focal skills vary considerably between couples. For example, one couple in the pilot study of Couple CARE in Uniform struggled with trust issues in their relationship. Amelia was concerned that her partner Blake would be unfaithful when away on training exercises, and experienced anxiety surrounding all of their separations. Their educator dedicated considerable time to this topic in their first session, encouraging Amelia to express her feelings and concerns to Blake, and allowing Blake to share his own thoughts. The educator then allocated time at the beginning of each subsequent session to check in with the couple and assess how they were managing the issue.

Program Format. RE programs can be administered in a variety of formats, including: small face-to-face groups of couples, face-to-face to one couple at a time, or via flexible delivery. Flexible delivery is when couples complete programs at home, either online or with use of self-directed learning materials like DVDs and telephone or video-based coaching (Halford, 2011). Each of these formats has advantages and limitations. Group-based programs can be cheaper to deliver as educators can provide service to multiple couples at once. However this format allows for less privacy, and some couples who decline to attend RE report that they feel uncomfortable discussing their relationship amongst other couples (Halford & Simons, 2005).
RE can be structured as a single intensive intervention, such as a workshop or weekend retreat, or an on-going intervention spanning several weeks or months. On-going interventions distribute information over time, giving couples the opportunity to practice their new skills and receive feedback. However these interventions require an extended commitment which can result in difficulty keeping couples in the program, as happened in the Building Strong Families RE initiative where less than 20% of couples attended half or more of the scheduled sessions (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2012). Military couples who are frequently separated might find it particularly challenging to attend many sessions across an extended period, and might be better served by a single intensive intervention with subsequent booster sessions.

Flexible delivery is a useful format for military couples, giving them the option to complete programs remotely. Couple CARE in Uniform (Halford & Bakhurst, 2013) uses audio-visual and written materials so couples can work on program content in their own time, and telephone or video conferencing software to allow couples to communicate with an educator from home. Flexible delivery approaches allow military couples to work around unpredictable working hours, separations, and to access RE when posted to a remote location. As an example, in the pilot study of Couple CARE in Uniform, one couple was posted to a remote island off the Northern coast of Australia and had no access to RE in their locality. The flexible-delivery nature of the program enabled them to receive this service. The individuals in another couple were living in different cities, as the military partner had received a posting and his spouse was unable to accompany him due to her own career commitments. This couple was able to complete the program while separated, by completing their homework together over the phone and speaking to their educator using three-way video conferencing.

RE adaptations for the military initially focused on programs for couples and required both partners to attend. There are now programs designed to give unmarried individuals skills to make healthy and safe relationship decisions. One example is a program based on PREP called Got Your Back (Jenkins, Markman, & Stanley, 2013). Individually-oriented programs are the ultimate form of prevention as they aim to teach individuals the skills required for a successful relationship before they have entered one. Individually-oriented military RE would make an ideal addition to military recruit training, by equipping personnel to deal with the challenges they are likely to face in their relationships before they are exposed to the stressors of military life. These programs are yet to be tested within this context, and as such are a potential future research direction.

There is also scope for a couple-oriented program that does not require partners to be directly involved, allowing spouses to receive education while their military partner is deployed or when one partner is reluctant to participate. These programs could focus on helping spouses at home to deal with challenges such as loneliness, concerns about their partner’s wellbeing, and any
child behavioral issues attributed to the separation. If conducted in a group setting, these programs would also offer spouses the opportunity to discuss their experiences and strategies with others in the same situation, allowing them to learn from one another and build social support networks. An existing example of such a program for civilian couples is Within My Reach (WMR), an individually-oriented RE program based on PREP, which is offered to both single individuals and one member of a couple attending without a partner (Visvanathan, Richmond, Winder & Hoskins Koenck, 2015). The couples version of the program, Within Our Reach, has shown promising results, with couples showing benefits on a number of relationship outcomes up to a 30 month follow-up (Rhoades, 2015). A trial of WMR showed significant increases in partnered individuals’ self-reported relationship quality from pre- to post-test (Visvanathan et al., 2015). Further studies are needed to determine whether program benefits extend to the non-attending partner. Another example is the FRAME program (Wadsworth et al., 2011). Both programs could be adapted for military couples.

It is important to note that no one format is likely to appeal to all military couples. In order to enhance reach, multiple modes of RE service delivery are desirable that include face-to-face and flexible delivery, and include options for individuals.

Other Considerations. When tailoring RE for special populations, it is important to have support from key stakeholders. In the military these may include high-ranking personnel, government departments, or family organizations. Having stakeholder support can provide: (a) expert input into the adaptation process, (b) permission to test and implement RE programs, and (c) help recruiting participants. It is imperative for researchers to maintain regular contact with stakeholders both during the tailoring process and throughout evaluation of the program, to ensure they are kept up-to-date with study progress and are happy with the service being offered to military families.

If a new program is to be widely disseminated, it is not enough to have demonstrated efficacy. The Society for Prevention Research (2014) suggests criteria to be met to ensure effective dissemination, including that preventative programs come with all training and resources provided (e.g., manual, program materials, technical support). Providers should also be supplied with tools to evaluate the effectiveness of the program with their client group. Following these guidelines should result in sufficient integrity of program delivery.

Relationship Education Adaptations for Military Couples

Allen, Stanley, Rhoades, Markman, and Loew (2011) conducted the first randomized controlled trial of an RE program tailored for military couples. PREP for Strong Bonds was compared to a no-treatment control group among 662 married US Army couples. The intervention was administered by Army chaplains in a group format and involved approximately fourteen hours
of education and skills training. Couples in the RE condition improved their communication skills relative to control couples (Allen, Stanley, et al., 2011), however this effect was not maintained at follow-up assessments. At one- and two-year follow-up couples who received the intervention were significantly less likely to have divorced (Stanley et al., 2014; Allen, Rhoades, Markman, & Stanley, 2015). Importantly, effects were stronger for minority vs majority couples.

Couple CARE is a flexible-delivery RE program with a focus on relationship self-regulation, helping partners look at what they themselves can do to enhance their relationship (Halford et al., 2006). Couple CARE has been shown to enhance couple communication, and was effective in maintaining relationship satisfaction for females until 12 month follow-up (Halford et al., 2010). The Couple CARE adaptation for military couples, Couple CARE in Uniform, retained all original Couple CARE content with some military-specific additions (see Table 1). The first randomized controlled trial of Couple CARE in Uniform was being conducted with a sample of Australian military couples as this article went to press.

Conclusions

Military couples have many similar needs to other couples, but are also exposed to distinctive challenges like deployments and separations. Relationship education (RE) has the potential to give military families increased access to services, but RE programs need to be tailored to address the challenges faced by military couples. Some additional program content is useful to address negotiating relocation and maintaining emotional connection, as well as trauma-related issues such as hyperarousal. Practitioners working with this population should have a thorough understanding of these challenges, and variations in timing of delivery, educator training, and program format must be made to accommodate the distinctive military lifestyle. Recent adaptations of RE for military couples have shown promising results. This paper has made recommendations for best practice based on current research, with more research required to determine the most effective approaches for practitioners working with the military. Future research on RE in the military needs to determine the nature and extent of tailoring necessary to adequately address the distinctive features of the military lifestyle, enhancing both consumer appeal and efficacy of military RE.
References

Appendix A


Appendix A


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<thead>
<tr>
<th>Unit 1 – Self-change</th>
<th>Unit 1 – Self-change</th>
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<td>Relationship standards and expectations; relationship vision; self-change.</td>
<td>Impact of military lifestyle on relationships.</td>
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<th>Unit 2 – Communication</th>
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<td>Long-distance communication; what to share while separated.</td>
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<th>Unit 3 – Intimacy and Caring</th>
<th>Unit 3 – Support and Caring</th>
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<td>Social support; expressing caring; balancing individual &amp; shared activities.</td>
<td>Couple coping while apart; support during homecoming; reintegration of roles.</td>
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<td>Managing change; maintaining a relationship focus; when things go wrong.</td>
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Abstract

Trauma symptoms are negatively correlated with couple relationship satisfaction, which is of particular importance in the relationships of military personnel who are often exposed to trauma whilst on overseas deployment. This study tested a model in which communication mediated an association between trauma symptoms and low relationship satisfaction. Thirty-one Australian military couples were observationally assessed during a communication task, and assessed on their relationship satisfaction and individual functioning. As expected, trauma symptoms in the male military spouse predicted low satisfaction in both spouses. Female’s low positive communication partially mediated the relationship between males’ trauma symptoms and low female satisfaction, but not male relationship satisfaction. Unexpectedly, males’ negative communication behaviors were associated with high male relationship satisfaction, and partially mediated the association between trauma symptoms and male satisfaction. Discussion focused on how some communication usually thought of as negative might be associated with relationship satisfaction in military couples.

Keywords: relationship satisfaction, couples, posttraumatic stress, communication, military.
Trauma Symptoms, Communication, and Relationship Satisfaction in Military Couples

Relationship education (RE) programs aim to enhance couple relationships, by facilitating the development of skills that couples can use to maintain satisfaction in the long-term. Although the content of RE varies between programs (Bodenmann & Shantinath, 2004; Markman, Stanley, & Blumberg, 2010; Halford et al., 2006), almost all RE programs place significant emphasis on communication skills. Couple communication is thought to be associated with relationship satisfaction (Woodin, 2011). Communication skills might be of particular importance to couples struggling with the distinctive challenges of the military lifestyle.

Between 2001 and 2013, large numbers of troops from the US, UK, and Australian armed forces deployed to conflicts in the Middle East (de Burgh, White, Fear, & Iversen, 2011). During this period, more military personnel experienced multiple deployments (Kline et al., 2010) and were deployed more frequently (Rona et al., 2007) than in prior conflicts. Everyday deployment stressors, paired with exposure to combat and traumatic events, put personnel at risk of mental health conditions such as Posttraumatic Stress Disorder (PTSD). Estimates of PTSD prevalence range from 11.2 to 24.5% in US personnel (Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Milliken, Auchterlonie, & Hoge, 2007), and sit around 8.3% for Australian personnel (Defence Health, 2015). In addition to the personnel officially diagnosed with PTSD, an even larger proportion of military personnel suffer from trauma symptoms on a lesser scale. Although these personnel do not meet the threshold for clinical diagnosis of PTSD, perhaps due to lower symptom severity or only experiencing symptoms from selected clusters, these trauma symptoms are associated with substantial adjustment difficulties, particularly in interpersonal relationships (Monson & Snyder, 2012).

Specifically, trauma symptoms are correlated with low couple relationship satisfaction (Allen, Rhoades, Stanley, & Markman, 2010; Erbes, 2011; Nelson Goff, Crow, Reisbig, & Hamilton, 2007). This paper explores whether observed couple communication plays a mediating role in the relationship between trauma symptoms and couple satisfaction.

Trauma and Military Couple Relationships

Several studies have shown that military personnel suffering from trauma symptoms have less satisfied couple relationships (Erbes, 2011), and report more relationship problems (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Sayers, Farrow, Ross, & Oslin, 2009), than personnel with few or no trauma symptoms. Difficulties with family relationships occur among about three quarters of military service personnel who seek treatment for
posttraumatic stress (Sayers, Farrow, Ross, & Oslin, 2009). Research has shown that military personnel do not have to be suffering posttraumatic stress at clinical levels for this to be associated with low couple satisfaction (Nelson Goff et al., 2007). The directionality of this association is unknown due to a dearth of longitudinal studies in the area. Although it is intuitive that posttraumatic stress might have a negative impact on couple relationships, it is also possible that military personnel in distressed relationships might be at increased risk of developing posttraumatic stress.

Good communication is generally viewed as a protective factor in couple relationships. Woodin (2011) conducted a meta-analysis of 64 studies looking at observed couple conflict and found associations between positive communication behaviors, such as intimate self-disclosure and problem-solving, and high relationship satisfaction; and associations of negative communication behaviors, such as hostility, with low satisfaction. However, good communication in military couples might be eroded by trauma symptoms. Trauma symptoms are associated with self-reports of more negative couple communication, specifically greater conflict and less warmth (Caska et al., 2014). Miller and colleagues (2013) were the first to look at the impact of PTSD symptoms on observed couple communication. As well as predicting more negative and less positive behaviors in the military partner (actor effects), trauma symptoms also predicted lower levels of positive behavior in the non-military spouse (a partner effect). Negative couple communication has been shown to partially mediate the negative association of trauma symptoms with low couple satisfaction (Andres, 2014; Allen et al., 2010; Campbell & Renshaw, 2013). Symptoms such as anger and increased emotional arousal might lead the sufferer to use more negative behaviors such as criticism and disagreement in communication with their partner, thus contributing to a decline in both partners’ relationship satisfaction.

Self-disclosure is a positive communication behavior that might be of particular importance in military couples. Several studies find that military personnel who report higher levels of combat-related disclosure to their spouse had lower relationship distress than those who did not discuss the military member’s deployment experiences (Balderrama-Durbin et al., 2013; Campbell & Renshaw, 2013). Furthermore, military personnel who reported disclosing their experiences to their spouse, or some significant other, subsequently reported declines in posttraumatic symptoms (Hoyt & Renshaw, 2014). It has been suggested that supportive couple discussion of combat experiences serves as exposure to reduce trauma-related symptoms (Monson et al., 2012). Moreover such discussion might assist the non-military spouse to understand and be more supportive of the military spouse struggling with
trauma symptoms. Trauma symptoms are associated with particularly low relationship satisfaction when the non-military spouse attributed trauma symptoms to internal attributes (i.e., their partner’s personality), rather than external factors (i.e., combat exposure; Renshaw, Allen, Carter, Markman, & Stanley, 2014; Renshaw, Rodrigues, & Jones, 2008). Building non-military spouses’ understanding of their partner’s trauma symptoms might reduce partner-blaming attritions and consequently any negative impact on relationship satisfaction.

In sum, existing studies suggest that couple communication might mediate the negative link between trauma symptoms and relationship satisfaction. However, existing studies are all based on self-reported couple communication, and observational research is needed. If observed communication is reliably mediating the association of trauma symptoms with low relationship satisfaction, this could provide guidance to clinicians working with military personnel affected by trauma, as well as inform content in relationship education programs tailored for use with this population.

The Current Study

The current study tested whether observed couple communication mediated the relationship between trauma symptoms and relationship satisfaction in a non-clinical sample of military personnel and their partners. Data was collected from both partners in a couple, allowing assessment of the association of the military member’s trauma symptoms on their own and their partner’s relationship satisfaction. It was hypothesized that: a significant association would be found between males’ trauma symptoms and low relationship satisfaction in both the male and female (Hypothesis 1); and that couple communication would mediate that association (Hypothesis 2). The current study uses pre-intervention data from a larger program of research evaluating a relationship education program for military couples. The current paper is the first and only study of the association between trauma symptoms, observed communication and relationship satisfaction in Australian couples.

Method

Participants

Participants were 31 heterosexual couples in which the male was a member of the Australian Defence Force (ADF), who were recruited for a trial of relationship education for military couples. Inclusion criteria for the study were that couples had been married or cohabiting for at least six months; both partners stated a willingness to participate; and that neither partner was currently receiving psychological therapy for an individual or couple-related problem. Participants were recruited through ADF newsletters and magazines, flyers, presentations to military units, and radio interviews.
Participants’ mean age was 34.2 years ($SD = 9.1$) for men and 32.9 years ($SD = 9.1$) for women. Twenty-six couples were married (83.9%) and five were cohabiting (16.1%). Couples had been married/cohabiting for an average of 5.9 years ($SD = 8.1$), with relationship length varying from 0 to 38 years. Four couples were dual military couples (both partners were members of the ADF), with the remaining 27 couples consisting of a male military member and a female civilian spouse.

**Measures**

**Self-report measures.** Relationship satisfaction was measured by the 16-item Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007), with total satisfaction scores ranging from 0-81 and higher scores indicating high satisfaction. Scores below 52 define clinical couple distress (Funk & Rogge, 2007). Internal reliability was high at $\alpha=.96$.

The PTSD CheckList – Civilian Version (PCL-C; Weathers, Litz, Huska, & Keane, 1994) was administered to measure trauma symptoms. The PCL-C was used over the PCL-M (PTSD CheckList – Military version) in order to assess the full range of trauma symptoms experienced by military personnel, and not just those resulting from combat exposure. Participants rate 17 common symptoms of posttraumatic stress on how much they had been bothered by that symptom in the past month ($1 = not at all to 5 = extremely$). Scores in the mid-forties and above suggest a high probability of a PTSD diagnosis (Ruggiero, Ben, Scotti, & Rabalais, 2003). Due to low numbers of female military personnel in the study, only male trauma scores were used in the analyses. The scale had high internal reliability at $\alpha=.93$.

The Depression Anxiety Stress Scales – 21 (DASS21; Lovibond & Lovibond, 1995) were administered in order to help determine whether scores on the PCL-C were uniquely measuring trauma over and above negative affect. The 21 items were rated on a 4 point scale ($0 = Did not apply to me at all to 3 = Applied to me very much, or most of the time$) and consisted of statements such as “I felt that I had nothing to look forward to” and “I felt scared without any good reason”. Participants’ total score reflects their overall negative affect. Higher scores reflect a greater number of symptoms. Internal reliability was high at $\alpha = .88$.

**Observational measure.** Couple communication was assessed by having couples engage in a 10 minute discussion in their own home about an area of disagreement in their relationship. These discussions were recorded and recordings coded using the Brief KPI (Halford, Sanders & Behrens, 2000), an adaptation of the Kategoriensystem für Partnerschaftliche Interaktion [Couple Interaction Coding System] (Hahlweg et al., 1984). In the Brief KPI each 30 second interval is coded for the occurrence of problem solving behaviors (self-disclosure, positive solution), validation (acceptance, agreement), conflict...
(criticism, disagreement) and invalidation (justification, withdrawal), as well as the occurrence of positive and negative affect. Definitions of each code can be found in Table 1. Each partner’s score for each code was derived from the percentage of intervals during which each behavior was observed.

Two research assistants coded all couple interactions. Coders received two full days of training in the Brief KPI method and were supervised throughout the coding process. Inter-coder agreement was high, with intra-class correlation coefficients (ICC) as follows: ICC = .72 for problem solving, ICC = .90 for validation, ICC = .74 for conflict, ICC = .79 for invalidation, ICC = .95 for positive affect, and ICC = .81 for negative affect.

One criticism of research on the association between couple communication and relationship satisfaction is that often prediction equations contain many indices of communication, inflating the chance of Type 1 error (Heyman, 2001). Following Sevier, Eldridge, Jones, Doss, and Christensen (2008), an overall positive communication score was created by calculating the average of the problem solving, validation and positive affect scores. Similarly, an overall negative communication score was calculated as the mean of the conflict, invalidation and negative affect scores.

Procedure

Couples expressed interest in the study by contacting the researchers by email or telephone. The lead researcher then contacted couples by phone for an initial screening interview, to discuss what participation would involve and to assess their suitability. Eligible couples were sent informed consent documents by post. Once consent was received, couples were emailed a link to an online survey, which each partner was instructed to complete individually.

Couples were then assigned to a relationship educator, who organized a suitable time to conduct the intake interview. Couples were drawn from around Australia and completed the interview via online video conferencing. During the interview the relationship educator explained the aim of the communication task was to assess “how you normally communicate.” The educator helped the couple identify a topic of current disagreement in their relationship, and then indicated the online recorder would be switched on and the educator would leave the call for 10 minutes. Couples then completed the 10 minute discussion task. Recordings were then passed on to research assistants for coding. Ethical approval for the study was received by the Human Research Ethical Review Committee at the University of Queensland and the Australian Defence Human Research Ethics Committee.

Data Analysis

Appendix B
In order to examine the association of trauma symptoms with relationship satisfaction in military couples we conducted a gender-specific, couple-level model analysis using MLwiN (Rasbash, Charlton, Browne, Healy, & Cameron, 2005). We first analyzed the association between trauma symptoms and satisfaction. Specifically, we predicted both male and female relationship satisfaction from the male partner’s trauma symptoms. Communication was then added into the model, testing the possibility of communication as a mediator of the trauma-satisfaction relationship. The final equation for the model is as follows.

\[
\text{Relationship satisfaction}_i = \left[ \beta_0 \text{ male}_i + \beta_1 \text{ female}_i \right] + \left[ \text{PTSD\_male}_i \text{\_male}_i + \text{PTSD\_male}_i \text{\_female}_i \right] + \left[ \text{PosCom\_male}_i \text{\_male}_i + \text{PosCom\_male}_i \text{\_female}_i \right] + \left[ \text{PosCom\_female}_i \text{\_male}_i + \text{PosCom\_female}_i \text{\_female}_i \right] + \left[ \text{PosCom\_female}_i \text{\_male}_i + \text{PosCom\_female}_i \text{\_female}_i \right] + \left[ \text{NegCom\_male}_i \text{\_male}_i + \text{NegCom\_male}_i \text{\_female}_i \right] + \left[ \text{NegCom\_female}_i \text{\_male}_i + \text{NegCom\_female}_i \text{\_female}_i \right] \]

In the above equation male and female are dummy variables that create the gender-specific estimates, and \( \beta_0 \text{ male}_i + \beta_1 \text{ female}_i \) represent the intercepts of satisfaction for men and women, respectively. PTSD\_male\_male\_i and PTSD\_male\_female\_i represent the main effects of male trauma symptoms on relationship satisfaction for males and females, respectively. PosCom\_male\_male\_i and PosCom\_male\_female\_i represent the effect of male positive communication on male and female satisfaction, respectively, while PosCom\_female\_male\_i and PosCom\_female\_female\_i represent the effect of female positive communication on male and female satisfaction, respectively. Similarly, NegCom\_male\_male\_i and NegCom\_male\_female\_i represent the effect of male negative communication on male and female satisfaction, respectively, while NegCom\_female\_male\_i and NegCom\_female\_female\_i represent the effect of female negative communication on male and female satisfaction, respectively.

Results

Table 2 presents the means, standard deviations and correlations between trauma symptoms, negative affect, communication and relationship satisfaction in our sample. Mean scores on relationship satisfaction are similar to population means as described by Funk and Rogge (2007). Trauma symptom mean scores were below cut-off scores indicating a positive screen for PTSD, and only one individual scored above the clinical cut-off. Due to a high level of kurtosis (5.73), a log10 transformation was conducted on this variable before conducting the MLM analysis, and outliers were censored to within 2 SDs of the mean. However this did not change the pattern of results, therefore the analyses using the raw data were retained and are reported here.

Appendix B
Couple communication overall can be characterized as positive, in that means of positive communication were more than twice the rate of negative communication. As expected, male and female relationship satisfaction was highly correlated, as were male and female communication, both positive and negative communication. Trauma symptoms were negatively correlated with female positive communication, but had no relationship with male positive communication or negative communication for either gender. Female positive communication was strongly correlated with both male and female relationship satisfaction. Male negative communication was moderately correlated with male satisfaction, but not female satisfaction.

Male scores on the PCL-C were highly correlated with male DASS scores ($r = .69, p < .001$). Despite small differences between the PCL-C and DASS associations with communication and relationship satisfaction, all correlations are in the same direction and generally similar, raising the possibility that in the current sample the PCL-C may have been broadly measuring negative affect, rather than specific trauma symptoms.

Following MLM conventions (Singer & Willett, 2003), the model was developed sequentially. The MLM output is displayed in Table 3. First the unconditional model was estimated. Overall mean CSI satisfaction was 61.6 ($SE = 11.7$) for men and 60.5 ($SE = 12.1$) for women. Male trauma symptoms were then added to the equation and were reliably associated with relationship satisfaction, with male trauma symptoms predicting low satisfaction in both male and female spouses. When communication was added to the equation it significantly predicted satisfaction; female positive communication predicted high female relationship satisfaction, and male negative communication unexpectedly predicted high male relationship satisfaction.

The addition of the communication variables changed the trauma coefficient predicting female satisfaction, which was statistically reduced, $t (24) = 12.86, p < .001$, and became only marginally significant, $z = -1.76, p = .08$, providing evidence for at least partial mediation in females. The trauma coefficient predicting male satisfaction was also statistically reduced after entering communication, $t (25) = 3.40, p = .002$, although remained reliably different from zero. Although trauma symptoms were not correlated with communication in males, this is not a necessary step in order for mediation to occur (MacKinnon, Fairchild, & Fritz, 2007). Therefore, there is also evidence of a partial mediation effect for males.

There were no partner effects of communication. That is, female communication did not predict male satisfaction, and male communication did not predict female satisfaction.
However, examination of Table 2 shows that there were reliable correlations between female positive communication and male relationship satisfaction, and trend (p=.100) for a positive correlation between positive female communication and negative male communication (which, as mentioned earlier, was also positively correlated with male satisfaction). Thus, there may be a suppressor effect of male negative communication on the prediction of male satisfaction by female positive communication.

**Discussion**

The current study was the first to use an observational measure of couple communication to investigate the impact of trauma symptoms on couple communication and satisfaction in Australian military personnel and their partners. The first hypothesis was supported. Consistent with prior research (Allen et al., 2010; Erbes, 2011; Nelson Goff et al., 2007), it was found that male trauma symptom severity was associated with low relationship satisfaction for both spouses. The second hypothesis, predicting communication as a mediator of this relationship, was partially supported.

Female positive communication was associated with high couple relationship satisfaction and partially mediated the association between male trauma symptoms and female relationship satisfaction. As expected, positive communication was associated with higher relationship satisfaction in females, which replicates previous research (Woodin, 2011). Although causation cannot be implied due to the cross-sectional nature of the data, it is possible that trauma symptoms in the military member caused a decline in their partner’s positive communication, and in turn, their relationship satisfaction. Female partners might avoid discussion with a spouse affected by trauma, to avoid triggering a negative emotional reaction. This phenomenon (i.e., when partners change their behavior in response to patient trauma symptoms) is known in the literature as ‘partner accommodation’, and has been linked previously to lower relationship satisfaction in the partner (Fredman, Vorstenbosch, Wagner, Macdonald, & Monson, 2014). The female partner might then become dissatisfied with the relationship because they are unsure how to communicate their support to their military spouse, and feel helpless in how to deal with their spouse’s symptoms. Of course it is also possible that other causal links account for the association. For example, high neuroticism in the male partner might lead to high vulnerability to both communication difficulties and trauma related symptoms. Alternatively, low spousal support reflected in negative communication might increase risk of trauma symptoms.

Male negative communication partially mediated the association between male trauma symptoms and male relationship satisfaction. Males with high negative
communication were highly satisfied with their relationships. This finding was unexpected and needs replication. Nonetheless, the possibility that some communication labelled as negative might, at least in some couples, enhance satisfaction has been suggested previously. McNulty and Russell (2010) found in couples facing severe problems, negative communication predicted longitudinal improvement in satisfaction, while those same behaviors in couples facing minor problems predicted deteriorating relationship satisfaction. If we assume that trauma symptoms are a serious issue for couples, which seems reasonable, then perhaps direct negative communication by the male about experiences is sometimes adaptive. In a long term follow-up of couples who received communication skills focused relationship education, Baucom, Hahlweg, Atkins, Engl, and Thurmaier (2006) found females’ large decreases in negative communication were predictive of relationship distress in the following five years. Similarly, wives’ increases in positive communication predicted a paradoxical increased likelihood of declining relationship satisfaction for themselves and for their partners (Baucom et al, 2006; Schilling, Baucom, Burnett, Allen, & Ragland, 2003). It was speculated that these participants might inadvertently have learned to avoid speaking their feelings during problem-solving. If emotional numbing and failure to disclose feelings is associated with low relationship satisfaction (Riggs, Byrne, Weathers, & Litz, 1998), it is possible that willingness to share one’s feelings with their spouse has positive effects on the relationship, even if this is expressed using communication behaviors that are usually considered maladaptive.

In the current study there was no association between male negative communication and female relationship satisfaction, so spouses did not appear to be affected by this behavior. This is likely due to overall low levels of negative communication in the sample, with males on average displaying negative communication behaviors in only 11.1% of intervals. The standard deviation of 9.8% suggests many couples did not use negative communication at all.

The current results are consistent with some previous research that suggests negative communication is not necessarily detrimental to relationship satisfaction, and might even have positive effects on the couple relationship. Although preliminary, this finding might have consequences for the way that communication is addressed in RE. Teaching couples specific rules on how to interact with one another, particularly to always seek to reduce negativity, might be unhelpful. An alternative is to do a functional assessment of the effect of the communication within a particular relationship. The Couple CARE programs (Halford et al., 2006) encourage self-evaluation by couples of their current communication behaviors and self-selection of communication enhancement goals, and these self-change attempts are
reviewed for their effects on the relationship. Clinicians working with military personnel affected by trauma might also shift focus from reducing negative communication to facilitating this more self-regulatory approach to teaching adaptive communication behaviors. In the context of military couples, assisting both partners to engage in open discussion, even with some negativity, might help to enhance relationship satisfaction.

**Limitations.** The current study was cross-sectional, which prevents any conclusions relating to the direction of causation between key variables. Future research should look at the role of couple communication in mediating the trauma–satisfaction relationship over time. All couples in the sample were presenting for relationship education, and therefore might not be representative of all military couples. Couples who present for relationship education typically over-represent the couples at high-risk of relationship problems (Halford & Bodenmann, 2013).

The use of the civilian PCL scale to measure trauma symptoms might have contributed to the low level of trauma symptoms in the sample. The PCL-M is identical to the PCL-C, only the PCL-M asks respondents to think specifically of “a stressful military experience”. Use of the PCL-M in future studies could explore the impact on trauma scores. Additionally, due to low numbers of female military personnel only male scores were used in the analyses. Future research should look to examine trauma symptoms in female personnel.

**Conclusion**

The current study found a negative association between trauma symptoms and relationship satisfaction in a sample of Australian military couples, with couple communication a partial mediator of this relationship. Female positive communication accounted for a large proportion of the variance between males’ trauma symptoms and females’ relationship satisfaction. Male negative communication was associated with higher relationship satisfaction in males, an unexpected effect suggesting that negative communication is not necessarily detrimental to relationship satisfaction. These findings are in need of replication, however suggest that communication behaviors usually considered to be negative might be adaptive in some couples. Consequently, RE programs that focus on reducing communication labelled as negative might be unhelpful. The way communication is addressed in the Couple CARE programs (Halford et al., 2006), encouraging couples’ reflection and self-selection of communication enhancement goals, seems appropriate given this finding. For military couples, RE that encourages partners to engage in open discussion about their experiences during deployment, even with some negativity, might enhance relationship satisfaction for both partners.
References


Appendix B

<table>
<thead>
<tr>
<th>Summary Code</th>
<th>Code</th>
<th>Code Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative listener</td>
<td>Disagree</td>
<td>Direct disagreement with partner</td>
</tr>
<tr>
<td></td>
<td>Justify</td>
<td>Defence of own behavior or position through denial or justification</td>
</tr>
<tr>
<td></td>
<td>Withdraw</td>
<td>Verbal or nonverbal lack of participation in the conversation</td>
</tr>
<tr>
<td>Negative speaker</td>
<td>Criticize</td>
<td>Negative judgement, condemnation or devaluation of partner</td>
</tr>
<tr>
<td></td>
<td>Negative suggestion</td>
<td>Indicates need or desire for change in destructive or demanding way</td>
</tr>
<tr>
<td>Positive listener</td>
<td>Agree</td>
<td>Agreement with what the partner has previously said</td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>Positive regard, acknowledgment and empathy for partner and their position</td>
</tr>
<tr>
<td>Positive speaker</td>
<td>Self-disclose</td>
<td>Direct expression of own feelings and thoughts where self is revealed</td>
</tr>
<tr>
<td></td>
<td>Positive suggestion</td>
<td>Statements or questions that offer specific, realistic change possibility</td>
</tr>
<tr>
<td>Positive neutral</td>
<td>Describe</td>
<td>Neutral statements or questions which describe event or issue</td>
</tr>
<tr>
<td>Negative affect</td>
<td></td>
<td>Angry or depressed voice tone, expression, posture, movement</td>
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<tr>
<td>Positive affect</td>
<td></td>
<td>Excited or relaxed voice tone, expression, posture, movement</td>
</tr>
<tr>
<td>Variable</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------</td>
<td>-----</td>
</tr>
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<td>1. Male trauma symptoms</td>
<td>24.23</td>
<td>8.50</td>
</tr>
<tr>
<td>2. Male negative affect</td>
<td>8.69</td>
<td>7.27</td>
</tr>
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<td>3. Male positive communication</td>
<td>24.33</td>
<td>11.25</td>
</tr>
<tr>
<td>4. Female positive communication</td>
<td>25.44</td>
<td>12.17</td>
</tr>
<tr>
<td>5. Male negative communication</td>
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<td>10.01</td>
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<tr>
<td>6. Female negative communication</td>
<td>12.39</td>
<td>9.49</td>
</tr>
<tr>
<td>7. Male relationship satisfaction</td>
<td>61.55</td>
<td>11.72</td>
</tr>
<tr>
<td>8. Female relationship satisfaction</td>
<td>60.50</td>
<td>12.11</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01

Appendix B
Table 3

*Multilevel Model Prediction of Couple Relationship Satisfaction from Trauma Symptoms and Communication*

<table>
<thead>
<tr>
<th>Model</th>
<th>Model entry statistic</th>
<th>Predictor</th>
<th>MLM Coefficients (standard error)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chi-square</td>
<td>df</td>
<td>Predictor</td>
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<tr>
<td>Main effect</td>
<td>11.61*</td>
<td>2</td>
<td>Male trauma symptoms</td>
</tr>
<tr>
<td>Mediation</td>
<td>93.48*</td>
<td>8</td>
<td>Male trauma symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male positive communication</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Female positive communication</td>
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<td></td>
<td></td>
<td></td>
<td>Male negative communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Female negative communication</td>
</tr>
</tbody>
</table>

* p < .05; df = degrees of freedom
Appendix C


CHAPTER 17

Dyadic Coping in Australian Couples

Melissa G. Bakhurst
W. Kim Halford
This chapter explores the ways in which dyadic coping influences the adjustment of Australian couples and reports on the first study to assess dyadic coping and apply the systemic-transactional model (STM; Bodenmann, 2005) in Australian couples, within a sample of Australian military couples. We begin by describing the characteristics of Australian couple relationships, followed by the distinctive benefits and challenges of the military lifestyle for couples. The relevance of dyadic coping to understanding how couples adapt to the military lifestyle is explored, and then data is presented on the association of dyadic coping with relationship adjustment. We conclude by analyzing the implications of a dyadic coping focus for couple relationship education.

**Couple Relationships in Australia**

Australian couples have some characteristics that are distinctive from other countries. Relative to the United States, where much couple research has been conducted, there are low levels of religiosity in marriage among Australians (Australian Bureau of Statistics, 2010; United States Census, 2012). Specifically, nearly 70% of all Australian couples marry in civil ceremonies rather than religious ceremonies, whereas only 30% of U.S. marriages are civil ceremonies (Australian Bureau of Statistics, 2010; United States Census, 2012).

Relative to the 27 member countries of the Organisation for Economic Co-operation and Development (OECD) Australia has a relatively high fertility rate (1.9 children per woman), which is above the OECD average (1.7) and close to the replacement rate (2.1) (OECD, 2011). The rate of adult women in the workforce is 66.2%, has been rising steadily since the 1960s, is now well above OECD average (59.6%), and is similar to the United States (62.2%), although part-time work is more common among Australian women with young children than in other developed countries (OECD, 2011).

Cohabiting couples constitute about 17% of Australian couple households, which is substantially higher than in the United States (about 12%), and similar to countries like Denmark, France and Finland (OECD, 2011). Moreover, more than 80% of Australian couples married in the last 20 years cohabited before marriage (Hewitt & Baxter, 2015). For most couples cohabitation is a transitional phase and within five years couples tend to either marry (40% of couples) or separate (45% of couples), with only 15% of couples continuing long-term cohabitation beyond a five year period (Hewitt & Baxter, 2015).

Under Australian law couples who live together for two years are of very similar status to married couples, with regards to financial and legal matters (Hewitt & Baxter, 2015). For example, cohabiting partners are recognized for spouse entitlements in terms of employment benefits, death and disability entitlements, retirement benefits, and access to the Family Court to resolve separation disputes. At the same time, cohabiting and marital couple relationships have some distinctions. In Australia cohabiting couples break up at much higher rates than married couples, which is
suggested to reflect less partner commitment to cohabiting than married relationships, and lower constraint commitment (i.e., separate assets, less likely to have children together) (Hewitt & Baxter, 2015).

Same-sex marriage is not recognized in Australia, although Australian cohabiting same-sex couples have the same legal rights as cohabiting heterosexual couples. In the 2011 Australian census, there were 33,714 self-identified same-sex couples, a threefold increase since the 1996 census. This increase likely reflects the increasing willingness of same-sex couples to make their relationships public, both by living together and reporting this (Australian Bureau of Statistics, 2012). Same sex couples are 1.6% of all couple households for partners aged 18-35 years, but only 0.1% of couple households for partners aged 55+ (Australian Bureau of Statistics, 2012), suggesting a generational change in the likelihood of openly cohabiting in same-sex relationships. Assuming these trends continue, the number of same-sex couples is likely to increase substantially in Australia across the next two decades.

Australia is a multicultural society with people tracing their ancestry to more than 140 other countries, with the three most widely spoken languages being English, Chinese and Italian (Australian Bureau of Statistics, 2012). Australia’s population is growing quite quickly relative to most other developed countries, in part due to the high fertility rate and in part because of relatively high rates of immigration; more than 30% of the population was born outside Australia (Australian Bureau of Statistics, 2012). Australia’s multicultural nature is underscored by the fact that more than 30% of Australian couples are classified as intercultural (i.e., consisting of partners from different cultural backgrounds), which is similar to the rates of intermarriage in the most culturally diverse regions of the world such as Singapore, Taiwan, and Hawaii (Hiew, Halford & Liu, 2014).

In summary, Australian couples can be characterized as low on religiosity, high on rates of cohabitation, high on numbers of children and dual career families, and high on cultural diversity with high rates of intercultural relationships. Cohabitation is the most common pathway into committed couple relationships, with high rates of break up among such couples. There is a rapidly increasing number of cohabiting same-sex couples.

**Support in romantic relationships.** These couple characteristics suggest a particular importance for dyadic coping in Australian couples. Support from family and friends for less religious couples, cohabiting couples, same-sex couples, and intercultural couples is often lower than for religious, married, heterosexual, intracultural couples (Halford, 2011). Consequently partners are often more reliant on each other for support in the face of stress, as they lack supplementary support. Moreover, other characteristics suggest Australian couples often face significant external stresses that they must manage together. For example, the high Australian fertility rates combined with workforce participation rates result in large numbers of dual career
families (OECD, 2011), who often struggle with balancing work and family demands. Intercultural couples sometimes struggle with reconciling different cultural standards for how couple relationships should be, as well as different cultural based styles of intimate communication, which might explain elevated rates of separation relative to intracultural couples (Hiew, Halford & Liu, 2014). Same-sex couples often are exposed to homophobic discrimination that is associated with high risk of relationship distress (Frost & Meyer, 2009) in the face of external judgement and disapproval of their relationship.

In the current chapter we present the first research study that looked at dyadic coping behaviors in Australian couples. As noted previously, data was collected in a sample of Australian military couples. As military couples have a distinctive lifestyle, and experience challenges distinctive from those of the broader population of Australian couples, we consider these distinctive characteristics before presenting the results of the study.

**Australian Military Couples**

Military couples in Australia have a number of protective relationship factors that include stable employment, financial benefits and access to health care (Defence Force Recruiting, 2014). Military personnel are screened for mental and physical health problems during recruitment (Cardona & Ritchie, 2007), and members have good health in comparison to the general population (Waller & McGuire, 2011). Military couples are nonetheless exposed to a number of stressors that have the potential to erode couple relationships (Allen, Rhoades, Stanley, & Markman, 2011). Military couples relocate frequently, causing potential social and employment difficulties for spouses and children (Castaneda & Harrell, 2008). These frequent relocations are disruptive to military spouses’ careers, with Australian Defense spouses out of work an average of 5.4 months following relocation (Department of Defence, 2012). Frequent absences and irregular hours mean the non-military spouse often has to take primary responsibility for child care (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008). Military personnel are often away on training exercises and deployments, putting couples at risk of emotional disconnect (Everson & Herzog, 2011).

A number of Western countries (the U.S., the U.K., Australia, Canada, New Zealand, Denmark, Spain, the Netherlands, and others) have deployed large numbers of troops to Iraq or Afghanistan since 2001. Australia, with a relatively small military, has deployed approximately 33,000 members (Waller, Kanesarajah, Zheng, & Dobson, 2013). Wartime deployments put members at risk of serious injury or death, as spouses at home fear for the safety of their loved ones (Allen et al., 2011). Personnel who return home with physical disabilities may experience strain in their couple relationship, as both spouses deal with the loss of independence associated with the caregiver-patient relationship (Centre for Military and Veterans’ Health, 2010). Deployments also put personnel at risk of mental health problems and other trauma-related issues, such as intimate
partner violence and substance abuse (Jacobson et al., 2008; Taft, Walling, Howard, & Monson, 2011). In particular there are high rates of Posttraumatic Stress Disorder (PTSD) among returning military personnel, and the presence of PTSD is associated with low relationship satisfaction among military couples (Allen et al., 2011; Miller, Schaefer, Renshaw, & Blais, 2013), and elevated psychological distress in spouses (McGuire et al., 2012). In addition to personnel with clinical PTSD, many more military personnel retiring from deployment experience sub-clinical elevations of trauma stress symptoms (e.g., emotional numbing, hyperarousal) that are associated with low relationship satisfaction (Nelson Goff, Crow, Reisbig, & Hamilton, 2007; Renshaw, Blais, & Caska, 2011).

Although all Western armed forces share similar strengths and challenges as a result of service, the situation for military couples varies somewhat across different countries. For example, military couples in the U.S. often have the opportunity to live on military bases with support from other military personnel close at hand (U.S. Army, 2014). In contrast, Australian military couples most often live in the community and are at higher risk of becoming isolated following relocation, and consequently relying more on their spouse for support. On the other hand, Australian military personnel earn higher wages than many other international forces (Defence Force Recruiting, 2013) and are likely to have fewer financial stressors than military families in countries like the U.S., where the baseline military income is much lower (Defense Finance and Accounting Service, 2014).

In summary, Australian couples differ from couples around the world in a number of important ways. Overall low religiosity, paired with high prevalence of cohabitation, same-sex and intercultural couples, put some Australian couples at increased risk of relationship distress. Australian military couples have distinctive strengths and challenges to their relationships in addition to those faced by civilian couples, such as financial stability, frequent relocations and time apart. These stressors differ slightly from those experienced by other Western military couples, giving Australian military couples a distinctive risk and resiliency profile.

**Couples’ Coping with Stress**

Dyadic coping has been consistently linked to high couple relationship satisfaction (Bodenmann, Meuwly, & Kayser, 2011; Herzberg, 2013; Papp & Witt, 2010). Dyadic coping skills may prove especially useful for military couples because they face a number of external stressors; external stressors are those due to factors outside of the relationship, e.g., work stress, that can spill over into the relationship and cause negative interactions (Bodenmann & Randall, 2012). Although there is currently no research in this area, in this section we discuss the ways that military couples might use dyadic coping to deal with the stresses of the military lifestyle.
As noted earlier, military personnel are typically relocated every few years (Castaneda & Harrell, 2008). Dyadic coping could involve the spouses each expressing the way they are feeling about these relocations to their partner, developing a shared understanding of the challenges for them as a couple through this communication, and then jointly developing and implementing agreed on solutions. For example, after such a discussion the military spouse might help their partner to find new social connections by introducing them to the partners of fellow military personnel. In this way, both spouses work together to cope with relocation challenges, ensuring one partner does not feel alone in coping with their situation.

Deployment is a major stressor for personnel, who must live and work in a war zone, as well as their spouses and families, who fear for their safety (Allen et al., 2011). One area in which couples can dyadically cope is by jointly deciding what to communicate while apart. Military personnel are often exposed to traumatic experiences during deployment. Some personnel might wish to discuss these experiences with their spouse, but some personnel avoid such disclosure (Balderrama-Durbin et al., 2013). The spouses might seek disclosure from their partner, or might feel unable to deal emotionally with these stories and avoid such discussion. Moreover, personnel might feel guilt and helplessness if their spouse is struggling to cope with loneliness, misbehaving children, or other crises while they are overseas on deployment. If couples talk about the expected challenges before the deployment, and discuss ground rules for communication when separation occurs, they often can reach a mutually acceptable agreement about how to best cope dyadically. For example, agreeing only to discuss deployment experiences in general terms and not getting into details of events. Similarly, there might be agreement to only discuss major problems (e.g., a serious illness) and leaving less critical issues (e.g., minor child misbehavior) until they are reunited.

Reintegration after deployment is another key time for military couples to utilize dyadic coping. Military personnel often struggle to fit back into their family after a long separation, while civilian spouses have become accustomed to a new lifestyle and can find it difficult to readjust to living with their partner. Couples can use dyadic coping here by speaking openly to each other about what they are finding stressful, and come up with joint strategies for coping during this adjustment period. Military personnel dealing with trauma-related symptoms who discuss their experiences during deployment with their spouse tend to adjust better (Monson et al., 2012), and couples who discuss the military spouse’s combat experiences have higher relationship satisfaction (Balderrama-Durbin et al., 2013). It seems likely that civilian spouses who show empathy can aid in the recovery process by allowing their partner to emotionally process their traumatic experiences and feel supported. Civilian spouses can also contribute to their partners’ recovery by ensuring they support graded exposure to feared situations. For example, if the military spouse is anxious in large
crowds, the civilian spouse might prompt and support graduated attempts to enter and manage that anxiety-eliciting situation. In contrast, well-meaning offers to support military personnel avoiding feared situations (e.g., the spouse doing all the shopping alone) inadvertently prevent exposure and hinder their partner’s recovery. Military couples can benefit from psycho-education that addresses these issues and provides guidelines for couples on how to dyadically cope with the challenges of deployment and reintegration.

**Supportive and Common Dyadic Coping in Australian Military Couples**

As described in Chapter 1, the STM perspective of dyadic coping (Bodenmann, 2005) differentiates between supportive and common dyadic coping. Supportive dyadic coping refers to behaviors displayed by an individual in an attempt to support their partner. Common dyadic coping involves the couple working together to overcome stressors, by developing potential strategies and deciding together on an appropriate solution. Here we present new data attained from a sample of Australian military couples, which assessed the association of supportive and common dyadic coping with relationship satisfaction.

Couples were recruited as part of a larger program of research evaluating, within a randomized controlled trial, Couple CARE in Uniform (Halford & Bakhurst, 2013). Couple CARE in Uniform is an adaptation of the Couple CARE relationship education program (Halford, 2011), with the adaptation paying particular attention to the external challenges faced by military couples such as separations, relocations and deployment. The Couple CARE programs are similar to the Couple Coping Enhancement Training (CCET) of Bodenmann and Shantinath (2004) (see Chapter 5 for more information). Both programs use cognitive-behavioral techniques to facilitate change in couples, with Couple CARE focusing on self-regulation in partners, while CCET places an emphasis on how dyads manage stress. Data reported here are based on assessments completed by couples before they began relationship education. The male and female partner in each couple rated their own and their spouse’s dyadic coping behaviors, and each partner reported on their relationship satisfaction. This enabled us to use one partner’s reports of dyadic coping to predict the other partner’s relationship satisfaction. This method circumvents the limitations of common method variance, in which one person’s report of behavior is used to predict their own outcome. Positive associations were expected between (a) an individual’s dyadic coping behaviors, as reported by their partner, and their relationship satisfaction (an actor effect); (b) an individual’s self-reported dyadic coping behaviors and their partner’s relationship satisfaction (a partner effect), and (c) an individual’s self-evaluation of the couple’s conjoint dyadic coping behaviors and their partner’s relationship satisfaction.

**Study sample.** Participants were 32 couples in which one or both partners were members of the Australian Defence Force (ADF). Inclusion criteria for the study were that couples had been
married or cohabiting for at least six months, and that neither partner was currently receiving psychological therapy for an individual or couple-related issue. Participants were recruited through articles in ADF newsletters and magazines, flyers, presentations to military units, and radio interviews.

Participants’ mean age was 34.3 years (SD = 9.0) for men and 32.8 years (SD = 9.0) for women. Twenty-seven couples were married (84.4%) and five were cohabiting (15.6%). Couples had been married/cohabiting for an average of 5.9 years (SD = 7.9), with relationship length varying from 0 to 38 years. Four couples were dual military couples (both partners were members of the ADF), with the remaining 28 couples consisting of one military member and a civilian spouse. All but one of these couples consisted of a male military member and a female civilian spouse. Of the military personnel who took part in the study, there were 18 Army (50%), 11 Air force (31%) and 7 Navy personnel (19%).

Measures. As part of a broader program of research, couples completed a battery of assessment measures assessing the couple relationship, dyadic coping and individual adjustment. Here we only describe the measures relevant to the current study. Relationship satisfaction was measured by the 16-item Couples Satisfaction Index of Funk and Rogge (2007). Individuals obtain a global satisfaction score ranging from 0-81, with higher scores indicating high satisfaction with the relationship. Scores below 52 are considered to indicate clinical levels of couple distress. Internal reliability was high at α = .96.

The Depression Anxiety Stress Scales – 21 (DASS21) (Lovibond & Lovibond, 1995) were administered to describe the individual adjustment of the partners. The 21 items were rated from 0 (Did not apply to me at all) to 3 (Applied to me very much, or most of the time) and consisted of statements such as “I felt that I had nothing to look forward to” and “I felt scared without any good reason”. Participants received a score for each sub-scale, as well as a total score reflecting their overall distress. Higher scores reflect a greater number of symptoms. Internal reliability was high, α = .89 for males and α = .88 for females.

The Dyadic Coping Inventory (DCI) (Bodenmann, 2008) was administered to assess the individual’s supportive dyadic coping, their evaluation of their partner’s supportive dyadic coping, and the couple’s common dyadic coping. For a description of the DCI, see Chapter 3. Internal reliabilities were high for all three sub-scales: α=.75 for males and α=.82 for females on self-report of own supportive dyadic coping; α=.85 for males and α=.87 for females on report of partner supportive dyadic coping, and α=.81 for males and α=.89 for females on common dyadic coping.

Procedure. Couples expressed interest in the study by contacting the researchers by email or telephone. The lead researcher then contacted couples by phone for an initial screening interview, to discuss what participation would involve and to assess their suitability for the study. Eligible
couples who chose to proceed were sent informed consent documents by post. Once consent was received, couples were emailed a link to the online survey. Each partner was instructed to complete the survey individually. Ethical approval for the study was received by the Human Research Ethics Committee at the University of Queensland and the Australian Defence Human Research Ethics Committee.

**Data Analysis.** In order to examine the association of dyadic coping with relationship satisfaction in military couples we conducted a gender-specific, couple-level multi-level model (MLM) analysis using MLwiN (Rasbash, Charlton, Browne, Healy, & Cameron, 2005). We first analyzed the association between supportive dyadic coping and satisfaction, and then common dyadic coping and satisfaction. In order to reduce the possibility of spurious associations resulting from common method variance, we used one partner’s report of dyadic coping to predict the other partner’s satisfaction. Specifically, we predicted male relationship satisfaction from the female partner’s reports of the male spouse’s dyadic coping (an actor effect), the female partner’s report of her own dyadic coping (a partner effect), and the female partner’s report of the couple’s common dyadic coping. Conversely, we predicted female relationship satisfaction from the male partner’s reports of the female spouse’s dyadic coping (an actor effect), the male partner’s report of his own dyadic coping (a partner effect), and the male partner’s report of the couple’s common dyadic coping. The equations for the model tested are as follows.

\[
\text{Relationship satisfaction}_{ij} = [\beta_{\text{male}_{0i}} + \beta_{\text{female}_{1i}}] + [\text{male. male\_dyadic\_coping}_{i} + \text{female. female\_dyadic\_coping}_{i} + \text{male. female\_dyadic\_coping}_{i} + \text{female. male\_dyadic\_coping}_{i} + \text{male. conjoint\_dyadic\_coping}_{i} + \text{female. conjoint\_dyadic\_coping}_{i}]
\]

In the above equation male and female are dummy variables that create the gender specific estimates, and \(\beta_{\text{male}_{0i}} + \beta_{\text{female}_{1i}}\) represent the intercepts of satisfaction for men and women, respectively. Male. male\_dyadic\_coping\(_i\) and female. female\_dyadic\_coping\(_i\) are the actor effects of male and female dyadic coping, respectively. Male. female\_dyadic\_coping\(_i\) and female. male\_dyadic\_coping\(_i\) are the partner effects of male and female dyadic coping, respectively. Male. conjoint\_dyadic\_coping\(_i\) and female. conjoint\_dyadic\_coping\(_i\) are the effects of common coping on male and female relationship satisfaction, respectively.

**Study results.** Table 1 presents the means, standard deviations and correlations between dyadic coping and relationship satisfaction in the sample. Mean scores on relationship satisfaction are similar to the population means described by Funk and Rogge (2007). Scores on the DASS reflect low levels of anxiety, depression and stress. Male and female relationship satisfaction was highly correlated, as was common dyadic coping. There was no correlation within couples between
male and female psychological distress, and small to moderate correlation between partners on individual dyadic coping. Dyadic coping showed high correlation with relationship satisfaction, but dyadic coping and psychological distress were not correlated.

As is conventional with MLM (Singer & Willet, 2003) we developed the model sequentially. We began first by estimating the unconditional model. Men had an overall mean CSI satisfaction of 62.0 (SE = 2.0), and women a mean of 61.0 (SE = 2.1). As we had both cohabiting and married couples we wanted to test if this variable influenced couples’ relationship satisfaction. We entered marital status as a dummy variable (cohabiting = 0, married = 1), and found it did not significantly predict relationship satisfaction, $\chi^2 (2) = 0.090, p = .955$. Following usual MLM conventions (Singer & Willet, 2003) we removed the non-significant marital status term.

We entered the supportive dyadic coping terms as a block, and then the common dyadic coping as a block, to predict relationship satisfaction. Table 2 presents the results of these analyses. As shown, supportive dyadic coping significantly predicted satisfaction, and then entering common dyadic coping further enhanced prediction of satisfaction. However, once common dyadic coping was entered, none of the supportive dyadic coping terms predicted satisfaction. We then entered common dyadic coping first, and then entered supportive dyadic coping actor and partner effects after common dyadic coping. Adding supportive dyadic coping actor and partner effects after common dyadic coping did not significantly enhance prediction of satisfaction, $\chi^2 (4) = 3.01, p = .556$. Thus, the final equation was the one shown at the bottom of Table 2, in which both male and female relationship satisfaction are significantly predicted by common dyadic coping. It is important to remember these associations are not due to common method variance resulting from reports by just one person, as male reports of common dyadic coping are predicting female satisfaction, while female reports of common dyadic coping are predicting male satisfaction.

In order to give an estimate of effect size for the effect of common dyadic coping on relationship satisfaction, we used the final equation in Table 2 to estimate the male and female relationship satisfaction for couples with common dyadic coping 1 SD above, and 1 SD below, the sample mean on dyadic coping. Figure 1 displays the estimated satisfaction levels. The difference between the high and low dyadic coping couples in relationship satisfaction was 13.4 points for men, and 19.3 points for women. Based on a standard deviation of 17 on the CSI as reported by Funk and Rogge (2007), these differences correspond to large effect size differences, $d = .79$ and $d = 1.14$, for male and female satisfaction, respectively.

Appendix C
The study replicated prior research (Bodenmann et al., 2011; Herzberg, 2013; Ruffieux et al., 2014) showing a robust association between dyadic coping and couple relationship satisfaction. The current study suggests that common dyadic coping is more strongly associated with relationship satisfaction than supportive dyadic coping. Implementing joint coping strategies might result in feelings of teamwork and togetherness that contribute further to the enhancement of relationship satisfaction. For military couples, working together to overcome the challenges of military service likely results in the development of strategies that suit both partners. Due to the distinctive challenges faced by military couples, it is not clear whether these results generalize to all Australian couples.

Implications for Practice

Most existing couple relationship education (RE) programs encourage spouses to provide support to one another during times of stress. Adding promotion of common dyadic coping might enhance the benefit of RE for couples. Specifically, it seems potentially useful to teach couples techniques that involve discussing problems together, developing a shared understanding of the situation (i.e., we-stress) and the various options available to them, and deciding together on which approach to take. Future research should seek to test whether changes in common dyadic coping mediate enhanced satisfaction in couples after RE.

As mentioned previously, this sample was recruited as part of a randomized controlled trial of couple relationship education tailored to address the distinctive challenges for military couples. The adapted program, Couple CARE in Uniform (Halford & Bakhurst, 2013), contained several additional exercises on military-specific stressors and various strategies that couples could use to cope with these stressors together. The exercises encouraged couples to use their time together to develop strategies that they could implement during their next separation. For example, one exercise explored how the couple communicated while separated; couples discussed the pros and cons of different approaches, before agreeing on an approach that worked best for them as a couple. Similar techniques were used to explore challenges of the homecoming phase, such as re-establishing intimacy and reintegrating into the family routine. Thus, our adaptation of Couple CARE for military couples tries to promote common dyadic coping to help couples manage military life. Minor adaptation of this dyadic coping focus could also be used with non-military couples. For example, couples managing the transition to parenthood can benefit from dyadic coping with the considerable demands of caring for a baby (Petch, Halford, Creedy, & Gamble, 2012).

Implications for Research

The data with Australian military couples extended prior work in three important ways. First, by using one partner’s report of dyadic coping to predict the other partner’s relationship satisfaction, it was shown that the association of dyadic coping with relationship satisfaction is not
just an artifact of common method variance resulting from having one person’s report to assess the predictor and criterion variables. Second, it showed that the prior work on dyadic coping and relationship satisfaction generalizes to Australian military couples, a population of couples with significant external stresses to manage. Third, it considered the relative contribution of supportive dyadic coping and common dyadic coping, showing the latter has the strongest association with relationship satisfaction.

A key limitation of the current study was that it was cross-sectional, which prevents any conclusion on the causal effects of dyadic coping on relationship satisfaction over time. However, as noted previously, incorporating promotion of common dyadic coping into RE and testing its effect could test causal models. The sample was made up of largely married, heterosexual couples, limiting generalizability to the wider population. Future studies should look to include cohabiting, intercultural and same-sex couples in order to be more representative of the Australian population. The couples in the current study were also presenting for RE, and therefore might not be representative of all Australian military couples. Across studies evaluating RE, couples who present typically over-represent the couples at high-risk of future relationship problems (Halford & Bodenmann, 2013). However, high risk couples are those most likely to show the largest benefits from RE (Halford & Bodenmann, 2013), so the predictors of satisfaction in these couples are of particular relevance to planning interventions.

Conclusion

Couples in Australia face a number of distinctive challenges, such as those faced by dual career families, and high rates of intercultural relationships. There has been a dearth of research on dyadic coping in Australian couples, but the data presented in this chapter is a start to such research. Consistent with earlier research we found a strong association between common dyadic coping behaviors and relationship satisfaction. The sample consisted of Australian military couples, who face distinctive challenges in navigating the relocations, separations and deployments characteristic of military life. Given the distinctiveness of military couples, the generalizability of the current results to the wider Australian population is unclear. However, couples who cope with stress together appear to have healthier and happier relationships, therefore including these techniques in relationship education may be important in enhancing and maintaining relationship quality.
References

Appendix C


Appendix C


Table 1
*Correlation between Dyadic Coping and Relationship Satisfaction in Australian Military Couples*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Satisfaction</td>
<td>62.0</td>
<td>11.8</td>
<td>61.0</td>
<td>12.2</td>
<td>0.66*</td>
<td>-0.34</td>
<td>0.40*</td>
<td>0.56*</td>
<td>0.57*</td>
<td></td>
<td></td>
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<tr>
<td>2. Distress</td>
<td>8.8</td>
<td>7.3</td>
<td>8.9</td>
<td>6.9</td>
<td>-0.33</td>
<td>-0.23</td>
<td>-0.01</td>
<td>-0.22</td>
<td>-0.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Actor supportive dyadic coping</td>
<td>40.8</td>
<td>7.3</td>
<td>40.8</td>
<td>6.6</td>
<td>0.45*</td>
<td>-0.25</td>
<td>0.32</td>
<td>0.63*</td>
<td>0.72*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Partner supportive dyadic coping</td>
<td>43.3</td>
<td>5.1</td>
<td>42.5</td>
<td>5.0</td>
<td>0.36*</td>
<td>-0.24</td>
<td>0.74*</td>
<td>0.42*</td>
<td>0.70*</td>
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<td></td>
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<tr>
<td>5. Common dyadic coping</td>
<td>16.3</td>
<td>4.7</td>
<td>15.8</td>
<td>3.5</td>
<td>0.63*</td>
<td>-0.11</td>
<td>0.58*</td>
<td>0.58*</td>
<td>0.74*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05; correlations above the diagonal are for male partners, below the diagonal for female partners, and on the diagonal show correlation between male and female partners on the same variable; relationship satisfaction and psychological distress are self-report, dyadic coping variables are all spouse report.*
Table 2
Multilevel Model Prediction of Couple Relationship Satisfaction from Supportive and Common Dyadic Coping

<table>
<thead>
<tr>
<th>Block</th>
<th>Block entry statistic</th>
<th>Predictor</th>
<th>MLM Coefficients (standard error)</th>
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<tr>
<td></td>
<td>Chi-square</td>
<td>df</td>
<td>Male</td>
<td>Female</td>
<td></td>
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<tr>
<td>Supportive dyadic coping</td>
<td>18.38*</td>
<td>4</td>
<td>Actor</td>
<td>0.122 (.302)</td>
<td>0.710 (.431)*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partner</td>
<td>1.172 (.428)*</td>
<td>0.191 (.580)</td>
</tr>
<tr>
<td>Common dyadic coping</td>
<td>11.92*</td>
<td>2</td>
<td>Actor</td>
<td>-0.193 (.333)</td>
<td>0.098 (.422)</td>
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<td></td>
<td></td>
<td>Partner</td>
<td>0.794 (.455)*</td>
<td>-0.133 (.525)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Common</td>
<td>1.042 (.563)*</td>
<td>2.150 (.680)*</td>
</tr>
<tr>
<td>Common dyadic coping</td>
<td>31.99*</td>
<td>2</td>
<td>Common</td>
<td>1.435 (.363)*</td>
<td>2.168 (.481)*</td>
</tr>
</tbody>
</table>

*p < .05 – one tailed tests; df = degrees of freedom
Figure 1

*Effect of Common Dyadic Coping on Couple Relationship Satisfaction*
Appendix D


Relationship Education for Military Couples:
A Randomized Controlled Trial of the Effects of Couple CARE in Uniform

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Abstract

Military life can place excess strain on couple relationships. The Couple CARE relationship education program was tailored to address the challenges of military couples. Thirty-two Australian military couples participated in a feasibility study assessing the Couple CARE in Uniform adaptation against an active control. Relationship satisfaction and communication improved in both conditions, with no significant difference between the conditions. Modest power and high relationship satisfaction on presentation might have contributed to the null results. However, Couple CARE in Uniform had significantly higher consumer satisfaction than the control condition, suggesting it is a program worthy of further evaluation.
Relationship Education for Military Couples:

A Randomized Controlled Trial of the Effects of Couple CARE in Uniform

Military couples experience challenges that are distinctive from those experienced by civilian couples. For example, military couples typically relocate to a new military posting every few years, and have frequent separations due to military training, exercises, and deployments. The current paper describes adapting a flexible delivery relationship education program called Couple CARE, which couples can complete at home, for use with a military population. The paper then reports the results of a feasibility trial of that adaptation, called Couple CARE in Uniform, with a sample of Australian military couples.

Military Lifestyle

Military couples have a number of distinctive strengths and challenges in their relationships. Stable employment, subsidized housing, financial incentives and cost-free support services (Defence Force Recruiting, 2014; U.S. Army, 2014) provide couples with protective factors against relationship distress (Karney, Loughran & Pollard, 2012). However, military families typically relocate every few years, which often leads to employment difficulties for the non-military spouse. In interviews with over one thousand U.S. military spouses, over 60% believed that being a military spouse had a negative impact on their employment (Castaneda & Harrell, 2008). Following relocation, Australian military spouses are unemployed an average of 5.4 months (Department of Defence, 2012). It also impacts on children, with most U.S. military children moving six to eight times between kindergarten and high school graduation (Sherman & Bowling, 2011).

Separations due to training, exercises and deployments can cause emotional disconnection in couples (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004). During overseas operations the military spouse is often exposed to traumatic experiences, which are associated with high rates of posttraumatic stress disorder (PTSD), substance abuse, and intimate partner

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violence (Foran, Heyman, & Slep, 2011). Estimates of the prevalence of PTSD range from 11.2 to 24.5% in U.S. personnel (Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Milliken, Auchterlonie, & Hoge, 2007), and about 8.3% in Australian personnel (Defence Health, 2015). The presence of PTSD is strongly associated with low relationship satisfaction (Allen, Rhoades, Stanley, & Markman, 2011) and elevated psychological distress in non-military spouses (McGuire et al., 2012). Moreover, large numbers of military personnel suffer posttraumatic stress symptoms at subclinical levels, and also report lower couple satisfaction than military couples without those symptoms (Bakhurst, Halford, & McGuire, 2015; Nelson Goff et al., 2007). Reintegration after a long separation also presents challenges, as each partner deals with the aftermath of any trauma, and learns to be part of a family again (Bowling & Sherman, 2008). These challenges are particularly marked in the last 15 years with the high tempo of military deployments since 2001 (de Burgh, White, Fear, & Iversen, 2011).

**Relationship Education – Research with Civilian and Military Couples**

Relationship education (RE) is a couple intervention that aims to teach the knowledge and behaviors needed to maintain mutually satisfying, long-term relationships (Halford & Bodenmann, 2013). The skills taught in RE vary somewhat across evidence-based programs. For example, *Couples Coping Enhancement Training* (CCET; Bodenmann & Shantinath, 2004) focuses on individual and conjoint coping with stress; the *Prevention and Relationship Education Program* (PREP; Markman, Stanley, & Blumberg, 2010) places emphasis on the prevention of destructive conflict, and *Couple Commitment and Relationship Enhancement* (Couple CARE; Halford, Moore, Wilson, Dyer, Farrugia, & Judge, 2006) focuses on developing each partners’ ability to implement self-change. At the same time evidence-based RE programs have some targeted skills in common (e.g., teaching effective communication, conflict management and positive intimacy).
Numerous trials of RE programs have been conducted with civilian couples. A meta-analysis by Hawkins, Blanchard, Baldwin and Fawcett (2008) of 117 published and unpublished trials found small to moderate effect size immediate benefits of RE, with effect sizes of $d = .30$ to $d = .36$ for relationship quality and $d = .43$ to $d = .45$ for communication. However, the main intent of RE is to help couples sustain relationships long-term, and there are only a modest number of RE trials with long-term follow-up. In a review of 17 RE studies with minimum 12 month follow-up, RE helped couples in maintaining relationship satisfaction in all but three studies, with the strongest effects seen in couples at higher risk of relationship distress (Halford & Bodenmann, 2013). One index of high risk was couples experiencing significant life change or stress, which suggests that RE might be of particular value to military couples given the challenges of military life for couple relationships.

There has been one published randomized controlled trial of RE conducted with military couples. PREP for Strong Bonds is an adaptation of the well-known PREP program tailored for use with a military population. PREP was tailored to include topics such as expectations for deployment, discussing bad news, and strategies for reintegration after separation (Stanley et al., 2014). The program involved approximately 14 hours of intensive group-based skills training, and was delivered by Army chaplains on base during work hours. A trial of the program with 662 married U.S. Army couples saw mixed results. The intervention reduced rates of divorce in high-risk couples at a two-year follow-up (8.1% in PREP vs 14.9% in control), but no effects were found on relationship satisfaction (Stanley et al., 2014). Communication skills were also significantly improved at post-test (Allen, Stanley, Rhoades, Markman, & Loew, 2011), although this effect attenuated by follow-up.

The small mean immediate effect size of RE has been a source of debate in the literature. Some have argued that RE as currently practiced is a weak intervention, and that there needs to be a fundamental overhaul of theory that guides RE and the content of

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programs (Johnson & Bradbury, 2015). Others have suggested that RE can have substantial effects, but tends to do so selectively for particular couples (Halford & Bodenman, 2013). Considerable evidence supports the latter view. Ceiling effects seem to prevent initially highly satisfied couples from showing much improvement after RE (Halford & Bodenmann, 2013), and there is a replicated finding that couples with low satisfaction receiving RE showed moderate immediate increase in relationship satisfaction after RE, whereas those with high satisfaction showed little to no change (Halford et al., 2015). Although RE is primarily intended for satisfied couples, these results suggest that RE might also function as an accessible and cost-effective intervention for couples entering the early stages of distress. Halford and Bodenmann (2013) also argue that longer term benefits of RE are more easily detected in couples at higher risk of relationship distress (e.g., those with family-of-origin parental divorce or violence), as these couples show a larger natural decline in satisfaction over time, in contrast to lower risk couples who might remain stable even in the absence of RE. Consistent with this proposition of a selective effect of RE, risk moderates the effects of RE with moderate to large effects evident for high-risk couples two to four years after RE (Allen, Rhoades, Stanley, Loew, & Markman, 2012; Halford, Sanders & Behrens, 2001; Petch, Halford, Creedy, & Gamble, 2012).

**Flexible-delivery RE.** Wide dissemination of RE is hindered by the barriers that prevent couples presenting for face-to-face interventions, which constitute the most common means to provide RE (Halford, Markman, & Stanley, 2008). For some couples, having to organize childcare and find the time to attend multiple appointments can stop them from participating (Sullivan & Bradbury, 1997), while others are deterred by the thought of discussing their relationship in front of strangers (Halford & Simons, 2005). Perhaps as a consequence, couples are more likely to read books or access a web site on RE than attend face-to-face RE (Doss, Rhoades, Stanley & Markman, 2009). Barriers to RE attendance are
likely particularly relevant for military couples, who face the added challenge of frequently being separated from their spouse, being sent away with little notice, irregular working hours, and privacy concerns related to their service. Many military couples might be well suited to flexible-delivery RE, which allows couples to work on programs from home in their own time. Couples complete program content either online or using take-home audio-visual materials, and communicate with a relationship educator using telephone or online video conferencing. Giving couples added flexibility, privacy, and reducing perceived inconvenience might be helpful in RE delivery to military couples.

The Couple CARE program by Halford and colleagues (2006) was the first flexible-delivery RE program and has been the most widely researched to date. Couple CARE involves use of a DVD and guidebook. Couples work through six units from home at a semi-structured pace, with coaching sessions with a relationship educator by telephone or video-conference. The details of the Couple CARE program can be found in Halford, Moore, Wilson, Farrugia and Dyer (2004). There are three randomized controlled trials of Couple CARE showing it enhances relationship satisfaction more than a wait list control (Halford, Moore, Wilson, Farrugia, & Dyer, 2004), or relationship assessment and feedback (Halford et al., 2010; Halford et al., 2015). Moreover, the Couple CARE program has been adapted to meet the needs of different populations. For example, *Couple CARE for Parents* (CCP) is a modification of Couple CARE designed to address the challenges of new parenthood. CCP significantly enhances couples’ relationship satisfaction across the transition to parenthood (Halford, Petch & Creedy, 2010; Petch et al., 2012).

**Adapting Couple CARE for Military Couples – Couple CARE in Uniform**

In the current study the flexible-delivery Couple CARE program was tailored for use with military couples. The aim in the program was to provide general RE plus assist couples to manage military-specific situations. Content was modified to address the distinctive
military lifestyle and the challenges associated with relocation, separation and deployment. Specifically, early in the program couples were asked to consider the positive and negative impact of the military lifestyle on their relationship, and to identify any specific problem areas they wished to work on. This allowed their educator to place emphasis on relevant content in future sessions. Military-relevant content included communicating during separations (training and deployments), and deciding on what/what not to discuss while separated. Pre-existing content on partner mutual support and caring was altered to focus on challenges surrounding separations and deployments, reviewing strategies used for coping while separated, psycho-education on the effects of trauma, how to support each other during the reintegration phase, and fitting back into the family after a long separation.

Consistent with the educational design of Couple CARE (Halford et al., 2004), a self-directed learning approach was used in which ideas and skills were introduced, couples discussed their thoughts on the range of possible strategies, and developed individual plans to apply their self-selected strategy. This approach is argued to assist partners to develop the meta-competency of self-regulation of the couple relationship, as couples are practicing identifying areas of potential enhancement in their relationship, and devising self-change plans to achieve that enhancement. Much of the content of Couple CARE in Uniform was the same as the original Couple CARE, except that military examples and terminology were added throughout to make content more salient to military couples. The original guidebook was edited to feature photos of military families, with the military spouses in uniform, with quotes from military couples being used to illustrate issues.

Most RE trials have used a wait list or no treatment control (Halford & Bodenman, 2013), however most couples who elect to participate in RE trials do so in order to receive an intervention. Consequently those assigned to the control condition are often disappointed and drop out of the study, resulting in high and unequal attrition between groups (Halford et al.,
2008). Reading a relationship self-help book was selected as the control intervention for the current study. This gave couples a relationship enhancement intervention, and allowed assessment of whether the structured Couple CARE program provided additional benefit above the minimal but widely-used intervention of reading a self-help book.

**Aims and Hypotheses**

Existing research shows that RE can be effective in enhancing relationship outcomes for couples from many different walks of life, and suggests that RE might be a useful tool for military couples in addressing the distinctive challenges they face. However, there has only been one published study evaluating RE for military couples. In the current study a feasibility randomized controlled trial of the Couple CARE in Uniform program was conducted with a sample of Australian military couples, to determine whether military couples would find the content helpful and show benefit from RE tailored to address their distinctive needs and lifestyle. This trial extends the existing RE literature in three important ways. First, this is only the second randomized controlled trial of RE to be conducted with military couples, and the first to test the acceptability and feasibility of a flexible-delivery RE program designed for this population. Second, the only existing evaluation of RE did not have an active control (Stanley et al., 2014). This is common in much RE research, but it is important to compare RE with active comparison conditions to test for specific effects of RE (Halford & Bodenmann, 2013). Finally, the current study is the first to assess observed communication in military couples, which has been recommended as mean to assess observable change (Halford, Markman, Kline, & Stanley, 2003). Based on previous trials of the Couple CARE program, it was hypothesized that couples receiving Couple CARE in Uniform would increase in relationship satisfaction relative to control couples (Hypothesis 1). It was also predicted that Couple CARE in Uniform would improve communication (Hypothesis 2). Finally, it was expected that Couple CARE in Uniform would produce higher consumer
satisfaction with the program than for control couples who received self-directed reading (Hypothesis 3). The third hypothesis assessed the extent to which couples undertaking Couple CARE saw it as relevant and helpful to them, as we saw such face validity as important to establish before a large scale trial of the program.

**Method**

**Participants**

Participants were 32 couples in which one or both partners were members of the Australian Defence Force (ADF). Inclusion criteria for the study were that couples had been married or cohabiting for at least six months; both partners were over 18 years of age; both partners stated a willingness to participate; and that neither partner was currently receiving psychological therapy for an individual or couple-related issue.

Thirty-two couples were recruited and completed pre-program assessments. The progress of couples through the study can be found in Figure 1. Eight couples withdrew during the course of the program; of these couples, three were separated due to military exercises and deployments, while five stated they were unable to find the time to complete the program tasks. A further two couples completed their allocated program but declined to participate in post-intervention assessments, leaving 22 couples with post-intervention data. A six-month follow-up survey was administered; only 11 couples responded leaving this wave of data with low power to detect effects. A further six couples provided partial data (i.e., one partner completed the survey), one couple declined assessment, and five couples were unable to be contacted.

Participants’ mean age was 34.3 years ($SD = 9.0$) for men and 32.8 years ($SD = 9.0$) for women. Table 1 presents the demographic characteristics of the sample by condition. As shown most couples were married (85%). Couples had been married/cohabiting for an
average of 5.9 years ($SD = 7.9$), with relationship length ranging from 0 to 38 years. Four couples were dual military (both partners were members of the ADF), with the remaining 28 couples consisting of one military member and a civilian spouse. All but one of these couples consisted of a male military member and a female civilian spouse. Of the military personnel who took part in the study, there were 18 Army (50%), 11 Airforce (31%) and 7 Navy personnel (19%). The majority of couples (81%) had experienced deployment, with at least one partner having been sent overseas on operations.

**Measures**

**Self-report measures.** Relationship satisfaction was measured by the 16-item Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007) at each timepoint (pre-intervention, post-intervention and follow-up). Statements pertaining to the individual’s relationship are rated on a 1-5 scale, e.g., “my relationship with my partner makes me happy”. Individuals obtain a global satisfaction score ranging from 0-81, with higher scores indicating higher satisfaction with the relationship. Scores below 51.5 indicate couple distress (Funk & Rogge, 2007). Internal reliability was high at $\alpha = .95$.

The Consumer Satisfaction Questionnaire (CSQ; Nguyen, Attkisson, & Stegner, 1983) was administered post-intervention to assess participants’ satisfaction with the RE program they received. The scale consisted of 8 items rated on a 1-4 scale, e.g., “to what extent did the program meet your needs?”. A global satisfaction score is generated, with high scores indicating high consumer satisfaction with the program. This scale had high internal reliability, $\alpha = .90$ for males and $\alpha = .87$ for females.

Participants completed the 12-item Relationship Status Inventory (RSI; Weiss & Cerreto, 1980) at each time point to assess relationship stability. The RSI is a true/false scale using items that assess steps taken towards separation, e.g., “I have set up an independent bank account in my name as a measure of protecting my own interests”. Scores range
between 0-12, with higher scores indicating higher instability. Internal reliability for the RSI was acceptable for males (α=.69) but low for females (α=.48).

The Conflict Tactics Scale – Short Version (CTS-10; Halford, Farrugia, Lizzio, & Wilson, 2010) is a 10-item version of the scale by Straus, Hamby, Boney-McCoy and Sugarman (1996), which uses the most frequently endorsed items of psychological and physical aggression to give a very brief screen for interpartner violence. Five items relate to behaviors by the respondent toward their partner, e.g., “do you ever yell at your partner?”. A further 5 items relate to behaviors perpetrated by the partner toward the respondent, e.g., “does your partner ever push, hit or slap you?”. The CTS-10 was administered at pre-intervention and follow-up to screen for intimate partner violence. Participants rate abusive behaviors on a 4 point scale for how often they had occurred in their relationship over the past six months (0 = Never, 1 = Once, 2 = Twice, 3 = More than twice). We used the scale to classify whether there was reported violence perpetrated by the respondent, or toward the respondent.

**Observational measure of couple communication.** Couples’ communication was assessed both before and after participation in the program, by having couples engage in a 10 minute discussion about an issue about which they disagreed. These discussions were audio-recorded and coded using the Brief KPI (Halford, Sanders & Behrens, 2001), an adaptation of the Kategoriensystem für Partnerschaftliche Interaktion [Couple Interaction Coding System] (Hahlweg et al., 1984). Each 30 second interval was coded for the occurrence of any positive speaker behavior (description, positive solution), any positive listener behavior (acceptance, agreement), any negative speaker behavior (criticism, disagreement) and any negative listener behavior (justification, withdrawal), as well as the occurrence of positive and negative voice tone. Definitions of each code can be found in Table 2. The derived score for each partner was the percentage of intervals during which that partner was observed using each category
of behavior (i.e., positive speak, positive listen, negative speak, negative listen, positive affect and negative affect). These scores have been shown to discriminate between distressed and satisfied couples, and to be sensitive to change from couple education (Halford et al., 2010; Halford, Sanders & Behrens, 2001).

Two research assistants coded all couple interactions. Both coders were blind to the experimental condition of the couple, and whether the interaction took place before or after the program. Coders received two full days of training in the coding system and were supervised throughout the coding process. Inter-coder agreement was high, with intra-class correlation coefficients (ICC) as follows: ICC = .72 for positive speaking, ICC = .90 for positive listening, ICC = .74 for negative speaking, ICC = .79 for negative listening, ICC = .95 for positive affect, and ICC = .81 for negative affect.

An overall positive communication score was created by calculating the average of the positive speaking, positive listening and positive affect scores. Similarly, an overall negative communication score was created by calculating the average of the negative speaking, negative listening and negative affect scores. These summary variables were used as the outcome variables in this study, in order to decrease the risk of type 1 error that can occur with large numbers of outcome variables (Heyman, 2001).

**Relationship Educators**

The relationship educators in this study were postgraduate students in clinical psychology (10 females, 2 males) at The University of Queensland. Educators received credit towards their required supervised hours of clinical practice for their work on the study. Educators took part in a full-day training workshop on administering the Couple CARE in Uniform program, as well as collecting couple data and facilitating the reading control condition. Educators were given training and had discussion across a three hour block on the distinctive lifestyle and needs of military couples, in order to enhance their understanding and
ability to relate to couples. The workshop included didactic presentations, demonstrations and role-playing exercises to allow educators to practice their new skills. The first author of this paper is a military member and spouse, and one of the educators had previously served in the military, and these people also provided additional mentoring on ensuring the content addressed military service issues for couples. Supervision sessions were conducted every other week by the second author and another senior clinical psychologist, both of whom had over 15 years of experience delivering relationship education, in order to provide additional training and support for educators for the duration of the study.

**Couple CARE in Uniform**

The Couple CARE in Uniform program is a military-specific adaptation of the Couple CARE program. The content of this program was described in the introduction. Couples in the Couple CARE in Uniform condition were sent a program DVD and workbook by mail. Couples completed one of the six units in the workbook each week before a one-hour session with their educator, conducted using internet-based video conferencing. This resulted in approximately two hours of work per week for a total of six weeks. If the couple had not completed the homework by their weekly session, the session was rescheduled and the educator worked with the couple to overcome any barriers preventing them from completing the work. The mean time taken to complete the program was 9.6 weeks ($SD = 3.8$).

Couples in the control condition were sent a copy of the book *12 Hours to a Great Marriage* (Markman, Stanley, Blumberg, Jenkins, & Whiteley, 2004), which describes similar skills to those covered in Couple CARE. Couples were instructed to read two chapters of the book per week for six weeks, matching the time intensity of the intervention condition but without guidance from their educator. Couples had a brief telephone session with their educator halfway through the program. The purpose of this check-in was so that educators could assess the couples’ engagement with the book. Some couples had not read the
prescribed number of chapters at the check-in, and for them the educator led a problem-solving discussion to overcome potential barriers. After approximately six weeks, all couples in the control condition completed the post-intervention interview, regardless of how many chapters they had read. One of the limitations of a self-directed approach is that some couples struggle to maintain their motivation in the program. The current study assessed whether the more structured approach of Couple CARE in Uniform produced more change in couples than the unstructured approach of reading a book containing similar content, the latter being something couples can access easily and cheaply.

**Procedure**

Participants were recruited through articles in Defence newsletters and magazines, flyers distributed within military communities, presentations to military units and welfare officers, and radio interviews. The recruitment target was set at N = 60 couples, in order to acquire a high level of statistical power for data analysis. However, after an eight month recruitment period (March - October 2013) all resources were exhausted, and recruitment ceased after reaching N = 32 couples.

Couples expressed interest in the study by contacting the researchers by email or telephone. The lead researcher then contacted couples by phone for an initial screening interview. Eligible couples were sent informed consent documents by mail. Once consent was received, couples were emailed a link to the online pre-intervention survey, which each partner was instructed to complete individually. After completing the pre-intervention survey, blocks of two couples were assigned to a relationship educator. One couple within each block of two couples was randomly allocated (by the flip of a coin) to each of the two conditions by the first author. Thus, each educator had an equal number of couples in each condition. The educators received the couple allocation to condition in a sealed envelope, which they only opened once the couple had completed a pre-intervention interview (see below).
All couples completed a pre-intervention interview, either face-to-face in the Psychology Clinic, or via internet-based video conference. During the interview educators took a brief relationship history, discussed what the couple wanted to gain from the program, explored if they had any concerns about completing the program, and had couples complete the 10 minute discussion task. Couples attending the clinic conducted the discussion with their educator leaving the room. Couples completing their interview online commenced their discussion after their educator stated they would leave the call, and these discussions were recorded using an online digital recorder. All couples were stopped by their educator once 10 minutes had lapsed, and debriefed on how they thought the discussion had gone.

Once the pre-intervention assessment was complete, the educator informed the couple of their condition, and negotiated a time for their next contact. Approximately eight weeks later, after couples had completed their allocated program, the educator conducted a post-intervention interview, either face-to-face in the clinic, or online. Couples discussed with their educator the program and its impact on their intimate relationship, such as what the couple enjoyed about the program, which skills they found most useful, and how they felt their relationship had changed as a result of taking part. They then completed another discussion task. Couples were sent a link to complete a post-intervention survey online. Couples were contacted by email approximately six months after completion of the program, and invited to complete a follow-up survey. Those not completing the assessment were prompted with up to two telephone calls. The last wave of data was collected in June 2014.

Conduct of the study was reviewed and approved by the Human Research Ethical Review Committee at The University of Queensland and the Australian Defence Human Research Ethics Committee. The study was registered with the Australian and New Zealand Clinical Trials Registry (ACTRN12612000167864).

Data Analysis
To estimate the effects of Couple CARE in Uniform relative to the control condition we conducted three separate three-level multi-level model (MLM) analyses using MLwiN on the key outcome measures of relationship satisfaction, positive communication, and negative communication (Rasbash, Charlton, Browne, Healy, & Cameron, 2005). MLM was chosen as the method of analysis in order to take into account the interdependence of dyadic data. Time formed level 1 (coded 0 = pre-intervention, 1 = post-intervention and 2 = six month follow-up), which was clustered within partners (level 2), who were clustered within couples (level 3). Treatment condition was added (0 = reading control, 1 = Couple CARE in Uniform) as a couple-level predictor. A mixed ANOVA of Condition (Couple CARE in Uniform) by Gender, with the latter factor being a within-subjects factor, was conducted to assess whether mean consumer satisfaction differed significantly between the conditions, or by gender. In this analysis the couple is conceptualized as the unit of analysis, and partners are seen as repeated measures of the couple as suggested by Kraemer and Jacklin (1979).

Results

There were no significant differences between conditions on any of the demographic variables. Means and standard deviations for relationship satisfaction, positive communication and negative communication at each time point are presented in Table 3. Coefficients from the MLM analyses can be found in Table 4. Three couples (9%) reported one incident of physical violence in their relationship over the past six months, while a further three couples (9%) reported two or more occurrences. There was a low mean of relationship instability in our sample (see Table 3). While we originally intended to examine interpartner aggression and relationship stability as outcome measures, floor effects prohibited us from examining these as outcomes.

Results of the MLM for condition for each of the outcome measures are summarized in Table 4. The grand mean of relationship satisfaction in the current sample was similar to
the population mean of 61 (SD = 17) described by Funk and Rogge (2007). As is conventional in MLM, the model was developed sequentially (Singer & Willett, 2003), beginning with a partitioning of the variance. The unconditional growth model models the trajectory of change across time without the effect of condition, and it showed there was a significant main effect of time on relationship satisfaction $\chi^2 (1) = 4.61 \ p < .05$, with a small but reliable increase of 4.36 points, $z = 2.16, \ p < .05, \ d = .26$ from pre-intervention to six month follow-up. In the next step of the analysis condition was entered to the model. As shown in Table 4, there was no effect of condition, with no reliable difference between conditions in pre-intervention satisfaction, or in extent of change in satisfaction from pre-intervention to follow-up.

There was no fixed effect of time on positive communication, $\chi^2 (1) = 0.15, \ p = .70$, reflecting no reliable change in mean positive communication from pre-intervention to post-intervention. As shown in Table 4, there was no effect of condition. Thus, positive communication was unchanged by intervention. There was a trend for a fixed effect of time on negative communication, $\chi^2 (1) = 3.28, \ p = .07$, suggesting a modest overall decrease in negative communication scores from pre-education to post-education across both conditions, $z = 1.83, \ p = 0.07$. Condition predicted negative communication, $\chi^2 (2) = 13.61 \ p < .05$. Despite random assignment, couples in the Couple CARE condition were more negative in communication before intervention than control couples. There was a reliable decrease in negative communication within the control couples, and no reliable difference between conditions in the extent of decline across time. Thus, couples across both conditions tended to decrease their negative communication.

Supplementary MLM analyses were conducted on each of the outcome variables to test whether there was main effect of gender, or if gender moderated any effect. In each of...
these analyses gender was added as a dummy variable (0 = male, 1 = female). None of these analyses were significant, with males and females showing similar changes across time.

The two-way ANOVA of condition by gender, with gender as a within-subjects factor, showed couples in the Couple CARE in Uniform condition were significantly more satisfied with the program they received ($M = 29.0$, $SD = 3.0$) than couples in the reading control condition ($M = 24.6$, $SD = 3.3$), $F(1,19) = 14.38$, $p = .001$, $d = 1.4$. There was no main effect of gender, $F(1,19) = .06$, $p = .818$, or interaction of condition by gender, $F(1,19) = .94$, $p = .345$. Thus, men and women were equally satisfied with the programs they received. It is noteworthy that the Couple Care in Uniform couples rated the program a mean of 29 out of a maximum possible 32, suggesting that the military adaptation of the Couple CARE program was seen as relevant and helpful by couples.

**Discussion**

The current study tested the efficacy of a relationship education (RE) program tailored for military couples. The first hypothesis, which predicted an increase in relationship satisfaction for Couple CARE couples relative to control couples, was not supported. Couples in both conditions showed modest increases in relationship satisfaction at six month follow-up, with no difference in the change between groups. The second hypothesis, which predicted enhanced communication skills for Couple CARE couples relative to control couples, was also not supported. There was no reliable increase in positive communication for couples in either condition. Couples in both groups decreased their use of negative communication, but there was no difference in the change between conditions.

Consistent with Hypothesis 3, Couple CARE in Uniform couples reported greater consumer satisfaction than control couples with the program they received, despite the equivalence of relationship outcomes (communication and relationship satisfaction) from the two programs. The positive consumer evaluation was also reflected in comments made by
participants in their post-intervention interviews with their educator, and in unsolicited emails received by the research team. One ADF member commented “the lessons we learnt help my wife and I communicate and deal with the trials and tribulations of life in the forces”. One female spouse most enjoyed “being able to work [through] the exercises in [their] own time, then talk[ing] with the educator”. Other participants stated that they thought the “program was excellent”, and one ADF member was “surprised by how much [he] enjoyed the program”. One couple, in giving their suggestions for how the program might be improved, requested more military-specific content, stating that “dealing with separation needs more focus” and the program could “go into more depth with the military [content]”. The book used in the reading control condition did not contain any military-specific content. Although the Couple CARE in Uniform program did not outperformed the control condition on the measured relationship outcomes, participants preferred the additional support and attention provided by educators, the more interactive nature of Couple CARE, and the military-specific content.

Enhancing Satisfaction and Communication: Are Self-directed Approaches Sufficient?

The lack of differential effects of Couple CARE in Uniform from the control condition might be attributable to the modest power of the current study. Previous research with larger samples found Couple CARE for civilians produced larger increases in relationship satisfaction than low intensity control interventions like guided reading (Halford et al., 2015) or assessment and feedback (Halford et al., 2010). At the same time it is noteworthy that the increases in satisfaction observed in the control condition in the current study are similar to the small effect size increases in relationship satisfaction noted in initially satisfied couples with skill-based relationship education (Halford & Bodenmann, 2013). In the absence of a no intervention control it is not possible to conclude that the controlled reading program had a positive effect. However, Rogge, Cobb, Lawrence, Johnson and
Bradbury (2013) found that couples who watched and discussed movies about intimate relationships reaped similar benefits to couples receiving skill-based RE. There is considerable debate in the literature around whether active skills training such as that included in Couple CARE in Uniform is necessary (e.g., Markman & Rhoades, 2012; Rogge, Cobb, Lawrence, Johnson, & Bradbury, 2013). Perhaps couples investing effort in their relationship, and discussing relationship issues, might be enough to enhance couple outcomes. The control condition in the current study had couples read and discuss topics similar to those covered in the Couple CARE program, and that might have been beneficial. Future RE research should include active controls.

Another possible explanation for the lack of differential effect between conditions is that the couples in our sample were quite satisfied in their relationships before starting the program. Skill-based RE tends to produce larger short-term effects on satisfaction in couples with low relationship satisfaction (Halford et al., 2015). It may be that highly satisfied couples show little benefit from RE in the short term, or that any changes are not detected by existing measures of relationship satisfaction, which have low sensitivity for discriminating between couples at the high end of the satisfaction range (Funk & Rogge, 2007). Even in the absence of immediate effects of RE, RE effects might be evident with longer follow-up, possibly selective effects with high-risk couples.

As with satisfaction, there was a lack of differential effects for communication between conditions in the current study. Couples in both conditions showed no changes in positive communication, and similar decreases in their negative communication. In previous Couple CARE trials, intervention couples decreased their negative communication significantly more than control couples (Halford et al., 2010). The similar reductions in negative communication across conditions might reflect any of three possibilities. First, there might be similar benefits of guided reading (the recommended book had a strong focus on
reducing negative communication) to Couple CARE. Alternatively, the modest power of the study might have failed to detect real differences. Finally, the high mean rates of positive communication, and low mean rates of negative communication, before education might have limited the potential impact of the intervention. There might be a selective effect of education with couples with more negative communication, and this possibility could be tested in future research.

Limitations

One limitation of the current study was the lack of long-term follow-up. As RE aims to prevent the deterioration in satisfaction that often occurs long-term in couple relationships, long-term follow-up is required in order to allow deterioration in control couples to occur. Moreover, selective effects of RE in high-risk couples are easier to detect than universal effects (Halford & Bodemann, 2013). The current study evaluated universal effects across military couples. The only previous trial of RE with military couples found a selective benefit of RE with high risk couples (Allen et al., 2012). Hence future research needs to evaluate long-term effects of RE with military couples, and to test for potential selective effects.

Recruitment and retention difficulties. Attrition in the current study, combined with low initial recruitment numbers, resulted in lower than desired statistical power. Despite expanding the recruitment period to eight months, the final number of couples recruited into the trial of Couple CARE in Uniform fell short of the target of 60 couples. Of the couples recruited, 25% dropped out of the study before finishing their allocated intervention, with a further 22% lost or electing not to participate in follow-up.

There are number of reasons why couples are hesitant to participate in RE; these include concerns for privacy, unwillingness to discuss ones relationship with a stranger, the belief that there is no need to fix something that is not broken, and the fear that relationship education may raise problems where none currently exist (Halford, 2004; Simons, Harris, &
The concept of a stepped intervention is one plausible solution for increasing RE participation in military couples. Providing universal offering of brief RE reduces stigma; lower intensity interventions have wider appeal and couples are less likely to feel that by participating they are suggesting there is something wrong in their relationship. Selective targeted intervention is then offered only to couples at high risk of relationship distress, ensuring higher intensity interventions are offered only to those most likely to benefit (Halford & Bodenmann, 2013).

Another potential influence on RE recruitment is the level of military support. Trials of PREP for Strong Bonds with the U.S. Military conducted part of the intervention during working hours, meaning personnel were paid for their participation and at least one partner was relieved of having to use up limited spare time to take part (Stanley et al., 2010). The Timor-Leste Family Study (McGuire et al., 2012) utilised ADF nominal roles in their recruitment efforts to contact families directly. These studies had high levels of military support which likely assisted greatly in recruitment and attrition of participants. The current study had support from the ADF in gaining ethical approval and access to personnel. In future trials, full military support with regard to the dissemination of programs during work hours might be especially beneficial for recruitment.

The attrition rate from Couple CARE in Uniform (35%) was slightly higher than in previous Couple CARE trials with civilian couples (attrition 15 to 20%). However given the modest sample size in the current study this might not be a reliable difference. Nonetheless, some couples did report that work-related time demands and separations interfered with them completing parts of the program. Anecdotally, across years of delivering Couple CARE, we have found that interruptions that led to gaps of two weeks or more between completing units often lead couples to drop out from the program. Couple CARE in Uniform has the potential to be a valuable contribution to the suite of services available for ADF personnel and their
families, however the attrition experienced in this trial suggests a modified approach might be needed. Future trials should look at offering the same content in an intensive workshop format with subsequent booster sessions, in order to lower attrition.

**Conclusion**

This study compared the efficacy of Couple CARE in Uniform with a reading control in a sample of Australian military couples, one of a very small number of studies to compare relationship education with an active control. Couples improved in relationship satisfaction and communication across both conditions, with no reliable difference between the two conditions. The Couple CARE in Uniform program was rated much higher in consumer satisfaction than the control condition. Sample size limited the ability to detect significant effects between conditions. The results suggest that Couple CARE in Uniform is feasible to deliver, is valued by those couples who complete it, and it is a potentially valuable program that is worthy of further evaluation. Future research should use active control conditions, long-term follow-up, and assess for possibly selective effects of RE in military couples.
References


Appendix D


Canberra, Australia: Department of Defence.


Appendix D


Appendix D


Appendix D
Figure 1

CONSORT Flowchart – Randomized Controlled Trial of Couple CARE in Uniform

Appendix D
### Table 1

*Participant Baseline Demographics by Condition*

<table>
<thead>
<tr>
<th></th>
<th>Couple CARE (n = 17)</th>
<th></th>
<th>Control (n = 15)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Age (years)</td>
<td>34.5 (8.3)</td>
<td>32.9 (8.0)</td>
<td>34.2 (10.0)</td>
<td>32.7 (10.2)</td>
</tr>
<tr>
<td>Married (%)</td>
<td>14 (82%)</td>
<td>1 (6%)</td>
<td>13 (87%)</td>
<td></td>
</tr>
<tr>
<td>Duration of relationship (years)</td>
<td>4.9 (4.4)</td>
<td>6.9 (10.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member of ADF (%)</td>
<td>17 (100%)</td>
<td>1 (6%)</td>
<td>14 (93%)</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>Deployed overseas (%)</td>
<td>14 (82%)</td>
<td>1 (6%)</td>
<td>12 (80%)</td>
<td>2 (13%)</td>
</tr>
</tbody>
</table>

Note: Means and Standard deviations (in parentheses) for continuous variables, number and percentage (in parentheses) for categorical variables.
Table 2

Brief KPI Codes and Definitions

<table>
<thead>
<tr>
<th>Summary Code</th>
<th>Code</th>
<th>Code Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative listener</td>
<td>Disagree</td>
<td>Direct disagreement with partner</td>
</tr>
<tr>
<td></td>
<td>Justify</td>
<td>Defense of own behavior or position through denial or justification</td>
</tr>
<tr>
<td></td>
<td>Withdraw</td>
<td>Verbal or nonverbal lack of participation in the conversation</td>
</tr>
<tr>
<td>Negative speaker</td>
<td>Criticize</td>
<td>Negative judgement, condemnation or devaluation of partner</td>
</tr>
<tr>
<td></td>
<td>Negative suggestion</td>
<td>Indicates need or desire for change in destructive or demanding way</td>
</tr>
<tr>
<td>Positive listener</td>
<td>Agree</td>
<td>Agreement with what the partner has previously said</td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>Positive regard, acknowledgment and empathy for partner and their position</td>
</tr>
<tr>
<td>Positive speaker</td>
<td>Self-disclose</td>
<td>Direct expression of own feelings and thoughts where self is revealed</td>
</tr>
<tr>
<td></td>
<td>Positive suggestion</td>
<td>Statements or questions that offer specific, realistic change possibility</td>
</tr>
<tr>
<td>Positive neutral</td>
<td>Describe</td>
<td>Neutral statements or questions which describe event or issue</td>
</tr>
<tr>
<td>Negative affect</td>
<td></td>
<td>Angry or depressed voice tone, expression, posture, movement</td>
</tr>
<tr>
<td>Positive affect</td>
<td></td>
<td>Excited or relaxed voice tone, expression, posture, movement</td>
</tr>
</tbody>
</table>

Appendix D
<table>
<thead>
<tr>
<th>Measures</th>
<th>Couple CARE</th>
<th>Reading Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male Pre</td>
<td>Male Post</td>
</tr>
<tr>
<td>Relationship size</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Relationship satisfaction</td>
<td>64.65</td>
<td>68.18</td>
</tr>
<tr>
<td>(10.64)</td>
<td>(8.18)</td>
<td>(7.32)</td>
</tr>
<tr>
<td>Relationship stability</td>
<td>1.35</td>
<td>.82</td>
</tr>
<tr>
<td>(1.80)</td>
<td>(1.08)</td>
<td>(.38)</td>
</tr>
<tr>
<td>(2.83)</td>
<td>(1.98)</td>
<td>(2.74)</td>
</tr>
<tr>
<td>Satisfaction with program</td>
<td>28.64</td>
<td>-</td>
</tr>
<tr>
<td>(3.04)</td>
<td>(2.95)</td>
<td>(4.30)</td>
</tr>
<tr>
<td>Positive communication</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Negative communication</td>
<td>13.21</td>
<td>13.68</td>
</tr>
<tr>
<td>(10.11)</td>
<td>(13.08)</td>
<td>(10.80)</td>
</tr>
</tbody>
</table>

Appendix D
## Table 4

*Multi-level Modelling Coefficients predicting Relationship Satisfaction and Communication by Condition*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Condition effect</th>
<th>Control Condition</th>
<th>Difference between Control and Couple Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\chi^2$ (df = 2)</td>
<td>Pre-RE</td>
<td>Change</td>
</tr>
<tr>
<td>Relationship satisfaction</td>
<td>2.97</td>
<td>59.91 (1.92)</td>
<td>4.16 (1.61)*</td>
</tr>
<tr>
<td>Positive communication</td>
<td>5.92</td>
<td>26.46 (2.22)</td>
<td>4.99 (3.80)</td>
</tr>
<tr>
<td>Negative communication</td>
<td>13.61*</td>
<td>9.67 (1.70)</td>
<td>-7.33 (2.90)*</td>
</tr>
</tbody>
</table>

* $p < .05$; Pre-RE = estimated mean before relationship education. Change is scale points change from pre-RE to post-RE.
“I know people say you have to work at a relationship, but I’m really not sure how to work at it. What do I do?”

Lisa, age 25, engaged to be married

“I’m so excited about our relationship and the future. But I can’t help being a bit scared too. Will it last? I really hope so.”

John, age 45, recently married for the second time

“We get on really well, we have many common interests and our personalities are similar. I think we communicate well. I think we resolve conflicts well. How can I be sure, though? And what if things change?”

Sue, age 33, in a committed relationship for two years

“We only got married last year. John means so much to me. Over the past year I’ve learned a lot about the importance of being aware of the way I am in my relationship and some ways of improving things by actually making changes to my own behaviour. Couple CARE triggered off lots of these ideas.”

Janice, age 49, married

“I used to think relationships should just happen naturally. After Couple CARE I realise there is lots to having a great relationship that you can learn.”

Max, age 28, planning for a future with his partner
ACKNOWLEDGEMENTS

Couple CARE in Uniform is an adaptation of the Couple CARE program. Couple CARE in Uniform was developed by Ms. Melissa Bakhurst and Professor Kim Halford, building upon the original Couple CARE program. The current adaptation retains much of the original program but has modifications to address specific aspects of the military lifestyle.

The original Couple CARE program was developed and evaluated by Professor Kim Halford with psychologist colleagues Ms. Elizabeth Moore, Professor Keithia Wilson, Ms. Carmel Dyer, and Mr. Charles Farrugia when the team worked at Griffith University in Brisbane, Australia. Further evaluation and refinement of the program occurred when Kim moved to The University of Queensland. Subsequently an adaptation of the program entitled Couple CARE for Parents was developed by Professor Kim Halford, Dr. Jemima Petch and Professor Debra Creedy for couples expecting their first child. Couple CARE for Parents was developed while these colleagues worked at Griffith University and then evaluated when they worked first at Griffith University and then at The University of Queensland. Two American versions of the Couple CARE for Parents program have been developed, one for new parents and one for parents of toddlers. These variations were developed in collaboration with Professors Richard Heyman and Amy Slep when they worked first at Stony Brook University and subsequently at New York University. Evaluation of that version is ongoing.

The Australian Research Council, the National Health and Medical Research Council of Australia, and the Center for Disease Control in the United States have supported the research program that developed and evaluated the Couple CARE program, and its variants. We are very grateful for that support.

Across more than 20 years, thousands of couples have entrusted us with the challenge of helping them to enhance their relationships. Some couples came as volunteers in research projects; others simply sought us out for help in making their relationships stronger and more loving. Their openness to consider the possibilities of change instilled in our team a fundamental optimism about improving and sustaining relationship quality.


W. Kim Halford
December 2012.
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WELCOME TO COUPLE CARE

Welcome to Couple CARE, the Couple Commitment And Relationship Enhancement program. We are delighted that you have chosen to work with us on something so important to you: your relationship with your partner. In taking part you are making a positive step to strengthen your relationship.

A great relationship with someone you love brings happiness, support and joy to your life. Most couple relationships start well, and the partners are happy. Many relationships stay happy, at least most of the time. Those couples that stay happy put in some effort in making their relationship work. Couple CARE shows you how to strengthen your relationship and keep it strong and happy.

Unfortunately, quite a lot of couples that start happy in their relationship do not stay that way. In Australia about 40% of marriages end in divorce, and over 60% of all couples that live together break up. In Couple CARE we show you how to have the best chance to avoid future problems. Couple CARE helps you to recognise possible future problems, and how to prevent such problems.

There is no one right way to have a great relationship. So, in Couple CARE you decide how you want your relationship to develop. At the same time, there are common challenges many couples share. In Couple CARE we offer ideas on how to address those challenges and strengthen your relationship. In each unit you are invited to consider the ideas and apply them as you see fit in your relationship.

Couple CARE is for couples in happy relationships. If you have some problems in your relationship, tell your relationship educator. Together you can work out if this program is right for you, or if some other approach would help you improve your relationship.

Couple CARE is based on 25 years of research and practical experience with couples by our team of psychologists. Couple CARE also builds upon work by other teams from right around the world. Research shows that doing this program helps build stronger, more positive relationships. We are constantly seeking to further improve Couple CARE, and welcome your ideas and suggestions. Please write to us with your comments.

We hope you enjoy and benefit from Couple CARE.

W. Kim Halford, PhD., FAPsS.
Professor of Psychology
University of Queensland
St. Lucia QLD 4072
Australia.

on behalf of the Couple CARE team.
WHAT DOES COUPLE CARE INVOLVE?

The Elements of Couple CARE

A DVD

The DVD contains six units. Each unit is about 20 minutes long. In each unit key ideas are introduced and key skills are demonstrated.

A guidebook for life partners serving in the military

The guidebook is also divided into six units. The guidebook helps you apply ideas from the DVD to your own relationship through discussion and practical exercises. The discussion and exercises for each unit take about 45 to 50 minutes to complete.

Help from a relationship educator

A relationship educator will help you work through the program. They will answer any questions you have and help you develop your relationship skills. You can talk to your relationship educator about any problems you are having in practising the skills.

How to Use the DVD and Guidebook

For each of the six units you will need to do the following:

1. Watch the DVD.
2. Work through the activities in the guidebook for that unit.
3. Discuss the ideas and activities with your relationship educator.

Privacy and Using the Guidebook

Some activities in this guidebook you do on your own, and some you do together as a couple. The individual activities are marked ‘on your own’ and the couple activities are marked ‘as a couple’.

Sometimes you will be asked to swap guidebooks with your partner and read what your partner has written. But you will find that you can keep most things that you write in your guidebook private. It is important to respect your partner’s privacy. Please do not read your partner’s guidebook unless your partner invites you to do so.

Doing Couple CARE at Home

Couples can do Couple CARE at home, usually with telephone calls from a relationship educator to assist them to work through the program. Many couples find that they get the most out Couple CARE when they set aside blocks of time each week to work on a unit. They watch the DVD together and then do the activities set out in the guidebook for that unit. Finally, they talk by phone with their relationship educator at a prearranged time. We asked couples who had just finished the program at home for advice to give to a couple who are just starting the program. Most couples advised “Make the time to do it! Try to do it when you’re feeling fresh, and when you won’t be interrupted.”
Unit 1
Self-Change

OVERVIEW

AIMS

Part A  To explore your relationship expectations. “How have my experiences in past relationships influenced my expectations of my relationship now?”

Part B  To help you as a couple develop a shared vision for your relationship. “What sort of relationship do we want to have?”

Part C  To introduce self-change as a way of achieving your relationship vision. “How can I turn our relationship vision into a reality?”

SUGGESTED ACTIVITIES

As you work through Unit 1 the following activities will be suggested:

ON YOUR OWN  A written exercise where you look at how your past relationship experiences influence your relationship expectations today.

AS A COUPLE  You discuss the joint strengths and weaknesses of your expectations.

AS A COUPLE  You discuss how military life has influenced your relationship.

ON YOUR OWN  Write your personal relationship vision.

AS A COUPLE  Discuss your relationship visions.

ON YOUR OWN  Develop a personal change plan on an aspect of your relationship vision.
ACTIVITIES

First, watch Unit 1 of the DVD together.

Part A: Expectations

Everybody comes into a relationship with expectations about how the relationship should be. These expectations often are not spoken about. Sometimes we are not even aware of them. As you saw in the DVD, expectations are often about things like:

- boundaries (how close versus independent you should be)
- power and control (who should make the decisions and how)
- investment (how much you and your partner should put into the relationship)
- gender roles (what men and women should do in the relationship)
- ways of communicating and handling conflict

Where do relationship expectations come from?
Expectations come from the relationship experiences we have had in our lives.

- The people who cared for us when we were young (usually our parents) have a big influence on us. How they behaved towards each other shapes how we think relationships should be.
- Seeing how other couples get on also gives us ideas. The relationships of family and friends teach us about how relationships are. They also shape how we think relationships should be.
- Most people have relationships with other people before making a commitment to their current partner. You probably dated a few people before meeting your current partner. You might have lived with or married someone else.
- As a military couple, your expectations might be influenced by the military lifestyle. For example, you might have to manage long periods apart. The Defence Force makes some important decisions for military couples. For example, where couples live.

Exploring expectations
This activity has 3 parts. (There are spaces over the next few pages to write your answers).

1. First, you please write down, on your own, your relationship experiences. Focus mainly on your family of origin (the people with whom you grew up). After that, we ask you also to reflect on other relationship experiences.
2. Second, please write down, on your own, how these experiences have influenced your relationship expectations. Then you are asked to think about which expectations are helpful, and which are unhelpful, to your relationship.
3. Finally, as a couple, you discuss the strengths and weaknesses of your relationship expectations.
Activity 1.1: My Relationship Experiences

On your own, write down what you saw in your parents’ (or other carers’) relationship when you were growing up. What was their relationship like? (For example, did they argue a lot? Were they affectionate to each other?) If you grew up in a single parent family, what was your mother or father’s relationship like, in general, with other people who were close to them?

My parents’ or carer’s relationship: what was it like?

Let’s get more specific now. What was your parents’ (or other carers’) relationship like when it came to the following?

Boundaries (e.g., Did one or both partners believe they should be very close as a couple? Did one or both partners believe that partners should maintain very independent lives?)

Power and control (Did one partner make most of the decisions, or was decision-making shared equally?)

Investment (e.g., How much time and effort did they invest in their relationship? Did one partner “give” more?)

Gender roles (e.g., In your family of origin did the women tend to do traditional “female” jobs such as cooking and cleaning? Did the men tend to do “male” jobs such as gardening and taking out the garbage? Were they able to be flexible?)
Communication and conflict (e.g., Did they talk a lot or not much at all? Did each person speak respectfully to the other, or did they put each other down? When dealing with conflict did they give each other the silent treatment, store up resentments, or did one partner always give in?)

Now let’s think about other relationships. Are there any other relationship experiences that you think are important? It might be other relationships you have seen, or relationships you have been in. Write down the relationship(s), and what you noticed about this relationship or these relationships. For example, you might have been with a dating partner who drank too much or was aggressive, or you might have seen friends who are very loving in how they talk to each other.

Activity 1.2: My Relationship Expectations

On your own... You have looked at the relationship patterns in your family of origin and in other relationships. How do you think these relationship experiences have influenced you in your relationship now? What effect have they had on your expectations about how relationships should be?

Being part of a military family can have a big influence on your relationship expectations. Write down any ways that you think military life has influenced your relationship.

A POINT TO PONDER

Relationship problems can arise if partners hold extreme expectations. For example, if a partner believes that they should control the relationship.
Some of these expectations could have a helpful effect on your relationship. Other expectations may be unhelpful (for example, if your parents argued a lot, you may avoid discussion of difficult issues).

Write down your thoughts to the following:

My expectations that *help* my relationship include:

________________________________________________________________________

________________________________________________________________________

My expectations that *do not help* my relationship include:

________________________________________________________________________

________________________________________________________________________

**Activity 1.3: Our Relationship Expectations**

*As a couple,* discuss your answers to the following questions.

1. What relationship patterns from your parents’ relationship do you want to transfer to your own relationship? Which patterns would you like to avoid?
2. How do you think your relationship with each of your parents has influenced your emotional health as an adult?

*As a couple,* discuss your answers to the sections “My expectations that *help* my relationship” and “My expectations that *do not help* my relationship” in Activity 1.2. Write down what you see as your joint *strengths* and *areas to work on* in terms of relationship expectations.

As a couple we think our joint strengths are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

As a couple we think areas we need to work on are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Part B: Developing a Relationship Vision

What does a great relationship look like?
So far in this unit you have thought about things that have influenced your ideas about relationships. Having thought about this, we suggest you develop a relationship vision. A relationship vision is:
- A word picture of how you want your relationship to be.
- Something only you can define. Great relationships are not all the same.
- How you would really like to be as a couple.
- Specific. How your ideas show themselves in every day actions.

Activity 1.4: An Example of a Great Relationship
To get started, as a couple, think of a couple you know who have been together at least 5 years and who are happy. What do you like about their relationship? Perhaps this is another military couple. What do you like about how they manage the military lifestyle? Write your ideas below.

Couple (first names)
What we like about how they act as a couple:
Activity 1.5: My Ideas on a Relationship Vision

On your own, write down your ideas for your own relationship vision.

______

Activity 1.6: Our Ideas on a Relationship Vision

Now, as a couple, compare your vision with your partner’s vision. Note down the similarities in your visions. It is likely there will be some differences as well. Just note down the differences and try to understand your partner’s point of view.

Similarities

______

Differences

______

Did you notice some things in your partner’s vision that you liked that were not in your vision? Note them below.

Things I liked in my partner’s vision but hadn’t thought of myself:

______

So, you’ve thought about how you would like your relationship to be. How can you best turn it into a reality? Part C of this unit introduces self-change as a great tool for making your vision come alive now and grow in the future.

A POINT TO PONDER

A relationship vision is not fixed, it develops and changes over time.
Total agreement between the two of you on your relationship visions is not needed, just a commitment to keep talking and thinking.
Part C: Self-Change

A POINT TO PONDER
Keeping a relationship happy for a whole lifetime requires some effort. Your contribution is to focus on what you can do.

What is Self-Change?
Self-change is making changes to your own behaviour to strengthen your relationship. For example, if ‘being loving’ is part of your relationship vision, what specific things can you do, on a day-to-day basis, that will keep your relationship loving?

Self-change has five steps:
1. **DESCRIBE** the issue in clear and specific terms
2. **FOCUS** on your own behaviour
3. **SET GOAL** - set a clear relationship goal
4. **ACTION** - define what you will do
5. **EVALUATE** - how did it go?

**DESCRIBE** involves thinking about how your relationship is going, choosing one thing you want to improve. Focus on key areas that really make a difference to relationships. (The six units of Couple CARE reflect the areas known to be most important in relationships).

**FOCUS** on your own behaviour. You have most influence over your own actions, so think about what you currently do. Examine the pluses and minuses of how you behave. This helps to work out what you can do differently. Focusing on your own behaviour does not mean you ignore what your partner does; however, start with what you do. For example, if your partner is doing something that you want her or him to change, reflect on how you talk to your partner about that issue.

**SET GOAL.** Think about what you want in the relationship. Define what outcome you would like.

**ACT** is defining exactly what you will do to achieve your goal. Set a time for when to act.

**EVALUATE.** Did you do what you said you’d do? What effect did it have on your relationship? Do you need to take further action? For example, if it was helpful, how can you continue to do it? Should you do it a little differently next time?

A POINT TO PONDER
It’s much harder to change someone else’s behaviour; you have much more control over your own.
An example of self-change
Let’s look back at the way the man in the DVD tried to work towards changing himself to improve his relationship. What did he do, and how can you apply these ideas?

**DESCRIBE**

He thought about wanting to have quality time with his wife. He thought about what was happening in the relationship regarding this issue. He described what happened clearly and positively (avoiding blame and negativity).

You can use the same idea and think about something you want to work on in your relationship.

**FOCUS**

He thought about what he was currently doing. He weighed up the pluses and minuses of his attempt to go out with his wife.

You can reflect on what you do at the moment, and the pluses and minuses of what you do.

**SET GOAL**

He chose a goal to try to make things better. His goal was clear and specific.

You need to define what you want to do clearly and specifically.

**ACTION**

He thought about exactly what he wanted to say.

You need to ask yourself:
- What exactly will I do?
- When will I do it?
- Where will I do it?

**EVALUATE**

Afterwards he thought about how it went.

After you try a self-directed change, you might like to ask yourself these questions:
- Did I do what I meant to?
- What were the effects (positive and negative) of my actions?
- If it went well, how will I continue the changes made?
- If it did not work out, how can I adjust my plan and try again?
Let's look closely at what is meant by some of the terms we've used in defining self-change:

In Step 1 you are asked to define the issue *clearly* and *positively*. In Step 4 you are asked to define an action plan. The action plan needs to be *specific, realistic, and time-limited*. Table 1.1 defines what we mean by these words, and gives examples.

Table 1.1

<table>
<thead>
<tr>
<th>Definition</th>
<th>Poor Example</th>
<th>Good Example</th>
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<tbody>
<tr>
<td><strong>Clear</strong>: being specific and concrete about what happens and when.</td>
<td>We sometimes fight.</td>
<td>When my partner returns from a long exercise, we tend to argue about little things such as whose job it is to do the washing.</td>
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<tr>
<td></td>
<td>We never spend any time together without the kids.</td>
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<td></td>
<td></td>
<td>We have not gone out as a couple, just the two of us, for months. I want to go out to dinner together, have some alone time.</td>
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<tr>
<td><strong>Positive</strong>: think about what you do want, not what you don’t want in the relationship. Avoid blaming the other person for things you do not like.</td>
<td>I hate it when he comes home from an exercise and goes straight out drinking with the guys.</td>
<td>I would like to spend more time with my partner when he comes home.</td>
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<td><strong>Specific</strong>: be precise rather than vague about your action plan. Try to focus on behaviours that can be seen.</td>
<td>I want to feel closer to my partner.</td>
<td>I would like discuss my work and hobbies, which are important to me, with my partner.</td>
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<tr>
<td><strong>Realistic</strong>: select actions you are likely to be able to do.</td>
<td>I will never get angry again.</td>
<td>I will try to be calm, to listen to her and speak quietly, when we next talk about this issue.</td>
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<tr>
<td><strong>Time-limited</strong>: define when you will do your actions.</td>
<td>From now on I will cuddle my partner more.</td>
<td>This week, I will cuddle my partner for a few minutes each morning before I get out of bed.</td>
</tr>
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</table>
Now it is your turn to try self-change
Okay, now let's tackle an issue to enhance your own relationship.

**Activity 1.6: My Plan to Improve My Relationship Vision**

*On your own,* pick one area in your relationship vision that you would like to improve. Choose an area that is important to you. Follow the five steps below. If this exercise seems difficult at first, don't worry, as your telephone educator will review the self-directed change steps with you.

**DESCRIBE**
Choose an issue you’d like to work on that involves changing something about your behaviour. Describe this aspect clearly and positively.

<table>
<thead>
<tr>
<th>Describe your issue clearly and positively.</th>
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**FOCUS**

What do I currently do?

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What are the *pluses* of my current behaviour?

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<th>What are the pluses of my current behaviour?</th>
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What are the *minuses* of my current behaviour?

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<th>What are the minuses of my current behaviour?</th>
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</table>
SET GOAL
Define as precisely as you can what you want to happen.

ACTION
What will I do? Where and when will I do it?

EVALUATE
After you have implemented your action plan, fill in the following:

What did I actually do?

What were the **positive** results?

What were the **negative** results?

What do I need to do from here?
A few ideas on the different ways people learn.
We each have different ways we prefer to learn. Some of us prefer to be told things, and have those ideas set out clearly. Some of us prefer to discover things for ourselves, and dislike being told things. As you reflect on the first unit, you might like to think about the way you learn.

In Couple CARE we try to use a mix of giving information and allowing people to discover things themselves through doing the activities. You might like to try learning in ways you might not have done in the past. If you like to be told things, try being open to discovery through the activities provided in the program. If you’re used to working things out for yourself, try to be open to learning through a more structured approach.

A POINT TO PONDER
Each of us has our own particular way of learning. It’s important to uncover our preferred learning style, as we often learn faster that way. But it also is important to be open to new ways of learning.

I was wondering... Do you have any questions, concerns, or thoughts about Unit 1?
You can note them down here. Please feel free to raise them with your educator.

Congratulations!
You have worked through Unit 1. The remaining units in the workbook all follow a similar pattern – a mixture of individual and couple activities to do after you’ve watched the DVD, and a self-change plan at the end for putting into action what you’ve been thinking and talking about.
Unit 2
Communication

OVERVIEW

AIMS

Part A  To help you understand the key elements of good communication. How do I avoid the problem of “But I didn't mean that!” or “I just don't understand you”?

Part B  To look at how you communicate now. “What I am like as a listener? Do I get my message across as clearly as I can?”

Part C  To explore subtle communication (‘emotional bidding’) that often occurs in couples. “Sometimes I do not seem to get what my partner is getting at. What can I do when I don’t get it?”

Part D  To look at communication during a separation (e.g., deployment).

Part E  To help you improve your communication, focusing on what you can do. “How can I express myself so my partner understands me?” “How do I listen so my partner feels understood?”

SUGGESTED ACTIVITIES

As you work through Unit 2 the following activities will be suggested:

ON YOUR OWN  You check your memory of the intent-impact model of communication.

AS A COUPLE  You discuss the challenges in long-distance communication.

AS A COUPLE  You self-evaluate your communication using a skill checklist.

AS A COUPLE  You discuss the idea of ‘emotional bids’.

AS A COUPLE  You discuss what sorts of things you’ll talk about during a separation.

ON YOUR OWN  You write a self-change plan for enhancing your communication.
ACTIVITIES

Activity 2.1: Review of Unit 1
Before we start Unit 2 let’s reflect on Unit 1.

Think about what you did in the last unit (Unit 1- Self-Change). Write down any ideas that you liked. How have you used these ideas since you did Unit 1 (even if only in a small way)?

Ideas I liked:

_____________________________________________________________________________________

_____________________________________________________________________________________

How I have used the ideas:

_____________________________________________________________________________________

_____________________________________________________________________________________

How did you go carrying out your self-change plan from Unit 1?

_____________________________________________________________________________________

_____________________________________________________________________________________

Circle the number that best describes how far you went in doing your self-change plan.

very poor/ okay, excellent/
did not do anything did try did it all

0 1 2 3 4 5 6 7 8 9 10

Next, watch Unit 2 of the DVD together.
Part A: What is Good Communication?

The intent-impact model of communication
Communicating well helps you feel close to your partner. It helps you to know your partner, and for them to know you.

Have you had special moments with your partner when you’ve communicated well? At such times you probably felt understood at a deep level, and able to share your thoughts and feelings. These times allow your relationship to grow.

Have you ever had times when the communication was poor? You may have felt unable to put your ideas and feelings into words. You probably felt that your partner didn’t understand you.

The intent-impact model, which was explained in Unit 2 of the DVD, is a useful way of thinking about how we communicate. Do you remember the key ideas in the model?

Activity 2.2: Intent-Impact Model Memory Check
On your own, test your memory of what was in the DVD. What do the following parts of the model mean?

Write your answers below. Afterwards, you can check your answers over the page.

Intent

Message

Speaker’s filters

Listener’s filters
Good Communication

**Memory check! Check your answers.**

*Intent* is the speaker’s feeling or idea that they want to express.

*Message* is what the speaker actually says, and how they look when speaking. This is what an observer can see and hear.

*Speaker’s filters* are things that change the message so it doesn’t match what the speaker intended to say. Filters include speech habits, facial expression, and mood.

*Listener’s filters* are things that change the listener’s understanding of the message. For example, the listener might think they know what the speaker is going to say and not listen carefully.

*Impact* is the listener’s final understanding of the message.

*Good communication* is when the intent equals the impact.

**Communicating from a distance.**

In the DVD you learnt about some of the challenges that all couples experience when communicating. You might find there are additional challenges when you engage in long-distance communication. For example, when you and your partner are separated during military exercises or deployments and you talk over the phone, or use video conferencing. Communicating from a distance can sometimes make it more difficult to be understood.

Kym: “It’s hard because he can’t tell me much about where he is or what he’s doing. We often only have a few minutes before he has to go again or the line drops out.”

James: “Sometimes I can’t tell her how much I miss her because there’s a room full of other people waiting to use the phone.”

Alicia: “Occasionally I get to Skype with my husband and kids, but mostly it’s phone calls or emails. So much is lost when I can’t see their faces.”
**Activity 2.3: Filters in Long-Distance Communication**

*As a couple,* discuss the challenges that can come with communicating over a distance. Did you have difficulty getting your message across? What challenges are the most difficult to deal with?

---

**Ten Key Communication Skills**

There are ten very important skills when it comes to communicating well. These can be divided into four speaker skills and six listener skills.

Practising these ten skills helps improve couple’s understanding of each other. It also improves openness and intimacy. (Later in this unit there is an activity in which you can begin to assess and monitor your use of these specific skills)

**Speaker Skills**

1. **Describe specifics:** provide clear and concrete descriptions of behaviours or situations.
2. **Express positives:** clearly express your thoughts and feelings about the positive aspects of a situation or your partner’s behaviour, even if things seem mostly negative.
3. **Assert negatives:** without being aggressive or attacking, saying directly what you dislike or want to see change.
4. **Self-disclose feelings:** share your thoughts and feelings with your partner even if it feels difficult.

**Listener Skills**

5. **Attend:** focus your attention on your partner when they are speaking. This includes having eye contact, facing your partner, and removing distractions (e.g., put down the newspaper, switch off the television).
6. **Encourage:** this involves saying things like “oh”, “go on” or “I see” so your partner knows you’re interested in what he/she is saying.
7. **Summarise content:** state back to your partner in your own words the key points of what he/she has just said.
8. **Paraphrase feeling:** summarise in words the emotion your partner is expressing. Often their emotion will not be said in words, but will be reflected in how they say things, and how they look.
9. **Ask questions:** ask open-ended questions that encourage your partner to open up their ideas.
10. **Hear your partner out:** avoid immediately disagreeing or defending yourself. Put your own opinion on hold until later.
10 Key Communication Skills

Speaking

1. Describe specifics
2. Express positives
3. Assert negatives
4. Self-disclose feelings

Listening

5. Attend
6. Encourage
7. Summarise content
8. Paraphrase feelings
9. Ask questions
10. Hear your partner out

Reminder sheet to stick on fridge
Part B: How am I Communicating Now?

**Activity 2.4: Assessing your Communication**

As a couple, have a discussion together. The aim is for you each to see how you are communicating now. For the exercise you will need:

- a watch or stopwatch, and
- a quiet time and place

Here's what to do: Talk with your partner about an activity he or she really enjoys, or a social issue he or she feels strongly about. Choose an activity or issue you do not know much about. Your task is to listen really carefully and try to understand; so don't talk about your ideas or interests, or try to persuade your partner to change. Stop after five minutes. Then swap roles so that you and your partner chat about an issue or activity that you really enjoy. Again, talk for five minutes.

When you have everything you need and you are ready to start, follow the steps below.

**On your own:**
1. Each of you choose a topic (remember, the topic you each choose will be something your partner enjoys, is interested in or feels strongly about).
2. Think about how you would like to communicate with your partner about their topic and write down your personal goals for the discussion in the “My Communication Goals” space below. Look at the communication skills list on page 18 when setting your goals. Try to choose just one or two communication goals.

**My Communication Goals**

In my discussion with my partner I have the following goal/s for my communication (be as specific as possible):

---

**As a couple:**
3. Appoint one partner to act as timekeeper.
4. Read out to each other your goal statements for the conversation.
5. Decide who is going to be first to talk about their chosen topic. Hold the discussion. After five minutes, swap over.

**On your own:**
6. Evaluate your own communication using the Communication Skills Self-Evaluation Form (see page 21).
**Communication Skills Self-Evaluation Form**

Date: ___________________________

*On your own...* Place a tick in the appropriate box to describe how you think you went during the discussion (do not feel that you have to have used all the ten skills).

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<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>N/A</th>
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<tbody>
<tr>
<td>No use of this skill</td>
<td>Some use of this skill</td>
<td>OK, but could be better</td>
<td>Good use of this skill</td>
<td>Skill not applicable</td>
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**Speaker Skills**

- Described specifics
- Expressed positives
- Asserted negatives
- Self-disclosed feelings

**Listener Skills**

- Attended
- Encouraged
- Summarised content
- Paraphrased feelings
- Asked questions
- Heard your partner out

My strengths:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Things I need to work on:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Giving and receiving feedback
What is feedback? Feedback involves discussing with our partner our ideas about their strengths and offering suggestions for change in their behaviour.

Giving feedback works best when:

• The feedback starts with positive comments about strengths.
• Suggestions for change are offered rather than criticisms.
• Suggestions for change are offered gently, as ideas to consider.
• You ask for reactions to the feedback (e.g., “What do you think of that suggestion?”).

Receiving feedback works best when:

• You listen to all the feedback and do not interrupt.
• You use your listener skills to really understand the feedback.
• You avoid becoming defensive.

Activity 2.5: An Exercise on Feedback
In this exercise you do two things.

First, on your own, think back to the discussion you just had. Write down two positives about how your partner communicated with you and one suggestion for change.

First positive (be specific):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Second positive:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

A suggestion for change:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Second, as a couple, give each other the feedback. Note down, and be prepared to discuss with your relationship educator, the feedback you received from your partner.
A POINT TO PONDER
Do the 10 key communication skills capture what you think is good communication? What else might be important?

Part C: Emotional Bids

The DVD introduced the idea of emotional bids. Emotional bids are subtle, indirect ways of asking for intimacy from your partner. For example, you commenting to your partner that the room is cold could be an emotional bid for a cuddle and for attention from your partner.

Emotional bids serve a purpose in relationships. As emotional bids are indirect, they reduce the chance of obvious rejection. The partner can fail to respond to the emotional bid without being overtly rejecting. For example, your partner might respond to your comment that the room is cold by turning on a heater, or by commenting that they do not feel cold.

Everybody uses emotional bids sometimes in their relationships.

Activity 2.6: Reflecting on Emotional Bids in your Relationship

On your own, write down two examples of emotional bids you have made towards your partner.

Examples of emotional bids I have used in my relationship:
1. ________________________________________________________________
2. ________________________________________________________________

As a couple, discuss the pluses of the use of emotional bids in your relationship. How do emotional bids work with you two? Also discuss the minuses of emotional bids. What possible misunderstandings or problems can emotional bids generate?

The pluses of emotional bids:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

The minuses of emotional bids:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
Part D: Communication During a Separation

Communicating during a separation can be difficult. It can be hard deciding what to communicate while you’re apart.

Karen and Tristan try to keep their conversations pleasant while they are apart.

Karen: “I don’t tell Tristan about the missions we go on. I don’t want to worry him. Tristan sugar-coats everything that is happening at home with the kids. Sometimes I feel like I’m no longer a part of the family.”

Tristan: “If I’m having trouble with the kids I don’t tell Karen. She’s got enough on her plate, but it is hard dealing with it all myself.

“Karen never talks about what she’s seen while deployed. I feel like there is a side of her that I don’t really know anymore.”

Jane and Alex tell each other everything while Alex is deployed.

Jane: “It is really tough managing the kids by myself. I need to vent to Alex when we talk. It really helps to share the burden.”

“When Alex tells me about life over there, it gives me nightmares.”

Alex: “It’s hard hearing about what a tough time Jane is having at home. There’s nothing I can do to help her.”

“It’s hard for Jane to hear about my life over here. It upsets her. But sharing it makes me feel closer to her.”

Activity 2.7: Deciding What to Share & What Not to Share During Separation

On your own, write down the things you do and do not talk about with your spouse while you are separated. Circle the “+” beside anything you want to talk about. Circle the “-” beside anything you want to talk about less.

What I talk about:

What I do not talk about:
As a couple, discuss your answers to the activity above. Your partner’s answers might be different to yours. That is OK. Try to come up with some things you agree to talk about, as well as some things you agree not to talk about. You might be able to use these guidelines to make communication easier when you are separated.

We agree to share:

---

---

We agree not to share:

---

---

Remember: sometimes military personnel are not allowed to talk about the events of their day. Sometimes it helps to talk about how we are feeling, even if we cannot say what has happened.
Part E: Improving my Communication

Now you have ideas of what your communication is like. The next step is to use self-change to improve your communication. Remember - you have most control over your own behaviour. So let's use the 5 steps of self-change to enhance your own communication.

**Activity 2.8: My Plan to Enhance My Communication with My Partner**

**DESCRIBE**
Write down one speaker or listener skill you want to improve.

What do I currently do?

What are the *pluses* of my current use of that skill?

What are the *minuses* of my current use of that skill?
**SET GOAL**
Define as precisely as you can what you want to happen.

**ACTION**
What will I do? Where and when will I do it?

**EVALUATE**
Set a date to review how you did: ____________________________
What did I actually do?

What were the **positive** results?

What were the **negative** results?

What do I need to do from here?
I was wondering... Do you have any questions, concerns, or thoughts about Unit 2?
You can note them down here. Please feel free to raise them with your educator.

Congratulations!
You have worked through Unit 2.
Unit 3
Support and Caring

OVERVIEW

AIMS

Part A  To help you develop good mutual support for each other. “How can I help when my partner is stressed or upset?” “Sometimes I seem to make things worse, what should I do?”

Part B  To identify some of the challenges of separations, and help you manage separations as a couple. “How will we manage while we are apart?”

Part C  To explore how you show caring now, and how you can express caring more fully. “What can I do that shows I really care?”

SUGGESTED ACTIVITIES

As you work through Unit 3 the following activities will be suggested:

AS A COUPLE  You have some discussions with each other about things that concern you, and then review your skills in being supportive of each other.

AS A COUPLE  You look at how you currently manage separations.

AS A COUPLE  You discuss strategies for coping with separations.

AS A COUPLE  You talk about your experiences during reintegration.

AS A COUPLE  You decide on behaviours that might make separations easier.

ON YOUR OWN  You review how you currently express caring within your relationship, and think about other ways to express that caring.

AS A COUPLE  You discuss ideas you have for new ways to show caring to each other.

ON YOUR OWN  You do a self-change plan for support or caring.
**ACTIVITIES**

**Activity 3.1: Review of Unit 2**

Before we start Unit 3, let’s reflect on Unit 2.

Thinking about the last unit (Unit 2 – Communication), write down any ideas that you liked. How have you used these ideas since doing Unit 2 (even if only in a small way)?

Ideas I liked:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How I have used the ideas:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did you go carrying out your self-change plan from Unit 2?

________________________________________________________________________

________________________________________________________________________

Circle the number that best describes how far you went in doing your self-change plan.

<table>
<thead>
<tr>
<th>very poor/ did not do anything</th>
<th>okay, did try</th>
<th>excellent/ did it all</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<td>9</td>
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Next, watch Unit 3 of the DVD together.
Part A: Giving Support

The support partners provide for each other makes a big difference to how well each copes with stress. Mutual support strengthens the relationship. In this section we want you to reflect on the support you provide your partner, and how you can give the best support possible.

There are three types of support we can show our partners.

1. **EMOTION-FOCUSED SUPPORT** is listening, showing understanding, and helping your partner to open up about a problem.
2. **PROBLEM-FOCUSED SUPPORT** is helping your partner to find solutions to a problem.
3. **DAY-TO-DAY SUPPORT** is showing interest in the ordinary things in your partner’s life, like their work, hobbies, and day-to-day activities.

**Emotion-focused support**

Often when people feel stressed they do not want or need a solution to a problem. Emotion-focused support is useful when your partner just wants you to listen. When offering emotion-focused support you try to UNDERSTAND your partner’s feelings and thoughts. You do NOT try to give solutions, advice, or your own opinion.

**EMOTION-FOCUSED SUPPORT**

- Help your partner express their feelings.
- Attend, encourage, ask questions, and paraphrase your partner’s feelings.
- Offer affection with touch, hugs.

**Problem-focused support**

Sometimes when people are stressed by a problem they find it hard to decide what to do. In problem-focused support you can help your partner to find solutions to the problem.

**PROBLEM-FOCUSED SUPPORT**

- Help your partner define the problem.
- Suggest a specific plan of action.
- Offer your partner specific assistance.
**Day-to-day support**

Showing interest in the little things in your partner’s life is another way of showing support. Little things include things like work, hobbies, and day-to-day activities.

Day-to-day support builds a sense of interest in each other. It also builds your knowledge of what is going on in your partner’s life. Then, when they have a problem, you are better able to support them.

**DAY-TO-DAY SUPPORT**

- Regularly ask your partner about their day.
- Attend, encourage, and ask questions about your partner’s hobbies and interests.
- Offer practical support for their interests.

**So which type of support is best?**

Different types of support are needed at different times. It is important to be able to shift from one kind of support to another as the need arises.

If you’re not sure what kind of support your partner wants in a situation:

1. Ask your partner what type of support he/she would like. You might say: “Do you want to just talk about this or do you want to look for solutions?”
2. Notice how your partner responds to your support efforts in different situations, and experiment and fine tune them over time.
3. Ask your partner for feedback on the type of support you provide. For example, you might ask “Was that the kind of support you wanted? What would you have liked?”

**On your own,** having reflected on the three types of support, write down any new ideas you have for offering your partner support.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Activity 3.2: How Am I Going At Support?

This exercise is similar to the communication exercise in Unit 2. Except this time the focus is on how each of you support each other during a discussion. You will need a quiet time and place, and a watch.

There are five steps to this activity. Here’s what you do:

**Step 1, on your own,** choose a topic to discuss and write it in the space provided below. Choose something you would like to change about yourself as an individual, so your partner can practise showing you support. Choose something that does not cause tension in your relationship. It can be an important personal characteristic, problem, or issue you would like to change about yourself (for example, wanting to get fit, dealing with stress at work).

**Step 2, on your own,** decide what goals you have for showing your partner support. Write your goals in the space provided below. Remember to keep your goals to just a couple of points – it’s easier that way. Be as specific as possible, and base your goals on what you have already learnt during this unit about being supportive.

**Step 3, as a couple,** appoint one of you to keep track of the time. Decide on whose topic you will talk about first. Spend three minutes talking about the first topic, then swap around. When it’s your partner’s turn to discuss his/her topic, practice the support skills from this unit, and keep in mind your goals for the discussion.

**Step 4, on your own,** evaluate your support skills using the Support Skills Self-Evaluation Form on the next page.

**A POINT TO PONDER**

What is the most important way someone has supported you? What did they do? What made that support so helpful to you?
Support Skills Self-Evaluation Form

Date: ___________________________________________

On your own… Place a tick in the appropriate box to rate your support skills during the discussion (do not feel that you have to have used all the 16 skills).

0 No use of this skill
1 Some use of this skill
2 OK, but could be better
3 Good use of this skill
N/A Skill not applicable

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<tr>
<th>Skill</th>
<th>0</th>
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<td><strong>Speaker Skills</strong></td>
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<tr>
<td>Described specifics</td>
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<td>Self-disclosed feelings</td>
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<td><strong>Listener Skills</strong></td>
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<td>Attended</td>
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<td>Encouraged</td>
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<td>Summarised content</td>
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<td>Paraphrased feelings</td>
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<td>Asked questions</td>
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<td>Heard your partner out</td>
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<td><strong>Emotion-focused support</strong></td>
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<td>Helped partner express feelings</td>
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<td>Encouraged, reassured, gave affection</td>
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<tr>
<td><strong>Problem-focused support</strong></td>
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<tr>
<td>Helped define the problem</td>
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<td>Suggested specific plan, gave affection</td>
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<td>Offered specific assistance</td>
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<td><strong>Other support</strong></td>
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<td>Asked what type of support was needed</td>
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Support Skills Self-Evaluation Form
CONTINUED

My strengths in communicating support:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Things I need to work on in communicating support:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Giving and receiving feedback

Step 5 involves providing your partner with feedback. Remember the guidelines from Unit 2, page 22, on giving feedback.

First, as a couple, give each other feedback about how you each provided support.

Then, on your own, based on the support discussion, note down two positives about the way your partner showed you support and write them below:

First positive (be specific):

______________________________________________________________

Second positive:

______________________________________________________________

Now, note down one suggestion for improvement in the way your partner supports you (be specific and positive):

______________________________________________________________

Finally, as a couple, discuss the feedback with your partner. After giving each other some feedback, and based on your partner’s feedback, write down some specific strengths and weaknesses of your support of your partner.

My strengths:

______________________________________________________________

______________________________________________________________

Things I need to work on:

______________________________________________________________

______________________________________________________________
Your relationship educator will review the self-evaluation you have done, and explore the feedback you received from your partner. If you have specific areas you want to work on in supporting your partner, you might like to address these in the self-change plan.

Part B: Supporting Each Other Through Separations

As part of a military couple, you probably spend some time apart while you or your partner are away on courses, exercises or deployments. In this section you will identify what you find hardest about separations, and develop strategies to help make separations easier.

“I find the few weeks before Connor goes away are the hardest. We have such petty arguments, it’s like we are pushing each other away.”

Lara

“I’m always happy to get a trip, but sometimes I am afraid that I’ll miss out on things that happen at home, like with the kids. I worry about Mia and whether she’ll be okay.”

Trevor

(Of course it gets lonely at times, and sometimes I can’t help but wonder if she’ll be safe over there. But every separation we get through makes our relationship stronger.”

Hayden

Activity 3.3: Challenges for Couples Surrounding Separations

On your own, think about how you and your partner currently manage during a separation. What are the things you think you do well? Are there any areas that you struggle with, or that you think you could deal with better? Write your answers below.

What do you think your strengths are when it comes to dealing with separations?

What are some areas you find challenging, or think that you could manage better?
You might find that the things you find difficult about separations are different to those that your partner finds the most challenging.

As a couple, take turns allowing each other to speak for a few minutes about what you each identified as your strengths and weaknesses in dealing with separations. When you’ve both had a chance to speak, see if you can come up with 2 or 3 things that you both agree on. Write these below.

Our strength areas are:
1. 
2. 
3. 

Our challenge areas are:
1. 
2. 
3. 

**Coping with Emotions During Separations**

Before a separation, couples often discuss how they will manage practical tasks while the member is away, like how the finances will be managed or how to discipline the children; but many couples forget to talk about how they will function emotionally while they are separated, and how to deal with changes to the dynamic of their relationship.

During a separation or deployment, the spouse at home must become independent, managing the household, a career and/or children by themselves. The member who is away must do their job without letting thoughts of home distract them. Couples vary in how they choose to cope with separations, and may fit into one of two extremes:

1. Some couples communicate a lot while they’re apart and still consult each other for day to day decisions. They think about each other more, which can make it hard missing each other; however, these couples find it easier to fit back as a family on homecoming.

Example - Lauren and Morgan

“When Morgan was away I counted down the days until he came home. It really kept me going, especially when I hadn’t heard from him in a while. I did tend to stay home a lot, just in case he called – it was a long year.”

Lauren

“I love looking at photos of us together when I’m away. It reminds me why I do what I do, that I’m fighting to protect everyone back home. It does make me miss her a lot.”

Morgan
2. Other couples choose to lead largely separate lives during separation. They might communicate less and switch off their emotions to an extent to make the separation easier to deal with. These couples sometimes find reintegration difficult.

Example - Christian and Melanie:

“I find it easier to just get on with my own life when Melanie’s gone, so we only communicate every couple of weeks. She knows I still love her, it’s just our way of dealing with the distance.”

Christian

“I need to focus on my job when I’m away. I can’t afford too many distractions. We both find it easier to just get on with it. Although he’s so good at it, sometimes I feel like he just forgets about me when I’m gone!”

Melanie

Activity 3.4: Approaches to Coping With Separations

As a couple, discuss your thoughts on the examples given by the two couples. What are some of the strengths and weaknesses of each approach? Which approach is most like the approach that you use? Think about how each approach might affect the relationship both during separation, and after you are reunited. Then answer the questions below.

What do you identify as the positives of each approach? What are the challenges you can see arising from using each approach?

As a couple, which approach do you prefer? Explain why.

If you prefer a different approach to your partner, talk to them about this to help them understand your point of view. Remember, there is no right or wrong way to cope during separations. Every couple is different.
The examples given on the previous pages represent two extremes. Do you think it is possible to strike a balance between the two approaches? Discuss with your partner how you might create a balance that is ideal for your relationship.

As a couple, what do you think the ideal balance between the two approaches is? How will you use this in your relationship next time you are separated?

A POINT TO PONDER
It is possible for the member to maintain an active role in the family, even when they are not there to provide practical support. What are some ways that this could be done?

The Reintegration Phase
Most military couples look forward to being reunited with their partner after a long separation. Seeing the member safely return home is a joyous occasion. Some couples, however, forget that reintegration into the family does present some challenges.

“When I’m on operations I need to focus on my job, I can’t think about home too much. So coming back, it can be really difficult to open up again – it’s not about being less in love with Christian than I was before, it’s more about having to adjust.”

Melanie

“When Mel first came home I thought she was a different person. She even told me she wanted to go back over there, to finish what she started. I felt really rejected, like I’d lost my soulmate. But in time she slowly started coming back to me.”

Christian
When a member returns from a separation, sometimes their behaviour might come across as unusual, or unlike them. Some members might seem withdrawn, or struggle to be intimate with their spouse. Some might experience something known as hyperarousal. Members who have deployed on operations have been alert and on the lookout for danger for months. On their return home, they might find that they are jumpy, easily angered, or have trouble being in public without the protection of their weapon.

These behaviours are common in returning Defence personnel, and usually go away with time. If they don’t, it might be a sign that you need some help to get back on track. Upsetting dreams or flashbacks, emotional numbing, hyperarousal, and avoidance can all be signs of post-traumatic stress. Your educator can refer you to a mental health care professional, or you can go directly to your local psych unit.

“When Morgan came back I thought he was acting strange. I’d drop a plate on the floor and suddenly Morgan was on the ground. I was really worried. But I spoke to the padre and he said Morgan had been taught survival skills in Afghanistan; ducking for cover when he heard gunfire or a loud noise might have saved his life over there.”

Lauren

“I didn’t want to go out or catch up with mates, in case I did something weird. I didn’t want them to think I was crazy. But in the end getting out there was the only way to back to a civvie life again”

Morgan

**Activity 3.5: Supporting Each Other During Reintegration**

*As a couple*, think back to the different kinds of support at the beginning of the unit. Talk with your partner about what type of support they would prefer during the challenges of reintegration. Summarise this conversation below; how could you best support your partner through these challenges? What are some other strategies you could use to deal with these challenges?

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Redefining Roles in the Family Post-Separation

Spouses who have run the household independently during the separation have usually developed their own ways of doing things. They have likely taken on new tasks that were formerly completed by the member. They may quite enjoy completing these tasks, and not be ready to give them up when the member returns. The member usually expects to come home and pick back up where they left off.

This clashing of roles can cause the spouse to feel under-appreciated for their efforts, while the member might feel disheartened that the spouse no longer appears to need them, and feel they no longer have a place in the family.

Activity 3.6: Fitting Back Together After a Separation

As a couple, discuss your experiences with reunion and reintegration. As a member, have you ever had difficulty fitting back in to your family after a long exercise or deployment? As a spouse, have you ever found it a challenge to reintegrate the member back into your life or the family? Come up with some answers for the questions below.

What experience have you had with reintegration after a long separation? Did you find it more challenging than expected? If so, in what ways was it challenging?

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**Activity 3.7: Behaviours Surrounding Separations**

The table below contains some behaviours that couples might display surrounding separations. Read each of the behaviours and tick the box next to the behaviours that you think would be a good thing to do or that you would use yourself.

<table>
<thead>
<tr>
<th>Before the Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set aside time as a couple to have fun and be intimate.</td>
</tr>
<tr>
<td>Have a conversation about how often you will talk or write during the separation.</td>
</tr>
<tr>
<td>Talk about how the spouse at home will manage the household tasks by themselves.</td>
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<tr>
<td>Prepare for the unlikely event that something happens to the member while they are away.</td>
</tr>
<tr>
<td>Spend time together with the kids to make happy memories before your time apart.</td>
</tr>
<tr>
<td>Talk about how the children will be taken care of during the separation.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>During the Separation</th>
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</thead>
<tbody>
<tr>
<td>Use emails and letters to communicate.</td>
</tr>
<tr>
<td>Use phone calls and Skype to communicate.</td>
</tr>
<tr>
<td>Spouses: take up a hobby or go out with friends, keep yourself occupied.</td>
</tr>
<tr>
<td>Spouses: stay home at the times you think the member might try to call or Skype.</td>
</tr>
<tr>
<td>Members: talk to your spouse about what you can and cannot talk about.</td>
</tr>
<tr>
<td>Talk to each other about how you are coping, both the good and the bad parts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After the Separation</th>
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<tbody>
<tr>
<td>Members: tell your spouse if you find it hard to talk about your deployment.</td>
</tr>
<tr>
<td>Members: talk to your spouse about what you can and cannot talk about.</td>
</tr>
<tr>
<td>If you feel like your spouse is 'different' or has 'changed,' talk to them about this.</td>
</tr>
<tr>
<td>If your spouse thinks that you have changed during your time apart, talk to them about the reasons why that might be the case.</td>
</tr>
<tr>
<td>Members: talk to your spouse if they are confused about combat behaviours that you might have ‘brought back’ from the war zone.</td>
</tr>
<tr>
<td>Set aside time as a couple to have fun and gain back the intimacy you shared before the separation.</td>
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<tr>
<td>Take time to re-establish your emotional connection before becoming intimate again.</td>
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<tr>
<td>Members: share your feelings and emotions with your spouse, even if you can’t tell them exactly what happened while away.</td>
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<tr>
<td>Spouses: be open and willing to listen to your partner, but don’t force them to talk about their deployment before they are ready.</td>
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<tr>
<td>Members: if you prefer to speak to your ADF mates about your deployment, explain this to your spouse so that they understand and don’t feel rejected.</td>
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<tr>
<td>Spend time as a couple with friends and family, once you are ready.</td>
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<tr>
<td>Talk about how the chores should be redistributed now that the member is home.</td>
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</tbody>
</table>
These behaviours might work well for some couples, but not for others. Each behaviour has pluses and minuses in how it might affect your relationship. Here is an example of a behaviour that can have a positive effect on your relationship, but that might not work so well for some couples.

**Behaviour:** Use phone calls and Skype to communicate.

**Pluses:** By hearing your partner’s voice and perhaps even seeing them, this form of communication feels most intimate, and as close to being with them in person as you can get.

**Minuses:** You might be busy when your spouse tries to call. Unlike with emails and letters, you can’t go back and revisit your conversation when you’re missing your partner.

**As a couple,** take turns talking to your partner about which behaviours you ticked, and why you thought they might be valuable surrounding a separation. Were the behaviours you ticked mostly the same, or did you have very different ideas of what might be useful?

Now, choose three behaviours to talk about in more detail. These can be behaviours you both agreed were useful, or if you didn’t agree on any, each of you can choose one or two to talk about. Together, come up with some of the pluses and minuses of each of the behaviours. How could they be helpful for your relationship surrounding separations? In what ways, if any, could they make separations harder?

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<tr>
<th>Behaviour</th>
<th>Pluses</th>
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<th>Behaviour</th>
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</table>
As a couple, which behaviours from the table do you think you might try next time you are separated?

Part C: Showing Caring

Caring is doing small acts that express your positive feelings toward your partner. It is a concrete way of showing that you love your partner, you like them as a person, and you value them as a friend.

Showing caring is a bit different from showing support. Showing caring is expressing your feelings toward your partner. Showing support is helping your partner to manage their stress and feelings and being interested in them and their life.

A POINT TO PONDER

When couples first get together they tend to do lots of caring things for each other. But, after a while these acts of caring can drop off. Happy couples tend to keep showing caring. Are you, as a couple, showing caring as much as you did when you first started seeing each other?

Activity 3.8: How Do I Usually Show I Care?

On your own, write down what you have done to show your partner you care:

Today: ____________________________________________

__________________________________________________

Yesterday: _________________________________________
What *new* caring things have you done in the past 3 months? (That is, things you had not done before?)

---

**A POINT TO PONDER**

Most people find doing new things to show you care is important. What new things could you do to show caring? What do your friends do to show they care about their partner?

---

**Activity 3.9: Giving and Receiving Feedback on Caring**

The Caring Behaviours Checklist on the next page is designed to guide you in giving and receiving feedback on showing caring in your relationship.

*On your own,* in column 1 of the checklist make a list of caring behaviours your partner does for you. Pick those caring acts that you really like. In column 2, rate how much you like those behaviours as a way of showing caring from 1 = *a little positive* to 10 = *extremely positive.* In column 3, write down some possible new caring behaviours you could do for your partner. You might include things you used to do, but have not done for a while, or things you have never done.
Caring Behaviours Checklist

Date: ______________________

<table>
<thead>
<tr>
<th>COLUMN 1</th>
<th>COLUMN 2</th>
<th>COLUMN 3</th>
<th>COLUMN 4</th>
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<tbody>
<tr>
<td>Caring things my partner does for me.</td>
<td>Self-rating of how positive</td>
<td>Possible new caring behaviours I could do for</td>
<td>Partner rating of how positive</td>
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<td>(from 1 to 10)</td>
<td>my partner</td>
<td>(from 1 to 10)</td>
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<td>10.</td>
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</table>

Next, as a couple, swap your guidebooks. Discuss your lists with each other. Ask your partner to rate from $1 = \text{a little positive}$ to $10 = \text{extremely positive}$ how positive they feel about each caring behaviour listed in column 3. Ask your partner to write down their rating in column 4 of your book.

You might like to complete a self-directed change plan for caring. Have a look through the Ideas for Caring Behaviours listed on the next page. Use this list, as well as information from Columns 3 & 4 of the previous exercise, to develop a change plan for caring for your partner (see pages 49-50). You might also like to include some ideas for caring behaviours that you can use while separated, like care packages or love letters.
Ideas for Caring Behaviours Checklist

Getting a household repair done
Managing the finances
Preparing an entire meal
Paying a bill
Helping with the dinner
Doing some needed gardening
Taking care of the car
Doing the dishes
Doing some shopping for things we need
Cleaning or straightening up a bit
Doing the laundry
Mending my partner’s clothes
Doing an errand
Mowing the lawn
Taking out the garbage
Setting the alarm clock
Feeding or taking care of the pets
Having an enjoyable conversation
Telling my partner something secret
Making some extra money
Starting a conversation with my partner
Summarizing my partner’s point of view
Asking my partner how he/she feels so she/he knows I am listening
Doing something my partner asked
Giving my partner a massage or rub down
Initiating sex
Talking to my partner when he/she asks for some attention
Hire a DVD
Being nice to my partner’s friends
Doing something together in the evening
Forgiving my partner for something
Helping to dress the children
Asking for my partner’s opinion
Giving my partner a nice greeting when we meet after being apart
Smiling at my partner or laughing with him/her
Trying to cheer my partner up
Paying my partner a compliment
Touching my partner affectionately
Being nice to my partner even though he/she was mean
Looking nice (dress, shaving, etc)
Hugging or kissing my partner
Praising my partner
Making his/her favourite food
Responding to sexual advances
Cuddling
Bringing my partner a present
Doing something sexual he/she really likes
Showing that sex was enjoyable
Talking together about finances to help us stick to the budget
Shopping for something together
Talking about his/her friends or relatives
Going out to dinner, movie or a tavern
Talking together about making a purchase
Playing sports together
Spending time together having fun
Playing games together
Planning or helping with a social event
Suggesting something fun for us to do
Activity 3.10: My Plan to Improve My Support Skills or Caring Behaviours
In this unit, you can choose the focus of your self-change plan: you can work on improving either your support skills or your caring behaviours. On your own, pick an aspect of support or caring in the relationship that would you like to improve. Choose an area that is important to you and follow the five steps of self-change that you learnt about in Unit 1.

**DESCRIBE**
Write down an aspect of support or caring you want to improve.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**FOCUS**
What do I currently do?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are the *pluses* of my current behaviour?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are the *minuses* of my current behaviour?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**SET GOAL**
Define as precisely as you can what you want to happen.

**ACTION**
What will I do? Where and when will I do it?

**EVALUATE**
Set a date to review how you did: __________________________
What did I actually do?

What were the **positive** results?

What were the **negative** results?

What do I need to do from here?
NOTE
The section on the DVD about ‘Balancing Time Use’ in your relationship is covered in Unit 5 of the guidebook.

I was wondering... Do you have any questions, concerns, or thoughts about Unit 3? You can note them down here. Please feel free to raise them with your educator.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Congratulations!
You have worked through Unit 3.
Unit 4
Managing Differences

OVERVIEW

AIMS

Part A  To review how you manage differences now. “Which areas do we have disagreements about? What patterns do we show when we have conflict?”

Part B  To assess and improve your conflict management.

Part C  To look at how you recover after conflict with your partner, and review whether that aspect of your conflict management can be improved.

SUGGESTED ACTIVITIES

As you work through Unit 4 the following activities will be suggested:

ON YOUR OWN  You identify which areas you and your partner disagree about.

AS A COUPLE  You identify the patterns in how you manage conflict between you.

AS A COUPLE  We ask you to set some “ground rules” for when you have conflict.

AS A COUPLE  You discuss a difficult issue, assess how you manage the conflict, and give each other some feedback.

AS A COUPLE  We ask you to look at how you two recover after an argument and consider some ideas for improving recovery.
ACTIVITIES

Activity 4.1: Review of Unit 3
Before we start Unit 4, let’s reflect on Unit 3.

Thinking about the last unit (Unit 3 – Support), write down any ideas that you liked. How have you used these ideas since doing Unit 3 (even if only in a small way)?

Ideas I liked:

How I have used the ideas:

How did you go carrying out your self-change plan from Unit 3?

Circle the number that best describes how far you went in doing your self-change plan.

very poor/
did not do anything

okay,
did try

excellent/
did it all

0 1 2 3 4 5 6 7 8 9 10

Next, watch Unit 4 of the DVD together.

A POINT TO PONDER
Often we are attracted to someone because they are different from us. Sometimes these differences also have aspects that we find difficult to deal with. For example, the outgoing partner who brings us out of ourselves can also lead us to feel embarrassed in some social situations. Do you recognise any differences like this in your relationship?
Part A: How Do We Currently Manage Our Differences?

Activity 4.2: In What Areas Do My Partner and I Have Differences?

Most couples have disagreements. **On your own,** tick the answer that best describes how often you disagree about each area listed. Write in rows 17 and 18 any other topics about which you disagree.

<table>
<thead>
<tr>
<th>Area</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Handling family finances</td>
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<tr>
<td>2. Matters of recreation</td>
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<tr>
<td>3. Religious matters</td>
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<td>4. Demonstrations of affection</td>
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<td>5. Friends</td>
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<td>6. Sex relations</td>
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<tr>
<td>7. Conventionality (correct or proper behaviour)</td>
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<td>8. Philosophy of life</td>
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<tr>
<td>9. Ways of dealing with parents or in-laws</td>
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<tr>
<td>10. Aims, goals, and things believed important</td>
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<tr>
<td>11. Amount of time spent together</td>
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<tr>
<td>12. Making major decisions</td>
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<tr>
<td>13. Household tasks</td>
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<tr>
<td>14. Leisure time interests and activities</td>
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<tr>
<td>15. Career decisions</td>
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<tr>
<td>16. The military lifestyle (i.e. postings, time apart)</td>
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<tr>
<td>17. Other (please specify):</td>
<td></td>
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<tr>
<td>18. Other (please specify):</td>
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</tbody>
</table>
Activity 4.3: What are Our Conflict Patterns?

On the DVD you saw some examples of good patterns of conflict management. As a couple, read through the patterns described below and rate which patterns apply to you as a couple. Note, you may use different patterns at different times.

**DEMAND-WITHDRAW**

When a problem arises in our relationship, one of us tries to talk about the problem (the demander). Often the demander will complain or criticise. The other person talks little, may not listen, often goes quiet, leaves the room, or just refuses to discuss the issue (the withdrawer).

Does this pattern apply to you two?
- □ Almost all of the time
- □ Most of the time
- □ Sometimes
- □ Rarely
- □ Never

When couples engage in demand-withdraw the demander often feels frustrated and not listened to. The withdrawer often feels attacked and may feel that talking achieves little. In demand-withdraw it is difficult to understand each other or to solve problems.

**AVOID**

When a problem arises in the relationship, we do not get around to talking, we tend to avoid discussing the problem.

Does this pattern apply to you two?
- □ Almost all of the time
- □ Most of the time
- □ Sometimes
- □ Rarely
- □ Never

Avoidance often means conflict is not obvious, but partners can become irritated and distant from each other. The problems are rarely solved.
When we talk about a relationship problem, we both tend to blame, attack, and criticize each other. We tend not to listen to each other, and things can get heated.

Does this pattern apply to you two?

- [ ] Almost all of the time
- [ ] Most of the time
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

When couples escalate, nasty fights can result. Often problems are unsolved, and partners often have hurt feelings.

When a problem arises in the relationship we both talk about the problem, and hear each other out. We both suggest possible solutions and compromises.

Does this pattern apply to you two?

- [ ] Almost all of the time
- [ ] Most of the time
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

In effective conflict management both partners are active in the discussion. Both use effective listener and speaker skills. They usually feel that they can talk about and solve problems.
Managing differences well
You have looked at how you handle conflict now. Let’s review the guidelines and ground rules for good conflict management from the DVD.

Guidelines for good conflict management:

1. Do not try to solve the problem too quickly.
2. Take turns to listen and to speak. If this is hard to remember try to:
   - use the floor technique
   - hear your partner out
   - give feedback when in the listener role
   - ask for feedback when speaking
3. Use your communication skills:
   - hear your partner out
   - avoid attacking, e.g. use “I statements”
   - describe specifics
   - attend and encourage
   - describe positives
   - assert negatives

A POINT TO PONDER
Effective conflict managers try to understand everybody's needs when discussing a problem. Often there is a solution that meets everybody's needs. So you need first to seek to understand, and only then to seek solutions.
Conflict Guidelines

1. Don’t try to solve the problem too quickly

2. Take turns speaking and listening
   • Use the Floor Technique
   • Hear each other out fully
   • Give feedback when in listener role
   • Ask for feedback when in speaker role

3. Use your communication skills
   • Hear your partner out
   • Use I-Statements
   • Provide specific/ concrete descriptions of problem behaviour
   • Attend to and encourage each other
   • Make specific positive requests for change
   • Assert negatives

Reminder sheet to stick on fridge
**Activity 4.4: Ground Rules for Good Conflict Management**

Ground rules are agreed-upon ways of managing conflict. Below is a list of possible ground rules for handling conflict.

*As a couple,* discuss and mark which ground rules you think would help you two manage conflict. There are some suggestions, and room to write your own ground rules.

<table>
<thead>
<tr>
<th>Freedom to Raise Issues Any Time</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>Either of us can bring up an issue at any time. (As distinct from trying to find a good time and place to raise issues.)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Right to Reschedule</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A partner can say, “This is not a good time”. This partner should set up a time to talk soon. (You need to decide what “soon” means. Some people like to set a 24-hour limit, others leave it for a little longer.)</td>
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</table>

<table>
<thead>
<tr>
<th>Regular Relationship Meetings</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>We will hold regular couple meetings when we are relaxed and alert.</td>
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</table>

<table>
<thead>
<tr>
<th>Under Stress, Focus On the Immediate Issue</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>Under stress, we deal with the immediate issue on the spot, then talk about the larger relationship issue later at our couple meeting or at a time we set.</td>
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</table>

<table>
<thead>
<tr>
<th>Use of Problem Solving Sheet</th>
<th>□ Yes □ No</th>
</tr>
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<tbody>
<tr>
<td>Sometimes we will use a written problem-solving sheet to help stay focused on the topic under discussion. (Note: a sample problem-solving sheet is shown over the page).</td>
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</table>

<table>
<thead>
<tr>
<th>Clear Agenda</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>We can agree sometimes to discuss just one issue at a relationship meeting.</td>
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</table>

<table>
<thead>
<tr>
<th>Understand Then Solve</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When we are discussing a problem, we agree first to listen to each other about the nature of the problem. Suggestions to solve the problem will come only after we understand each other’s point of view.</td>
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</table>

<table>
<thead>
<tr>
<th>Use of Stop</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If we start to become angry or upset either one of us can call a brief “stop”. This means taking a few minutes off, like a mini “time-out”. The stop gives a few minutes to reflect, and to try to talk more calmly.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of Time Out</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>If we start to become angry or upset either one of us can call a “time out”. The partner who calls the “time out” will schedule a time soon to talk more, when he or she is feeling calmer.</td>
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</table>

**Your Ground Rule (1):**

<table>
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<tr>
<th>□ Yes □ No</th>
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</table>

**Your Ground Rule (2):**

<table>
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<tr>
<th>□ Yes □ No</th>
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</table>
Couple Problem-Solving Sheet

This problem-solving sheet can be used when you have a difficult problem to solve. First, define the problem. Then write down each partner’s point of view and a joint point of view. The joint point of view is the shared view of the problem that you both agree on. It may take some discussion to come up with a joint point of view. Then generate some possible solutions to the problem. Next, think about the pros (positives) and cons (negatives) for each possible solution. Finally, choose the solution that best suits you as a couple.

Define the issue (define clearly, specifically, positively):

Partner 1’s point of view:

Partner 2’s point of view:

Joint point of view:

Possible Solutions (include Pros and Cons)
1.

2.

3.

Solution decided upon:
Activity 4.5: Adapting Ground Rules for Life in Defence

Each couple will find different ground rules helpful, and some might be more useful than others given the unpredictability of the military lifestyle. For example, regular relationship meetings might be hard to schedule when the member works such irregular hours; similarly, rescheduling conflict might be difficult if you’re separated and don’t know when you’ll have another opportunity to talk.

As a couple, discuss any ground rules that you think might need to be adapted to fit around your life as a military couple; write your answers below.

________________________________________________________________________

________________________________________________________________________

How could you adapt these ground rules to work better within your own relationship circumstances? Write down your strategies below.

________________________________________________________________________

________________________________________________________________________
Part B: Assessing and Improving Your Conflict Management

Activity 4.6: How Are My Conflict Management Skills Now?
Now, let’s look at how you are managing conflict now and where you could improve. This exercise is similar to the communication exercise in Unit 2, and the support exercise in Unit 3. First, you have a discussion about a conflict topic. As before, you will need a stopwatch and a quiet time and place. There are 4 steps in the exercise.

Step 1, as a couple, choose a topic that you disagree about in your relationship. Choose a topic that has been a source of conflict. You might like to choose an area from the differences questionnaire on page 54.

Step 2, on your own, write down your personal goals for the discussion under the heading My Conflict Skills Goals in the space provided below. You can use the checklist on the next page to help you choose your goals. Be as specific as possible.

My Conflict Skills Goals

Step 3, as a couple, decide who will be the timekeeper. Talk for four minutes.

Step 4, on your own, evaluate your conflict skills using the Conflict Skills Self-Evaluation Form on the next page. This checklist contains the communication skills we covered in Unit 2 as well as other conflict skills from this unit, because communicating well is so crucial to dealing well with conflict.
## Conflict Skills Self-Evaluation Form

**Date:** ____________________________

**On your own...** Place a tick in the box that best describes how you think you went during the discussion. (Remember, you won’t necessarily use all of these skills).

<table>
<thead>
<tr>
<th>Skill</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td><strong>Conflict Skills</strong></td>
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<tr>
<td>I listened first before offering solutions</td>
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<tr>
<td>I balanced listening and speaking to about equal time.</td>
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<tr>
<td><strong>Speaker Skills</strong></td>
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<td></td>
</tr>
<tr>
<td>Described specifics</td>
<td></td>
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<tr>
<td>Expressed positives</td>
<td></td>
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<tr>
<td>Asserted negatives</td>
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<tr>
<td>Self-disclosed feelings</td>
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<tr>
<td><strong>Listener Skills</strong></td>
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<tr>
<td>Attended</td>
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<tr>
<td>Encouraged</td>
<td></td>
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<tr>
<td>Summarised content</td>
<td></td>
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<tr>
<td>Paraphrased feelings</td>
<td></td>
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<tr>
<td>Asked questions</td>
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<tr>
<td>Heard your partner out</td>
<td></td>
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<tr>
<td><strong>Couple Ground Rules</strong></td>
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<tr>
<td>We used a written problem solving sheet</td>
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<tr>
<td>We stayed with one agenda issue</td>
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<tr>
<td>We used the floor technique to control speaking and listening roles.</td>
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<tr>
<td>We called a time out, and rescheduled the discussion.</td>
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<tr>
<td>We called a brief stop because it got heated, then started again.</td>
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<tr>
<td>Other ground rule (write in):</td>
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</tbody>
</table>
Conflict Skills Self-Evaluation Form

My strengths in managing conflict are:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Things I need to work on managing conflict are:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Activity 4.7: Partner Feedback Exercise
The next exercise is to swap feedback with your partner on the conflict management talk you just had.

On your own, identify two positives and one suggestion for change about the way your partner managed conflict.

First positive (be specific):

________________________________________________________________________

________________________________________________________________________

Second positive:

________________________________________________________________________

________________________________________________________________________

Suggestion for change:

________________________________________________________________________

________________________________________________________________________

As a couple, discuss the feedback with your partner. Remember the guidelines from Unit 2 (page 22) on giving suggestions for change and make sure you use your communication skills.
Activity 4.8: My Plan to Improve My Conflict Management Skills

On your own, and based on your conflict skills self-evaluation and your partner’s feedback, complete the self-directed change plan below by following the five steps you have already learnt.

**DESCRIBE**

Write down an aspect of conflict management you want to improve.


SET GOAL
Define as precisely as you can what you want to happen.

ACTION
What will I do? Where and when will I do it?

EVALUATE
Set a date to review how you did: _______________________
What did I actually do?

What were the positive results?

What were the negative results?

What do I need to do from here?
Part C: Getting Back to Normal After a Conflict

Even couples that have good conflict management sometimes find conflict leaves a bad feeling. It can take a while to get back to normal after a conflict. There are four steps you can use to re-establish positive feelings at times like these. The first three steps focus on thinking your way past negative feelings. The last step is reconnecting with your partner.

**Step 1: Monitor your thoughts and feelings**
- During and after the conflict, try to observe, monitor and be aware of your thoughts and feelings.
- Ask yourself: “What thoughts are running through my head?” and “What feelings do I have?”

**Step 2: Identify negative thoughts that make you upset or angry**
- Unhelpful thoughts are ones that keep you feeling sad or angry.
- Examples of unhelpful thoughts include: “We are never going to resolve this” or “He is never going to change”.

**Step 3: Try to replace your negative thoughts with more helpful ones**
- Helpful thoughts calm you and help you focus on positive action you can take.
- Examples of helpful thoughts include: “This will get resolved, just not this second” and “People do change, but it takes time, and she needs to do it on her own” or “We are not getting anywhere at this stage, what should I do differently?”

**Step 4: Show positive feelings**
- Take action to show your positive feelings. Give your partner a hug, or say or do something positive in order to re-establish warmth.
- It is important to many military couples that they leave things on a good note after a conflict, particularly when they are separated and might not be able to communicate again for some time.

**Activity 4.9: How We Recover After Conflict**

_As a couple_, discuss what usually happens after you two have an argument. Write down the positive things you have done in the past to recover after an argument. Note things you think you need to work on in order to recover better from arguments.

Positive things done in the past:

__________________________________________________________________________

__________________________________________________________________________

Things to work on:

__________________________________________________________________________

__________________________________________________________________________
Extra Self-Change Plan for Conflict
Use this if you have anything related to conflict management that you wish to change.

**DESCRIBE**
Write down an aspect of conflict management you want to change.

__________________________
__________________________
__________________________

**FOCUS**
What do I currently do?

__________________________
__________________________
__________________________

What are the **pluses** of my current ways of conflict management?

__________________________
__________________________
__________________________

What are the **minuses** of my current ways of conflict management?

__________________________
__________________________
__________________________
Define as precisely as you can what you want to happen.

Set Goal

What will I do? Where and when will I do it?

Action

Set a date to review how you did:

Evaluate

What did I actually do?

What were the positive results?

What were the negative results?

What do I need to do from here?
Congratulations! You have worked through Unit 4.

I was wondering... Do you have any questions, concerns, or thoughts about Unit 4? You can note them down here. Please feel free to raise them with your educator.

__________________________________________________________________________________

__________________________________________________________________________________

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## Unit 5

**Intimacy**

### OVERVIEW

### AIMS

**Part A**

To review the balance of individual and couple interests and activities in your life. “How do we balance being individuals and being a couple?”

**Part B**

To explore your ideas and attitudes about sex, and debunk some common myths about sex. “What attitudes did my family of origin have when it came to sex?” “How can I separate out the myths from the facts about sex?”

**Part C**

To improve your communication about sex, and to explore how to keep sex satisfying. “What do we each like and dislike in sex?” “Why can sex be so hard to talk about?” “How do we keep the ‘zing’?”

### SUGGESTED ACTIVITIES

As you work through Unit 5 the following activities will be suggested:

**ON YOUR OWN**

- You review how you currently spend your time as an individual and as a couple, and to what extent you would like to change that mix.

**ON YOUR OWN**

- You reflect upon your early learning about sex through childhood, adolescence and early adulthood.

**AS A COUPLE**

- You have a discussion about common myths about sex, and how these myths can interfere with a good sex life.

**AS A COUPLE**

- You look at talking about sex, in particular about some common topics that can be an issue for couples.

**AS A COUPLE**

- You discuss how to sustain sexual interest and satisfaction in the long term.

**ON YOUR OWN**

- As with the previous units, you are encouraged to develop a self-change plan to strengthen your relationship.
ACTIVITIES

Activity 5.1: Review of Unit 4
Before we start Unit 5, let’s reflect on Unit 4.

Thinking about the last unit (Unit 4 – Conflict Management), write down any ideas that you liked. How have you used these ideas since doing Unit 4 (even if only in a small way)?

Ideas I liked:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How I have used the ideas:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did you go carrying out your self-change plan from Unit 4?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Circle the number that best describes how far you went in doing your self-change plan.

very poor/ okay, excellent/
did not do anything did try did it all

0 1 2 3 4 5 6 7 8 9 10

Next, watch Unit 5 of the DVD together.

NOTE
Part A of this unit, ‘Balancing Time Use’, is covered in Unit 3 of the DVD. You can go back and watch this section of the DVD again if you like.
Part A: Balancing Time Use

In a healthy relationship the couple balances the time they spend doing things individually, the time they spend doing things together as a couple, and the time they share as a couple with other people. There is no one correct balance. Each couple needs to find the balance that suits them.

We each need **individual interests** to develop our own unique selves. No two people have exactly the same interests. Maintaining individual interests and hobbies brings new ideas and experiences into your relationship. In a military couple it’s also important to have individual interests to ensure you can continue with life while your partner is away.

Time **together** with just the two of you heightens your sense of closeness. It allows you to have fun together that is just between the two of you. It provides special time to communicate privately as a couple. Couple time is especially important after a long separation, in order to regain intimacy that might have been lost during your time apart.

Shared activities **with others**, such as family and friends, bring fun and variety into your lives. It helps build a network of people outside your relationship who can be there for you.

If the balance of individual, couple and shared activities does not feel right, problems can develop. Couples who have too little individual time often feel a loss of sense of self. They may have little interesting to say to each other, because the partner is almost always present. Couples who have very little couple time often feel a loss of intimacy. They may find it hard to get the chance to talk to each other about issues that are concerning them. Couples with few joint activities shared with others may feel cut off as a couple from friends and extended family.

**Activity 5.2: What is My Current Mix of Activities?**

*On your own,* fill in the following boxes on regular activities you do. Regular means you do this at least every two to three months.

<table>
<thead>
<tr>
<th>Individual activities without your partner:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Couple activities (just the two of you):

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

Shared activities with your partner and others:

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
What did you discover from doing the exercise on the previous page? Which boxes did you fill up the most? Which ones were the emptiest?

Next, **on your own**, tick the boxes that apply to you.

- [ ] I would like more *independent* activities.
- [ ] I would like fewer *independent* activities.
- [ ] I would like some new *independent* activities.
- [ ] I am happy with my *independent* activities as they are, no changes are needed.

- [ ] I would like more *couple* activities with my partner.
- [ ] I would like fewer *couple* activities with my partner.
- [ ] I would like some new *couple* activities with my partner.
- [ ] I am happy with our *couple* activities, no changes are needed.

- [ ] I would like more *shared* activities with my partner and others.
- [ ] I would like fewer *shared* activities with my partner and others.
- [ ] I would like some new *shared* activities with my partner and others.
- [ ] I am happy with my *shared* activities, no changes are needed.

**How do you feel about your current mix of activities?**

*As a couple*, discuss the responses you filled out in the three boxes on pages 74-75 for your current regular activities. How similar were you and your partner’s responses?

Now consult the guidelines for activity discussion on the next page to consider what you want to do next.
Guidelines for discussion about your balance of activities

Situation A: You are both happy with your balance of activities
That is great, but remember, you need to keep an eye on your balance of activities. Lots of things can change the balance. For example, changes at work, in extended family, having a baby, or just the need for something new, can shift the balance.

Situation B: You both want similar changes in your balance of activities
You can plan, as a couple, to make some changes using the following suggestions.
- If you would both like to bring more (or more varied) couple activities into your life, you may like to make a list of interests you both share. See the Ideas for Couple Activities list on pages 78-79.
- If you would like to bring more individual activities into your life, you may like to make a list of your personal interests (perhaps ones you haven't followed up for a while). See the Ideas for Individual Activities list on pages 80-81.
- If you would like to bring about more shared activities with others, you may like to make a list of mutual friends and family and activities you may like to do with them.

Situation C: You seem to want a somewhat different balance from each other
A common experience for couples occurs when one partner wants more time in independent activities and the other partner wants more time in couple activities. This problem can sometimes feel difficult to resolve. The more each partner pushes to have what they want, the more the other pushes for the opposite. If this issue seems familiar to you, here are some ideas:
- Reflect on your expectations about boundaries from your family of origin (see Unit 1, page 3). How have these influenced your expectations for your relationship? How do you think your partner's family-of-origin experiences have affected your partner's expectations about your relationship?
- Self-change can help. Remember that it’s hard to change your partner’s behaviour; it’s easier to change your own. As you change yourself (for example, become more flexible and open to your partner’s wishes, or try a different way of telling your partner how you feel) you may find the problem loses its power.
- Look for a creative solution. For example, perhaps you can both have what you want by both planning more shared activities and more individual activities. Or, if you are the one desiring more couple activities, adding some different couple activities that your partner enjoys a lot may change his/her attitude to shared time. Also, agreeing to work on solo projects more, but doing it when your partner is there, can enhance feelings of togetherness and you still get your own thing done.

You might want to do a self-directed change plan for your balance of activities. You can use information from your couple discussion and ideas from the following lists to help you come up with a plan.
Ideas for Couple Activities

- Going bicycle riding before Sunday breakfast
- Visiting friends
- Camping
- Having a shower or bath together
- Visiting a museum or art gallery together
- Playing scrabble together
- Starting an aquarium
- Playing tennis
- Going to a sporting event (football, cricket, soccer)
- Jogging
- Making wine together
- Doing relaxation exercises or meditating together
- Gardening together
- Doing the bills together
- Going to a bar and talking
- Treating ourselves to a big breakfast of pancakes, eggs, bacon, orange juice
- Going sailing
- Playing music together (guitar, piano, etc)
- Visiting a National Park with a waterfall
- Going window shopping together
- Going to see a band
- Playing golf (or miniature golf) together
- Just sitting around with the lights low and talking
- Going to the race track
- Going to the botanical gardens
- Watching TV together
- Buying a new CD together
- Doing jobs together- wasting an hour or two driving around, going into different shops to get things
- Playing pool
- Daydreaming about a fantastic holiday you know you can’t afford
- Renting a rowboat or canoe for the afternoon
- Writing letters to friends
- Going on a picnic
- Playing charades
- Reading a play aloud
- Reading the weekend papers together
- Taking dancing lessons
- Playing frisbee
- Going to a festival/ markets
- Making a collage
- Going to a concert
- Going to the beach
- Going skating
- Buying fish and chips
- Cooking an exciting meal together
- Calling up an old mutual friend on the phone long-distance
- Working for a political candidate
- Going second-hand shopping
- Painting the house
- Making home-made pizzas and throwing lots of stuff on them
- Browsing in a bookstore together
- Climbing a mountain
- Playing cards
- Stargazing: lying on your back and learning to recognise all the constellations and bright stars
Ideas for Couple Activities

CONTINUED

Planning a family reunion
Meeting for lunch or coffee during the day
Having a BBQ in the park together
Going roller-blading
Flying a kite
Riding bikes together
Doing exercises (yoga, dance, aerobics)
Going for a drive
Joining a new group or club together
Visiting a brand new interesting place
Looking at slides, photos or home movies
Eating pizza (at home or at a restaurant)
Going horseback riding
Washing the car
Watching late movies on TV and cuddling during the commercials
Inviting someone new over for dinner or drinks
Going out to eat
Playing in the rain or leaves
Talking about day-to-day happenings
Exploring new places, places you’d never usually go (junkyard, new bars, new areas of town)
Watercolouring or fingerpainting
Hanging out in a new coffee shop talking and trying out new coffees
Making or planning home improvements
Fishing
Listening to music
Looking around in second-hand or antique shops
Going to a motel for the night
Backpacking
Making love
Going to a movie together
Reading in bed together
Baking bread together
Working on crafts together, (tie-dying, pottery, candle-making etc)
Going swimming in the nude
Getting up to see the sunrise
Playing with pets
Going to the opera or ballet
Spending a romantic evening alone (dinner, candlelight, music)
Going to a play
Reading poetry out loud
Going to an auction
Reading science fiction or mysteries out loud in bed at night
Taking a picnic lunch to a nearby park and going hiking together or with friends
Going to a party
Going to the library; browsing through the books and records together
Inviting old friends over for Sunday lunch
Going swimming
Going dancing (ballroom, folk dancing, square dancing)
Arranging and taking pictures
Cooking something you’ve never cooked before
Buying new home decorations
Going for a walk in the bush or forest
Eating and talking together
Doing a jigsaw or crossword puzzle together
### Ideas for Individual Activities

#### Creative Activities
- Doing art work
- Doing pottery, ceramics
- Knitting, needlework, or sewing
- Taking a course in a creative skill (e.g. art, photography, cooking, or pottery)
- Cooking something special or new
- Restoring furniture or antiques
- Working with machines, engines, or electrical equipment
- Repairing things
- Reading books, articles, magazines related to your creative interests
- Photography
- Writing
- Thinking up or arranging songs or music
- Singing or dancing
- Playing a musical instrument
- Learning to play a musical instrument
- Acting or taking acting lessons
- Participating in an organisation related to your creative interests
- Redecorating
- Doing woodwork or carpentry

#### Entertainment Activities
- Watching TV
- Listening to the radio
- Listening to music
- Going to a play or drama
- Seeing a film
- Going to concerts, opera, ballet
- Going to a gallery, exhibition, museum
- Going to see bands play
- Going to a sports event
- Going to the races (car, boat or horse)

#### Educational Activities
- Reading books, plays or poems
- Reading academic literature on a subject which interests you
- Going to lecture, courses or other classes that interest you
- Learning a foreign language
- Learning to do something new (for example, acquiring a new skill)
- Going to the library

#### Physical Activities
- Going swimming, diving, or surfing
- Playing basketball or netball
- Going bowling, skating, or playing pool
- Going jogging, running or bicycle riding
- Going to the gym or doing weight-lifting
- Driving a 4WD, sports car, or motorcycle for the sheer fun of it
- Playing tennis or squash
- Playing golf
- Going boating or sailing
- Going fishing
- Going hiking, mountain climbing, or camping
- Going horseback riding
<table>
<thead>
<tr>
<th>Ideas for Individual Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Activities</strong></td>
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<tr>
<td>Having an active involvement in politics, community, or social action groups</td>
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<tr>
<td>Being involved in religious or church activities</td>
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<tr>
<td>Speaking a foreign language</td>
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<td>Playing chess or draughts</td>
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<td>Buying something for yourself</td>
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<td>Collecting things (e.g., stamps, coins, or wine)</td>
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<tr>
<td>Gathering natural objects (flowers, rocks, or driftwood)</td>
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<tr>
<td>Gardening</td>
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<tr>
<td>Visiting interesting outdoor places (e.g., zoo, parks, riverside, or harbour)</td>
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<tr>
<td>Caring for or being with animals or pets</td>
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<tr>
<td>Being in the country or mountains</td>
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<tr>
<td>Having or planning a holiday (on your own)</td>
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<tr>
<td>Having massages or back rubs</td>
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<tr>
<td>Going to a sauna or doing health-related activities</td>
</tr>
<tr>
<td>Doing yoga or meditation</td>
</tr>
</tbody>
</table>
Activity 5.3: Self-Change Plan for Balancing Time Use

**DESCRIPT**
Write down an aspect of balancing time use you want to change.


**FOCUS**
What do we currently do?


What are the **pluses** of our current balance?


What are the **minuses** of our current balance?


**SET GOAL**
Define as precisely as you can what you want to happen.


ACTION
What will I do? Where and when will I do it?

EVALUATE
Set a date to review how you did: ____________________________

What did I actually do?

What were the positive results?

What were the negative results?

What do I need to do from here?

A SPECIAL NOTE
Sex is very private for most people. Your relationship educator has been trained to deal sensitively and confidentially with the topic of sex. He or she is happy to talk openly with you about sex in your relationship. However, your privacy will be respected. Please feel free to decline to talk about aspects of your sex life that you do not feel comfortable talking about.
Part B: Early Learning About Sex

Early learning about sex shapes much of our expectations and feelings about sex. It can affect our current sex life in lots of ways.

The people who cared for us when we were young (usually our parents) have a big influence on our views about sex. These family-of-origin experiences shape how we think sex should be.

What our friends say or do not say about sex also gives us ideas about sex. For example, we may pick up ideas about how often others have sex, or what things they do during sex.

Most people have relationships with other people before making a commitment to their current partner. You might have had a range of dating partners, have lived with someone, or married someone before meeting your current partner. Previous sexual experiences also shape your ideas.

In this exercise you are asked to write down your personal thoughts and feelings. These are your own private thoughts and you may prefer to keep these to yourself. It is important that you and your partner each respect the other’s privacy. Do not feel you have to talk to each other about these issues if you do not want to. Of course, if you are comfortable talking about what is on these pages, please do so with your partner.

Often messages about sex that we learn are subtle. For example, how would (did) your parents have reacted if one of them accidentally walked in when you were masturbating as a teenager? How did you get the message that they would have been angry or embarrassed or accepting or whatever?

Activity 5.4: Prior Learning About Sexuality

On your own, write down your thoughts about the following areas.

Childhood

What did your parents, and any brothers or sisters, communicate to you about sex? Did they talk about sex much? Did they talk about sex positively or negatively?

“Early on I learned about sex from my older sisters - it was something naughty and exotic - my sisters called it ‘the deed’. I guess I thought sex was something good but you didn’t talk about it or you would get into trouble. I still find it a bit hard to talk about with my partner, even though he is very open about it. It’s something I’m working on”.

Lee, 34, married 3 years to Robin, 28.
Adolescence

What was your parents’ attitude towards you and sex in your teenage years? Were they strict? Easygoing? Punishing?

____________________________________

____________________________________

What about friends? Did you see yourself as more or less sexually active than your friends? What was the craziest thing anyone ever tried to tell you about sex?

____________________________________

____________________________________

“My dad didn’t want to talk to me about sex. He just gave me a bunch of men’s magazines when I was 14. I thought that sex was an all-night festival of the flesh. But that’s not how it was, not at all the first time. I felt like a dismal failure as a man. Later on I talked to my mate. I worked out I wasn’t the only one who felt that way”.

Rob, 28, married 3 years to Lee, 34.

“I had a girlfriend who told me you wouldn’t get pregnant if you did it standing up. But she was always in the back of some bloke’s car, so I couldn’t see how she could stand up.”

Natalie

“My first time was with a girl I barely knew. We both were really drunk. I remember thinking ‘is that it?’ Then she threw up. Not real romantic.”

Toby

Other experiences

How have other experiences influenced your attitudes to sex? How have you decided what is okay/not okay for you?
“Paolo is sensitive to my likes and dislikes. He is OK and does not take it personally if I don’t feel like sex. Being with him has made me a more demanding lover, I never used to start sex before. Now I do. And I ask what he likes. Which made me a better lover too. At least I hope so!”

Natasha, 34, partner to Paolo, 32, for four years.

Today

What attitudes do you have now that help your sex life with your partner?


What attitudes (if any) do you have now that do not help your sex life with your partner?


As a couple, talk to each other about any of the aspects of what you have written down that you wish to share with your partner. Focus in particular on the positive things you bring to your sexual relationship.

A POINT TO PONDER

Ideally, how often do you think you and your partner should have sex?
What do you think shapes your idea of how often you should have sex?
Part C: Common Myths About Sex

Ideas about sex and relationships are shown to us every day on television, in movies, newspapers and magazines. Stories of beautiful television and movie stars bedding each other appear every day. Photographs of perfect looking sports stars, and bikini-clad women with not a hair out of place fill the pages of popular magazines. These celebrities and their relationships are shown as the ideals of being sexy and successful.

The view of the celebrity sex life we get from the media is nonsense. No one looks good all the time. No one feels sexy all the time. Some days we are tired, or feel ill.

It is easy for people to unconsciously feel that you have to be slim, young, rich and beautiful to be sexy or have a good relationship.

In contrast to the hype surrounding celebrity relationships, most people are very private about the realities of their sexual relationship. Given the absence of real information about real relationships, many people unconsciously start to believe that what is shown in the media is accurate. The myths about sex can lead people to worry about aspects of their sex lives. Getting our facts right can help, so listed below are a few important myths about sex, along with the realities. You can read them through first on their own and then talk about them together.

Activity 5.5: Exploring Sexual Myths

On your own, read through the myths listed below. Put a mark beside any myths you think you struggle with. Then, as a couple, discuss the myths and what you think about them.

☐ Myth 1: Sex is all about orgasms.
Reality check: Sex does not have to be just about reaching orgasm. Sex is about lots of things. Sex can be relaxing and sensual without having an orgasm. Sex can be about giving pleasure to your partner. Sex can be expressing how you feel.

For most women orgasm does not occur every time they have sex. In fact, only one-third of women say they reach climax from intercourse “most of the time”. Another third of women say they reach orgasm “some of the time”, and a third say they “rarely or never” reach orgasm during intercourse.

Most men do reach orgasm most of the time with intercourse. But it is common for men not to reach orgasm from time to time.

There is no correct or normal way to be. If you are satisfied with your current sex life and how often you achieve orgasm, then that is fine. If you are not satisfied, there are things you can try to enhance your sexual enjoyment. Your relationship educator can give you advice.
**Myth 2: Love-making should be great 100% of the time.**

**Reality check:** In all relationships sex varies. More than likely sometimes sex will be great, sometimes just okay, and much of the time sex will be pretty good. Sex tends to be better more of the time in relationships where the couple:

- do their best to stay fit and healthy
- spend time on being romantic and having special couple time
- make time for sex to be leisurely
- the relationship as a whole is working well

**Myth 3: My body should be perfect in order to have a good sex life.**

**Reality check:** Most models look rotten in the morning. The glamour seen in magazines is partly good lighting and make up. No one has the perfect looks.

A good sex life usually means we need to accept how we look. If you hate your body or how it looks, it can be hard to have a good sex life. If you feel uncomfortable with how you look naked, talk this over with your relationship educator.

**Myth 4: Only intercourse is real sex.**

**Reality check:** Happy couples tend to have a wide variety of sexual and sensual things they do together. Sometimes a cuddle, massage or petting can be fun and can express sensual and sexual feelings without intercourse.

There are times when options other than intercourse can be good. Some couples like oral sex or mutual masturbation for variety.

Sometimes intercourse is not a good option. For example, some couples dislike intercourse when the woman has her period. For a period after childbirth, sex may be uncomfortable for the woman. At such times other forms of sex, such as mutual touching, can be good.

**Myth 5: If your relationship is good, you should both feel like sex at the same time.**

**Reality check:** Everyone varies in how sexy they feel. Everyone has days when they are too tired, or just do not feel that way. So it is impossible for one partner to always desire sex at the same time as the other partner.

It is important that the couple find ways of signalling to each other when they do feel like sex. And it is important to respect when your partner does not feel like sex.

If one partner does not feel like sex at a particular time, masturbation can provide release. Most people do masturbate from time to time.
Myth 6: Impotence is always a sign of serious problems.

**Reality check:** Impotence is the inability to get or keep an erection during sex. Many men are impotent from time to time. Sometimes impotence is caused by a clear medical problem. Other times psychological factors can cause impotence. For example, stress and too much to drink can cause impotence. If impotence is causing problems in your relationship talk to a doctor. Many impotence problems can now be treated.

Myth 7: Men come too fast and women too slowly.

**Reality check:** Individuals vary greatly in how quickly they become aroused, and by what. It is common for men to achieve orgasm during intercourse more quickly than women, but this varies from time to time and from couple to couple. Try to make sure that sex occurs when both partners are interested. Foreplay needs to be arousing for both partners. This requires letting each other know what is pleasurable. If there are differences in how quickly each of you reaches orgasm, and if this is a problem in your relationship, talk to your relationship educator.

**Part C: Enhancing Sexual Communication and Satisfaction**

**A NOTE**

The following two exercises are mainly for couples who have had sex together. Some people doing this program may not have had sex with their partner. (For example, some engaged couples decide to start sex after they are married). If you have not had sex with your partner, focus your discussion on how you want your sex life to be in the future. We suggest you return to discuss the issues in this chapter again when you are having sex together.

**Talking About Sex**

One key to a satisfying sex life is good sexual communication. Two sex topics that many couples talk about quite a bit are how often they have sex, and how they have sex.

**How often we have sex**

In all relationships there are times when one person wants to have sex and the other person does not. In some couples this is accepted and the couple works out ways of negotiating how often to have sex. In other couples differences in desire for sex can become a problem. The person who wants to have sex can feel hurt and rejected. The person who does not want sex can feel pressured and resentful.

After a long separation, it might take some time for your sex life to get back to normal. Often one partner will be keen to be intimate as soon as possible, while the other might need some time to connect emotionally before they feel like sex. This is normal, and it's important to communicate with your partner about how you are feeling.
Each partner’s sex drive is likely to change over time. Influences such as illness, pregnancy, changes in working hours, stress at home or work can all affect sex drive. This means that working out how often you have sex is not something you can agree on for the future. You have to keep working out your sex life as you go.

Activity 5.6: How Often We Have Sex and How We Feel About It.

On your own, answer the following questions.

1. Over the last few months we have had sex:
   - [ ] six to seven days per week
   - [ ] three to five days per week
   - [ ] once or twice per week
   - [ ] every two to three weeks
   - [ ] once per month or less

2. How often we have had sex over the last few months is:
   - [ ] Much more often than I like
   - [ ] A little bit more often than I like
   - [ ] About right
   - [ ] A bit less often than I like
   - [ ] Much less often than I would like

3. Who initiates sex in your relationship?
   - [ ] Me, most of the time we have sex
   - [ ] Both of us, but me more often
   - [ ] Both of us, about equally
   - [ ] Both of us, but my partner more often
   - [ ] My partner, most of the time we have sex

4. When you do initiate sex with your partner, what do you say or do?


5. When your partner initiates sex with you, what does he or she say or do?

As a couple, discuss your answers. Write down your thoughts about your current strengths and areas to work on with respect to how you work out how often you have sex.

Strengths about how we decide how often to have sex:

Areas to work on:

If one partner consistently wants sex more often than the other. This can happen in relationships. Most often it is the man wanting sex more often than the woman, but it is not always that way.

Sometimes one partner rarely, if ever, feels like sex. If you have lost most of your interest in sex, you might want to talk that over with your relationship educator. There are ways to improve sexual interest.

If you both feel like sex at least sometimes, there can still be a difference in how often you feel like sex. To help manage this issue, you might want to try some of the following (as suggested on the DVD).

- Talk about it. This is probably best done not in bed, but at a quiet time.
- If you’re the one saying “no”, try a “maybe” sometimes (but do not feel like sex is a duty you must do).
- Say “no” nicely.
- If you’re the one initiating always accept “no”.
- If you initiate a lot, back off a little. Give your partner more chance to initiate when they are in the mood.
- If you initiate little, try asking for sex more often, when you feel most like it.
How we have sex
Partners are unlikely to always agree on what sexual activities they like. This is normal. In a good relationship, the partners clearly tell each other what they do and do not like. In that way, the couple can experiment, while never forcing someone to do things they really dislike.

“I always really loved having sex standing up but I was aware that he wasn’t as keen on it as I was. One day I asked about it and he told me that it was quite hard on his back. We experimented a little bit and found out that if I stood on something it was much more enjoyable.”

Anna

Activity 5.7: Sexual Likes and Dislikes Form
In the following exercise we ask you to reflect on your sexual likes and dislikes. The idea is to know what you like and make sure you have sex with your partner in ways you enjoy and feel comfortable with.

First, on your own, place a tick in the appropriate box on the Sexual Preferences Form on the next page.

A POINT TO PONDER
Do you have particularly strong sexual turn-ons or turn-offs? Are there any particular experiences that gave you those strong feelings?
### Sexual Preferences Form

*On your own*, place a tick in the appropriate box.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LOVE THE WAY WE DO IT NOW</th>
<th>IT’S PRETTY GOOD AS IT IS</th>
<th>IT’S OK, BUT WE COULD MAKE IT BETTER</th>
<th>HAVEN’T TRIED THIS, BUT WOULD LIKE TO</th>
<th>DON’T WANT TO DO THIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiating sex with my partner</td>
<td></td>
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<td></td>
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<tr>
<td>Having my partner initiate sex</td>
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<tr>
<td>Kissing each other for more than one minute</td>
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<tr>
<td>Telling my partner my fantasies</td>
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<tr>
<td>Having my partner tell me his/her fantasies</td>
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<tr>
<td>Giving my partner a non-genital massage</td>
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<tr>
<td>Receiving a non-genital massage</td>
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<tr>
<td>Caressing my partner’s nipples/ other non-genital area he/she finds stimulating with my hands or lips</td>
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<td>Area:</td>
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<tr>
<td>Having my partner caress my nipples/ other non-genital area with her/ his hands or lips</td>
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<tr>
<td>Area:</td>
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<tr>
<td>Caressing my partner’s genitals with my hands</td>
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<tr>
<td>Having my partner caress my genitals with his/ her hands</td>
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<tr>
<td>Giving my partner oral sex</td>
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<tr>
<td>Receiving oral sex from my partner</td>
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<tr>
<td>Giving and receiving oral sex simultaneously with my partner</td>
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<tr>
<td>Watching my partner masturbate</td>
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<tr>
<td>Having my partner watch me masturbate</td>
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<tr>
<td>Mutual masturbation</td>
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</table>
### Sexual Preferences Form CONTINUED

**On your own,** place a tick in the appropriate box.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LOVE THE WAY WE DO IT NOW</th>
<th>IT’S PRETTY GOOD AS IT IS</th>
<th>IT’S OK, BUT WE COULD MAKE IT BETTER</th>
<th>HAVEN’T TRIED THIS, BUT WOULD LIKE TO</th>
<th>DON’T WANT TO DO THIS</th>
</tr>
</thead>
</table>

Having intercourse in the following positions (fill in)

1. 

2. 

3. 

4. 

Having anal sex

Using sex toys to stimulate my partner

Having my partner use sex toys to stimulate me

Having sex away from home

Having dress-up/role-play sex

Other:

Other:
Sexual strengths and areas to work on

Next, on your own, write down two strengths or things you really like about how you currently have sex with your partner. Then write down one thing you would like to work on.

Strength 1:


Strength 2:


Area to work on:


Now, as a couple, discuss your answers.

Sex is sometimes hard to talk about, so you might like to consider the following tips for communicating well about sex:

1. Use the communication skills you learned in Unit 2.

2. Be sensitive to your partner’s feelings. This means listening to your partner’s feelings, and choosing your own words carefully. Many people feel vulnerable when talking about sex, so be gentle and loving with each other.

3. If you would like something to change, make suggestions, not demands.

4. Be very specific when you tell your partner what you like.

5. Ask your partner specifically what he/she likes.
### Keeping Sex Satisfying

One challenge in a long-term relationship is to keep sex satisfying. Some couples find their sex life becomes a bit bland or boring.

Your satisfaction with your sex life might vary because of influences outside your relationship. These influences might have a negative or a positive effect. For example, being tired or stressed after a busy period at work may decrease your enjoyment of sex. Having a short break away together might kindle some romance and improve sex.

### Activity 5.8: Managing Challenges to Your Sex Life

*As a couple,* fill out the table below. Try to identify two things that might happen that could impact upon your sex life. Write down how you can increase the positive effects and decrease the negative effects of influences on your sex life.

<table>
<thead>
<tr>
<th>Things that may impact on our sex life</th>
<th>What is the likely effect? (be specific)</th>
<th>How can we increase positive effects and decrease negative effects?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td><strong>Mark has been offered a place on a promotion course. He will only come home on weekends for the next four months.</strong></td>
<td><strong>Mark and Shan will have less time together overall, and less time for sex.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan couple nights on the weekend when Mark is home.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan lots of telephone calls during the week so they can flirt on the phone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan a romantic weekend away to celebrate Mark finishing his course.</td>
</tr>
</tbody>
</table>

1.  

2.  

---

96 Couple CARE in Uniform Guidebook - Unit 5
**Activity 5.9: My Plan to Improve My Sex Life**

In this unit we have reviewed sexual learning, sexual myths, how often you have sex, how you have sex and how to sustain your sexual satisfaction. *On your own*, complete a self-change plan to improve your sex life.

**DESCRIBE**

Write down an aspect of your sex life you want to change.

_____________________________________________________

_____________________________________________________

_____________________________________________________

**FOCUS**

What do I currently do?

_____________________________________________________

_____________________________________________________

_____________________________________________________

What are the **pluses** of my current behaviour?

_____________________________________________________

_____________________________________________________

_____________________________________________________

What are the **minuses** of my current behaviour?

_____________________________________________________

_____________________________________________________

_____________________________________________________


Define as precisely as you can what you want to happen.

What will I do? Where and when will I do it?

Set a date to review how you did:

What did I actually do?

What were the **positive** results?

What were the **negative** results?

What do I need to do from here?
Congratulations! You have worked through Unit 5.

I was wondering... Do you have any questions, concerns, or thoughts about Unit 5? You can note them down here. Please feel free to raise them with your educator.
Unit 6
Looking Ahead

OVERVIEW

AIMS

Part A  To explore likely changes that will occur in your life, and how they may impact upon your relationship.

Part B  To help you develop ways to keep your relationship a priority in your life.

Part C  To review ways you celebrate your relationship.

Part D  To give some suggestions for what to do if your relationship is not working out as you like.

SUGGESTED ACTIVITIES

As you work through Unit 6 the following activities will be suggested:

AS A COUPLE  We ask you to reflect on possible changes in your life, and how such changes would impact on your relationship.

AS A COUPLE  You plan strategies that will help you to adapt as a couple to changes.

ON YOUR OWN  We ask you to review your relationship vision now that you have nearly finished Couple CARE in Uniform.

AS A COUPLE  You write your shared relationship vision and consider ways to keep your vision alive.

AS A COUPLE  You review some of the rituals you have now for celebrating your relationship, to keep your relationship vision in focus.
ACTIVITIES

**Activity 6.1: Review of Unit 5**
Before we start Unit 6, let's reflect on Unit 5.

Thinking about the last unit (Unit 5 – Intimacy), write down any ideas that you liked. How have you used these ideas since doing Unit 5 (even if only in a small way)?

Ideas I liked:

---

How I have used the ideas:

---

How did you go carrying out your self-change plan from Unit 5?

---

Circle the number that best describes how far you went in doing your self-change plan.

<table>
<thead>
<tr>
<th>very poor/ did not do anything</th>
<th>okay, did try</th>
<th>excellent/ did it all</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Next, watch Unit 6 of the DVD together.

**A POINT TO PONDER**

In a healthy relationship the couple adapts to change in ways that help their relationship. Reflecting on your parent's relationship, what was the biggest change they had to adapt to in their relationship? How well do you think they adapted?
Part A: Managing Change

Every relationship goes through changes. Some changes might be planned, such as getting married, moving cities to take a job, or having a child. Other changes can just happen, such as losing a job or becoming ill. Change is inevitable in the military lifestyle, especially in regards to where you live.

Some changes may help your relationship. Some changes may not help. Some common changes that happen to couples early in their relationship are listed below. You will have some control over the changes that happen, so think about what you would like by way of change.

Activity 6.2: Identifying Likely Changes in Our Life Together

As a couple, place a tick beside those changes you think are more likely than not to happen to you in the next 2 years. If you think the change is unlikely to occur in the next 2 years, then consider if those same changes are more likely than not to happen in the next 10 years.

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>WITHIN 2 YEARS?</th>
<th>WITHIN 10 YEARS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>One partner changing to a different job</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>More responsibility at work</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Change home within same city/area</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Change home to a new city/area</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A partner finishing a course or other training</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A partner starting a course or other training</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Birth of a child</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A relative needing special care</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Major purchase, (e.g. home or business)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A partner staying home from paid work</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A major change in social activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A major change in sporting activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A major change in artistic activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A lengthy separation for work (e.g. deployment, training)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other: ........................................................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other: ........................................................................</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
To manage changes well it is useful to consider three things. (1) The direct effects of the change. (2) How the effects could impact on your relationship. (3) How you could manage those relationship effects. For example, John and Sarah are preparing for Sarah to begin full-time work next month. Sarah has not worked outside the home since she and John have been together. They are thinking that the change will be quite hard to get used to.

### Example of Planning for Change

<table>
<thead>
<tr>
<th>DIRECT EFFECTS OF CHANGE</th>
<th>POSSIBLE EFFECTS ON OUR RELATIONSHIP</th>
<th>OUR PLAN TO DEAL WITH RELATIONSHIP EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah will have less time to attend to cleaning and cooking.</td>
<td>If Sarah kept doing all her current chores plus work she might feel resentful. John may find it hard to get used to doing more of the chores.</td>
<td>We need to develop new routines for getting chores done. We need to agree on who does what. We need to talk this one through.</td>
</tr>
<tr>
<td>We'll have more money.</td>
<td>We'll be able to save or spend money differently.</td>
<td>We could spend our money in lots of ways (e.g., save for a mortgage, get a cleaner to help with chores). We need to agree on our priorities and agree on a budget. Organise for cleaners to come in each week.</td>
</tr>
<tr>
<td>Sarah will probably be more tired than now, she may need time to adjust to the demands of her new job.</td>
<td>Sarah might feel the need for support from John.</td>
<td>John will take care to have regular couple time to talk to Sarah.</td>
</tr>
<tr>
<td>We will both be busier.</td>
<td>Having less time to talk may result in us being more stressed with each other.</td>
<td>Both of us to remember that this is a time of change and may be stressful at first. We need to have a regular date to have fun.</td>
</tr>
</tbody>
</table>
**Activity 6.3: Managing Changes in Our Life Together**

*As a couple,* from the list of likely changes in our life together on page 102, choose two changes that are likely to occur in the next two years. Complete one of the tables that follow for each of these two changes.

**Planning for Change**

<table>
<thead>
<tr>
<th>Change 1:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>DIRECT EFFECTS OF CHANGE</strong></td>
<td><strong>POSSIBLE EFFECTS ON OUR RELATIONSHIP</strong></td>
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</tbody>
</table>

**Planning for Change**

<table>
<thead>
<tr>
<th>Change 2:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIRECT EFFECTS OF CHANGE</strong></td>
<td><strong>POSSIBLE EFFECTS ON OUR RELATIONSHIP</strong></td>
</tr>
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<td></td>
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</tbody>
</table>
Of course, not all changes can be predicted ahead of time. This is often the case with postings and deployments. When we are faced with an unexpected change or stress, well-practised relationship skills are a big help. The skills you've learned during Couple CARE in Uniform - including communication, support, caring, and conflict management - will help.

**Part B: Maintaining a Relationship Focus**

We hope that throughout Couple CARE in Uniform you have focused on your relationship on a day-to-day basis. If your relationship is to be as good as it possibly can be, it is important to continue this relationship focus. But how can we remember to focus on our relationship in the future? Life can be busy, and it is easy to let things slide.

A major risk for couples is that they start to take each other or the relationship for granted. It is easy to get caught up in your job, friends, family and other activities. These are all important aspects of your life. But your relationship needs to be central to your life if it is to flourish. There are at least three things you can do to focus on your relationship for the long-term.

1. Have regular reviews of your relationship vision.
2. Celebrate your relationship.
3. Maintain your use of relationship skills.

**SOME POINTS TO PONDER ABOUT LONG-TERM MARRIED COUPLES**

One third of all couples report they have not been on a date (going out, just the two of them) in the last three months.

The average man with children speaks to his children for about five minutes per day, and to his wife for 10 minutes per day. The same man will watch about 2 hours of television per day.
Activity 6.4: Reviewing Your Relationship Vision
A regular review of your relationship vision will help you to keep working on how you want your relationship to be. Let's do your first review now.

Look back at the personal relationship vision you did in Unit 1 (page 7). Since then you have spent some weeks thinking about your relationship. Is there anything you'd like to take out or change about your relationship vision? Are there any new ideas you would like to add to your vision? In particular, is there anything about how you will keep working on your relationship?

On your own, write down any changes you would like to make to your relationship vision (try to be as concrete as possible):

________________________________________
________________________________________
________________________________________

As a couple, discuss your individual ideas about your relationship vision. Write down below the ideas you agree upon. It is not important if your individual relationship visions do not match exactly. What is important is that you agree on some ideas of how you want your relationship to be.

Our shared relationship vision

________________________________________
________________________________________
________________________________________

Together you have just painted a word picture of how you want your relationship, your life together, to be.

KEY POINT
Over the years, it will be helpful to look over your relationship vision together. Ask yourselves at these times: Are we on track? Are there things we need to add or change? This way, you'll keep working towards achieving your hopes, dreams and plans for your relationship. Some couples use anniversaries, the new year, or other regular times to review their relationship.
Celebrate Your Relationship

As discussed in the video, celebrating your relationship is another important way you can focus on your relationship. Most couples develop rituals that focus them on their relationship. It might be a special dinner on their anniversary, a birthday together, or holiday time. Each couple is different and it is not important how you celebrate your relationship. But, it is important that you do celebrate.

“‘It’s our silver wedding anniversary next week. Every year for the last 25 years we have gone to dinner, just the two of us. Except in 1984, when I was in labour with Jeffrey. Last year we went on to a coffee place. Mike smuggled in a photo album which had some of our wedding shots, and when the kids were young. Looking over that together was the most romantic experience of my life. This year I’ve got something to surprise Mike. I got a photo from his mum of us going out way back before we were married. He was such a hippy with his beard, my dad hated him. He’ll die when he sees the flares!’”
- Joanne

“For me Friday nights are special. It’s the end of the week. Even if you’re beat, you’ve got the weekend to enjoy stuff. Most weeks we sit on our front porch and have a drink. Often we plan what we’re going to do in the next week or two, or bitch about work, or just catch up on stuff. Sometimes our kids will join us, a lot of the time it’s just the two of us. I love it.”
- Kim
Activity 6.5: Developing Celebration Rituals

As a couple, talk about how you do, or how you want to, celebrate your relationship. Write down two rituals you want to have.

Celebration 1. When, where and how:

________________________________________________________________________

________________________________________________________________________

Celebration 2. When, where and how:

________________________________________________________________________

________________________________________________________________________

Keep using your relationship skills

“Use it or lose it.” That is how many people describe hanging on to skills that you learn. Relationship skills need to be used, or they disappear.

Activity 6.6: Practising What You Have Learnt

On your own, think back over the past 5 units: Self-change, Communication, Support and Caring, Managing Differences and Intimacy. Write down things you would most like to keep doing. (To remind you of some of the skills covered in Couple CARE in Uniform, see the Relationship Checklist on pages 110-111).

List five things from Couple CARE in Uniform you liked and want to keep doing:

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

4. ______________________________________________________________________

5. ______________________________________________________________________
It’s important to turn the skills you have learned from Couple CARE in Uniform into habits. Here are some ideas for consolidating these habits.

1. Make time to reflect and work actively on your relationship vision, your communication skills, support and caring skills, sexual intimacy skills, and to mix your shared and individual activities.

2. Occasionally (or regularly) dig out your Couple CARE in Uniform materials, watch the DVD and read over your guidebooks again.

3. Make a regular “couple time” where you discuss your ongoing skills. This will help keep an ongoing dialogue between you and your partner about your relationship skills.

4. Remember to keep using self-directed change principles: continually work at changing your own behaviour in order to improve your relationship.

Over the next two pages is the Couple CARE in Uniform relationship skill checklist. This checklist lists some of the important skills you’ve learned during the program.

As a couple, look through the checklist. Decide on three skills that each of you will focus on doing for the next month.

Skills I will try to maintain:

1. 

2. 

3. 

## Couple CARE Relationship Skills Checklist

<table>
<thead>
<tr>
<th>Skills</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-change</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review relationship vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use five-step self-change plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe specifics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express positives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assert negatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-disclosing feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Attend</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Encourage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summarise content</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraphrase feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hear your partner out</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Emotion-focused support</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help partner express feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage, reassure, give affection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Problem-focused support</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help define the problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggest specific plan of action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer partner specific assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask what sort of support is needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Caring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing day-to-day acts of caring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep novelty and variety in caring behaviours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Couple CARE Relationship Skills Checklist

<table>
<thead>
<tr>
<th>Skills</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conflict management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t try to solve the problem too quickly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use the floor technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hear your partner out fully</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When listening, give feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When speaking, ask for feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hear your partner out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use “I” statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend and encourage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe problems specifically</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make specific positive requests for change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use temporary stop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use time out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold relationship meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing balance of individual and couple activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressing sex preferences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balancing responsibility for initiating sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning for change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celebrating the relationship</td>
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<td></td>
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</tbody>
</table>

**CONTINUED**
So that’s how you can make sure you practise your Couple CARE skills, but what about how to keep working on new relationship skills into the future? What can we do? Where else can we go?

- Continually be on the lookout for new ways to develop your relationship skills, and for sources of relationship insight.
- Attend workshops advertised in the paper, read books (ask for the self-help or psychology section in bookshops or in libraries).
- If you are having difficulties in your relationship, address these early. Many people nowadays go to couple counselling to do further work on their relationship. Of course, you can always go to a counsellor as an individual to talk about relationship issues too.

**Part C: What if Things Start to Go Wrong?**

Sometimes relationships do go wrong. Getting busy with other things, feeling stressed, or getting ill might lead you to reduce your relationship focus. If you find your relationship is drifting downward, it is important to attempt to correct things as soon as you notice.

**Early Warning Signs**

Even if you are happy with the way your relationship is right now, it can be helpful to identify behaviours or feelings that might act as early warning signs for things starting to go wrong in your relationship. *On your own,* write down some early warning signs, and what action you might take if such behaviour occurred in your relationship.

<table>
<thead>
<tr>
<th>Early Warning Sign</th>
<th>What I Might Do</th>
</tr>
</thead>
</table>
| Example: My partner and I start arguing more than usual. | 1. Revisit the program materials, refresh our conflict management skills.  
2. Consider couple therapy. |
Activity 6.7: A Final Reflection

You have now worked through Units 1 to 6 of Couple CARE in Uniform - the whole program.

As a couple, reflect on this last unit. Write down what you liked and what you might find useful in the future.

________________________________________________________________________
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Feeling good about our efforts is very important. Overall, how do you feel about your efforts with Couple CARE in Uniform? Chances are, you’ll feel like you’ve done a pretty good job (maybe not excellent, but pretty good). Even if you feel you could have put in more effort, do not punish yourself for that. It is important to spend time thinking about the things you have done well. Do not dwell on the negatives about what else you could have done or make excuses. Allow yourself to feel good about the gains you have made as you worked through Couple CARE in Uniform.

The same principle of being kind to yourself holds for the way you manage your relationship. Nobody is kind, attentive, supportive and effective at communication all the time. What matters is putting in some effort from time to time. Perfect relationships do not exist. But truly wonderful relationships do. You have been working to make your relationship as good as you can.

So, every time you think to yourself that you’ve done okay, let yourself feel good for a few minutes. This is an important way of rewarding yourself for your effort.
A Final Word

In Couple CARE in Uniform we have covered many relationship skills. Our aim is to help you achieve your hopes for your relationship.

By working through the program, you've shown your commitment to moving towards your relationship goals. Congratulations for putting your time, energy and heart into it.

Thanks for sharing yourselves with us, and allowing us to share our ideas with you. We wish you the best for a long, happy, loving relationship.

W. Kim Halford, for the Couple CARE in Uniform team
Blank Self-Change Plan

**DESCRIBE**

Write down an aspect of your behaviour that you want to change. Be clear and specific.

________________________________________________________________________

________________________________________________________________________

**FOCUS**

What do I currently do?

________________________________________________________________________

________________________________________________________________________

What are the *pluses* of my current behaviour?

________________________________________________________________________

________________________________________________________________________

What are the *minuses* of my current behaviour?

________________________________________________________________________

________________________________________________________________________
**SET GOAL**
Define as precisely as you can what you want to happen.

**ACTION**
What will I do? Where and when will I do it?

**EVALUATE**
Set a date to review how you did: 

What did I actually do?

What were the **positive** results?

What were the **negative** results?

What do I need to do from here?
ABOUT THE AUTHORS

Professor W. Kim Halford is a Professor of Clinical Psychology, and Deputy Head of the School of Psychology at the University of Queensland in Brisbane, Australia. He completed a PhD in clinical psychology at LaTrobe University in 1979, and is a registered psychologist in Queensland. Kim has been active in research and practice of relationship education for over 30 years, and is an internationally known expert on couples research. He has written over 140 research articles and books on couple relationships. He maintains an active psychological practice working with couples.

Ms Melissa Bakhurst completed her BA (Hons) in Psychology at the University of Melbourne in 2009. She is currently completing her PhD on military couple relationships. Melissa has worked as a relationship educator on previous trials of the Couple CARE program.
Appendix F
Couple CARE in Uniform – Educator Notebook

Couple CARE in Uniform
Relationship Educator’s Notebook

Couple Number: __ __ __ __ __ _ Facilitator: ____________________________
Contact Address: ____________________________ ☎ (Home): ____________
__________________________ ☎ (Work): ____________
__________________________ ☎ (Mobile): ____________
Name (Partner 1): ____________________________ ☐ M ☐ F Age: ______
Name (Partner 2): ____________________________ ☐ M ☐ F Age: ______
Children N Y → Name: ____________________________ ☐ M ☐ F Age: ______
Name: ____________________________ ☐ M ☐ F Age: ______
Name: ____________________________ ☐ M ☐ F Age: ______
Name: ____________________________ ☐ M ☐ F Age: ______
Duration of Relationship: ________ months
How long in the ADF: ________ months
Army/Navy/Air Force: ____________________________

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

W. Kim Halford & Melissa Bakhurst
School of Psychology
The University of Queensland

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Appendix F

**Program Details**

- Program materials mailed: ................................................................. / / /  
- Pre-assessment session conducted on: ............................................ / / /  
- Unit 1 conducted on: ................................................................. / / /  
- Unit 2 conducted on: ................................................................. / / /  
- Unit 3 conducted on: ................................................................. / / /  
- Unit 4 conducted on: ................................................................. / / /  
- Unit 5 conducted on: ................................................................. / / /  
- Unit 6 conducted on: ................................................................. / / /  
- Post-treatment assessment session conducted on: ................................................................. / / /  

**Days to Complete Program**
Unit One - Self-change

Key Tasks – Unit 1

1a. Assess Engagement – Key Task 1: Did each partner watch the Unit 1 DVD?

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1b. Assess whether each partner has completed Guidebook tasks for this unit

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Both completed guidebook activities: | All | Some | None* |

*If couple have NOT completed the guidebook activities for this unit, the telephone educator will need to assess any barriers to completion of exercises (and problem solve with the couple). The telephone educator will need to arrange another appointment with the couple to continue the discussion at a future date when the activities have been completed.

Barriers reported by couple: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Solutions proposed by couple: ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Time check: ________
2a. Assess Engagement – Key Task 2: Has the couple completed the “Part A: Expectations” exercise (Guidebook pp. 2-5)

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2b. What are each partner’s specific family of origin influences on current relationship expectations? (Guidebook pp. 3-4)

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2c. For each partner, what other influences on current relationship expectations were there? (Guidebook p. 4-5)

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Time check: ________
3a. Assess Engagement – Key Task 3: Has the couple completed “Part B: Developing a Relationship Vision” exercise (Guidebook pp. 6-7)

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3b. Summarise own personal relationship vision (Guidebook p. 7)

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3c. What aspects of your partner’s relationship vision do you want to include in your own (Guidebook p. 7)

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Time check: ________
4a. Assess Engagement – Key Task 4: Has the couple completed the “Self-change” Self-change Plan? (Guidebook pp. 11-12)

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4b. Self-change Plan (Guidebook pp. 11-12)

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<td>ii.</td>
<td>Own behaviour – pluses of current behaviour: ..........................</td>
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<td>Own behaviour – minuses of current behaviour: ..........................</td>
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<td>iii.</td>
<td>Self-Change goal: .................................................................</td>
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<td>iv.</td>
<td>Action plan: .......................................................................</td>
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<td>v.</td>
<td>Evaluation: ................................. (about one week from today)</td>
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</table>
i. Aspect of relationship vision: .................................................................
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ii. Own behaviour – pluses of current behaviour: ........................................
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Own behaviour – minuses of current behaviour: ...........................................
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iii. Self-Change goal: ...................................................................................
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iv. Action plan: ...........................................................................................
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v. Evaluation:
   Review date? .......................... (about one week from today)

Time check: _________
5a. Outstanding questions (Guidebook p. 13)

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Time check: ________

Arrange Next Appointment

1. Next appointment

Date: ______________

Time: ______________

Time check: ________

Scoring Engagement

Once the telephone call is concluded you will need to transfer each partner’s individual scores on Engagement Key Tasks 1 – 4 (in the grey shaded areas above) into the Engagement Data Summary Tables starting on page 60.

Scoring Integrity

Treatment Integrity Checklist: Complete the checklist below. Calculate the Total Score by summing your responses for each item in the checklist for this unit only. If the couple did not complete an assigned task, you will need to pro-rate their Total Score using the equation:
Total Score = Actual Score x \[ \frac{14}{\text{Total Possible Score of Completed Items}} \]

Finally transfer the Total Score into the appropriate box in the Treatment Integrity Checklist Summary Table on page 63.

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<th>Partially Completed</th>
<th>Completed</th>
<th>Clients Did Not Complete</th>
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<tr>
<td>1.</td>
<td>I asked each partner which influences they think have helped shape their expectations about their relationship</td>
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<td>2.</td>
<td>I asked each partner to identify from their personal relationship vision the three most important points</td>
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<td>3.</td>
<td>I asked each partner if there were any aspects of their partner’s relationship vision that they hadn’t previously considered but that they would now like to include in their own relationship vision</td>
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<td>4.</td>
<td>I invited each partner to share her/his relationship vision Self-change Plan. After ascertaining how much of the Self-change Plan they’d implemented, I asked about each of the five steps (i.e., I asked which aspect of their relationship vision they’d decided to write a change plan on, asked each partner how they went focussing on their own behaviour, etc.)</td>
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<td>4</td>
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<tr>
<td>5.</td>
<td>I asked each partner if there were questions from any sections in Unit 1 that we had not covered</td>
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<td>6.</td>
<td>I guided each partner in a reflection of the unit (DVD, guidebook, and facilitation) as a whole</td>
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Unit Two - Communication

Key Tasks – Unit 2

1a. Assess Engagement – Key Task 1: Did the couple watch the Unit 2 DVD?

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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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1b. Assess whether each partner has completed Guidebook tasks for this unit

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Both | completed guidebook activities: | All | Some | None* |
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* If couple have NOT completed the guidebook activities for this unit, the telephone educator will need to assess any barriers to completion of exercises (and problem solve with the couple). The telephone educator will need to arrange another appointment with the couple to continue the discussion at a future date when the activities have been completed.

Barriers reported by couple:  
__________________________________________________________________________
__________________________________________________________________________
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Solutions proposed by couple:  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Time check: ________
2. Review of Unit 1 – “Self-change” Self-change Plan (Guidebook p. 15)

2a. Assess and re-rate further engagement with any unfinished tasks from Unit 1
2b. Assess Progress? .................................................................
..............................................................................................
..............................................................................................
2c. Evaluate level of success in implementing action plan:

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<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
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very poor (didn’t do anything)  excellent (completed through to step 5)

2d. Easiest Part: .................................................................
..............................................................................................
Most Difficult Part: .............................................................
..............................................................................................

Time check: ________
3a. Understanding of SPEAKER communication skills (Guidebook p. 18)

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Identify **two** SPEAKER skills & examples:

1. ........................................................................................................
   ........................................................................................................
2. ........................................................................................................
   ........................................................................................................

Identify **two** SPEAKER skills & examples:

1. ........................................................................................................
   ........................................................................................................
2. ........................................................................................................
   ........................................................................................................

3b. Understanding of LISTENER communication skills (Guidebook p. 18)

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Identify **three** LISTENER skills & examples:

1. ........................................................................................................
   ........................................................................................................
2. ........................................................................................................
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3. ........................................................................................................
   ........................................................................................................

Identify **three** LISTENER skills & examples:

1. ........................................................................................................
   ........................................................................................................
2. ........................................................................................................
   ........................................................................................................
3. ........................................................................................................
   ........................................................................................................

**Time check:** ________
4a. Assess Engagement – Key Task 2: Conducted communication discussion and performed self-evaluation of discussion by completing the “communication self-evaluation” and “giving and receiving feedback” exercises (Guidebook pp. 20-22)

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<td>No attempt</td>
<td>Completed Some</td>
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<td>Completed Extra</td>
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4b. “Communication” discussion feedback (Guidebook pp. 20-22)

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<th>Communication goals: ............................................................</th>
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<td>Communication self-evaluation: ...............................................</td>
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Time check: _______
5a. Assess Engagement – Key Task 3: Emotional Bids (Guidebook p. 23)

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<td>No attempt</td>
<td>Completed Some</td>
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5b. Reflecting on Emotional Bids in Your Relationship (Guidebook p. 23)

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</table>
|   | Emotional Bids: .................................................................
|   | .................................................................
|   | .................................................................
|   | Pluses of Emotional Bids: ...........................................................
|   | .................................................................
|   | .................................................................
|   | Minuses of Emotional Bids: ...........................................................
|   | .................................................................
|   | .................................................................

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</table>
|   | Emotional Bids: .................................................................
|   | .................................................................
|   | .................................................................
|   | Pluses of Emotional Bids: ...........................................................
|   | .................................................................
|   | .................................................................
|   | Minuses of Emotional Bids: ...........................................................
|   | .................................................................
|   | .................................................................

Time check: __________
6a. Assess Engagement – Key Task 4: Communicating During Separations (Guidebook p. 24-25)

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<td>M</td>
<td>F</td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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6b. Deciding What to Share and What Not to Share During Separations (Guidebook p. 24-25)

What topics did you agree to share: .................................................................
.........................................................................................................................
.........................................................................................................................
What topics did you agree not to share: ............................................................
.........................................................................................................................
Anything you disagreed on? ..............................................................................
.........................................................................................................................

Time check: ________

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<td>Completed Some</td>
<td>Completed All</td>
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<td>1</td>
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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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7b. Self-change Plan (Guidebook pp. 26-27)

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<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>i.</td>
<td>ii.</td>
</tr>
<tr>
<td>Aspect of “communication”:</td>
<td>Own behaviour – pluses of current behaviour:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>iv.</td>
<td>Self-Change goal:</td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td>Evaluation:</td>
<td></td>
<td></td>
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<tr>
<td>Review date?</td>
<td>(about one week from today)</td>
<td></td>
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</tbody>
</table>
i. Aspect of “communication”: .................................................................
.................................................................................................
.................................................................................................
.................................................................................................

ii. Own behaviour – pluses of current behaviour: ..............................
.................................................................................................
.................................................................................................
.................................................................................................

Own behaviour – minuses of current behaviour: ..............................
.................................................................................................
.................................................................................................
.................................................................................................

iii. Self-Change goal: ........................................................................
.................................................................................................

iv. Action plan: ................................................................................
.................................................................................................
.................................................................................................
.................................................................................................

v. Evaluation:
    Review date? .............................. (about one week from today)

Time check: ________
8. Outstanding questions (Guidebook p. 28)

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Time check: ________

Arrange Next Appointment

Next appointment

Date: ________________

Time: ________________

Time check: ________
**Scoring Engagement**

Once the telephone call is concluded you will need to transfer each partner’s individual scores on Engagement Key Tasks 1 – 5 (in the grey shaded areas above) into the Engagement Data Summary Tables starting on page 60.

**Time Check**

Time Check: Calculate how long the telephone call took to complete by subtracting the final “Time check” value from the initial “Time check” value and transfer this figure (in minutes) into the appropriate box in the Time Check Summary Table on page 62.

**Scoring Integrity**

Treatment Integrity Checklist: Complete the checklist below. Calculate the Total Score by summing your responses for each item in the checklist. If the couple did not complete an assigned task, you will need to pro-rate their Total Score using the equation:

\[
\text{Total Score} = \frac{\text{Actual Score} \times 18}{\text{Total Possible Score of Completed Items}}
\]

Finally transfer the Total Score into the appropriate box in the Treatment Integrity Checklist Summary Table on page 63.
1. Where applicable I reviewed unfinished tasks from Unit 1, and I asked each partner how s/he went with their Self-change Plan from Unit 1, and asked them how they rated themselves on a 0-10 scale. I also asked them what they found the easiest and most difficult parts                      0 1 2  □

2. I asked each partner to identify two speaker skills and three listener skills without looking at their guidebooks, and asked them to give examples of how they would use these skills                        0 1 2  □

3. I asked each partner what their communication goals were and how they went with them on the communication task                                  0 1 2  □

4. I asked each partner what emotional bids they make toward their partner                                     0 1 2  □

5. I asked each partner what topics they agreed to share and not to share during a separation, and if there were any topics they disagreed on                      0 1 2  □

6. I invited each partner to share her/his communication Self-change Plan. After ascertaining how much of the Self-change Plan they’d implemented, I asked about each of the five steps (i.e., I asked which aspect of their communication they’d decided to write a change plan on, asked each partner how well they went with focussing on their own behaviours, etc.) .... 0 2 4  □

7. I asked each partner if there were questions from any sections in Unit 2 that we had not covered                      0 1 2  □

8. I guided each partner in a reflection of the unit (DVD, guidebook, and facilitation) as a whole                      0 1 2  □
Unit Three - Support & Caring

Key Tasks – Unit 3

1a. Assess Engagement – Key Task 1: Watched Unit 3 DVD

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<td>M</td>
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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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<td>No attempt</td>
<td>Completed Some</td>
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1b. Assess whether each partner has completed Guidebook tasks for this unit

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<tr>
<th></th>
<th></th>
<th>read guidebook:</th>
<th>All</th>
<th>Some</th>
<th>None</th>
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<td>read guidebook:</td>
<td>All</td>
<td>Some</td>
<td>None</td>
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Both completed guidebook activities: | All | Some | None*

* If couple have NOT completed the guidebook activities for this unit, the telephone educator will need to assess any barriers to completion of exercises (and problem solve with the couple). The telephone educator will need to arrange another appointment with the couple to continue the discussion at a future date when the activities have been completed.

Barriers reported by couple: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Solutions proposed by couple: ________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Time check: ________
2. Review of Unit 2 – “Communication” Self-change Plan (Guidebook p. 30)

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<th>2a. Assess and re-rate further engagement with any unfinished tasks from Unit 2</th>
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<td>2b. Assess Progress: ......................................................................................</td>
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</table>
|   |   | 2c. Evaluate level of success in implementing action plan:  
|   |   | 0 1 2 3 4 5 6 7 8 9 10  
|   |   | very poor (didn’t do anything) excellent (completed through to step 5) |
|   |   | 2d. Fine Tuning: ......................................................................................... |
|   |   | ............................................................................................................... |
|   |   | ............................................................................................................... |

Time check: ________
3. Goals for support (Guidebook p. 33)

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| Support behaviours goals: | .......................................................... |
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Time check: ________

4a. Assess Engagement – Key Task 2: Conducted “supporting my partner” discussion and performed “support skills self-evaluation” (Guidebook pp. 33-36)

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4b. Evaluate discussion: changes to support behaviours (Guidebook p. 34-36)

<table>
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<tbody>
<tr>
<td>Support behaviours you would most like to work on:</td>
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Support behaviours you would most like to work on: ..........................................................
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Time check: ________

5a. Assess Engagement – Key Task 3: Separation Challenges (Guidebook pp. 37-42)

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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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5b. Challenges for Couples Surrounding Separations (Guidebook p. 37-38)

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</table>
|   |   | What did you both identify as your strength areas in dealing with separations? .......
|   |   | ........................................................................................................................................
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</table>
|   |   | What did you both identify as your challenge areas in dealing with separations? ..... 
|   |   | ........................................................................................................................................
|   |   | ........................................................................................................................................
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Time check: ________
6a. Assess Engagement – Key Task 4: Separation Behaviours (Guidebook pp. 43-45)

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<td>1</td>
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<tr>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
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</table>

6b. Behaviours Surrounding Separations (Guidebook p. 43-45)

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<td>0</td>
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</tr>
<tr>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
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</table>

One behaviour you want to try next time you are separated: ...........................................................

Pluses of this behaviour: .................................................................
.................................................................................................
.................................................................................................

Minuses of this behaviour: .................................................................
.................................................................................................
.................................................................................................

One behaviour you want to try next time you are separated: ...........................................................

Pluses of this behaviour: .................................................................
.................................................................................................
.................................................................................................

Minuses of this behaviour: .................................................................
.................................................................................................
.................................................................................................

Time check: ________

7. Assess Engagement – Key Task 5: Completed “Caring Behaviours Checklist” (Guidebook p. 46-48)

<table>
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<th>M</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No attempt</td>
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<td>Completed All</td>
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</tbody>
</table>

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<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
</tr>
</tbody>
</table>

Time check: ________
IF either partner has chosen to complete their self-change plan on a CARING behaviour: before proceeding with the next task, one of the partners will need to leave the room so that you can discuss the other partner’s caring action plan.

The partners can change places once this review is completed and the same discussion of the caring action plan is then carried out with the second partner.

8a. Assess Engagement – Key Task 6: Completed “Support” or “Caring” Self-change Plan (Guidebook pp. 49-50)

<table>
<thead>
<tr>
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<th>M</th>
<th>F</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
</tr>
</tbody>
</table>
8b. Self-change Plan (Guidebook pp. 49-50)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>i.</td>
<td>Aspect of “support” or “caring”: .................................................................</td>
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<td>.........................................................................................................................</td>
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<tr>
<td>ii.</td>
<td>Own behaviour – pluses of current behaviour: .........................................................</td>
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<td>.........................................................................................................................</td>
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<tr>
<td></td>
<td>Own behaviour – minuses of current behaviour: .........................................................</td>
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<td>.........................................................................................................................</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>Self-Change goal: .........................................................................................</td>
<td></td>
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<tr>
<td></td>
<td>.........................................................................................................................</td>
<td></td>
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<td></td>
<td>.........................................................................................................................</td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td>Action plan: ..................................................................................................</td>
<td></td>
</tr>
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<td></td>
<td>.........................................................................................................................</td>
<td></td>
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<td>.........................................................................................................................</td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td>Evaluation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review date? ................................. (maximum of 2 weeks from today)</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

i. Aspect of “support” or “caring”:

ii. Own behaviour – pluses of current behaviour:

iii. Self-Change goal:

iv. Action plan:

v. Evaluation:
   - Review date? (maximum of 2 weeks from today)

**Time check: ________**
9. Outstanding questions (Guidebook p. 51)

<table>
<thead>
<tr>
<th>M</th>
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</thead>
<tbody>
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<td>................................</td>
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<td>................................</td>
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<td>................................</td>
<td>................................</td>
</tr>
</tbody>
</table>

Time check: ________
Arrange Next Appointment

1. Next appointment

Date: ______________

Time: ______________

   Time check: ________

Scoring Engagement

Once the telephone call is concluded you will need to transfer each partner’s individual scores on Engagement Key Tasks 1 – 6 (in the grey shaded areas above) into the Engagement Data Summary Tables starting on page 60.

Time Check

Time Check: Calculate how long the telephone call took to complete by subtracting the final “Time check” value from the initial “Time check” value and transfer this figure (in minutes) into the appropriate box in the Time Check Summary Table on page 62.

Scoring Integrity

Treatment Integrity Checklist: Complete the checklist below. Calculate the Total Score by summing your responses for each item in the checklist. If the couple did not complete an assigned task, you will need to pro-rate their Total Score using the equation:

\[
\text{Total Score} = \text{Actual Score} \times \frac{16}{\text{Total Possible Score of Completed Items}}
\]

Finally transfer the Total Score into the appropriate box in the Treatment Integrity Checklist Summary Table on page 63.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not Completed</th>
<th>Partially Completed</th>
<th>Completed</th>
<th>Clients Did Not Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Where applicable I reviewed unfinished tasks from Unit 2, and I asked each partner</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>how s/he went with their Self-change Plan from Unit 2 and asked them how they</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>would fine tune the plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I asked each partner what they wrote down for their strengths and areas to work on</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in communicating support after they had filled in their support skills self-evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND AFTER THEIR PARTNER HAD GIVEN THEM FEEDBACK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I encouraged each partner to be flexible in the type of support behaviours s/he</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>provides. I reminded each partner that they will sometimes specifically need to ask</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>for the type of support behaviours they need from their partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I asked the couple what they found most challenging about separations, and what</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>strategies and behaviours they’d like to try next time they are separated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I invited each partner to share her/his support or caring Self-change Plan. After</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ascertaining how much of the Self-change Plan they’d implemented, I asked about</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>each of the five steps (i.e., I asked which aspect of their caring they’d decided</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>to write a change plan on, asked each partner how well they went with focussing on</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>their own behaviours, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I asked each partner if there were questions from any sections in Unit 3 that we</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>had not covered</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>I guided each partner in a reflection of the unit (DVD, guidebook, and facilitation)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
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<tr>
<td></td>
<td>as a whole</td>
<td></td>
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</tbody>
</table>
Key Tasks – Unit 4

1a. Assess Engagement – Key Task 1: Has the couple watched the Unit 4 DVD?

<table>
<thead>
<tr>
<th></th>
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<th>1</th>
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<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
</tr>
</tbody>
</table>

1b. Assess whether each partner has completed Guidebook tasks for this unit

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>read guidebook:</td>
<td>All</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>Together</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>read guidebook:</td>
<td>All</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>Together</td>
</tr>
</tbody>
</table>

Both completed guidebook activities: | All | Some | None* |

* If couple have NOT completed the guidebook activities for this unit, the telephone educator will need to assess any barriers to completion of exercises (and problem solve with the couple). The telephone educator will need to arrange another appointment with the couple to continue the discussion at a future date when the activities have been completed.

Barriers reported by couple: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Solutions proposed by couple: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Time check: ________
### 2. Review of Unit 3 – “Support” or “Caring” Self-change Plan (Guidebook p. 53)

<p>| | | | | | | | | | | | |</p>
<table>
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</table>

2a. Assess and re-rate further engagement with any unfinished tasks from Unit 3

2b. Assess Progress: ..............................................................................................................................
.............................................................................................................................................................

2c. Evaluate level of success in implementing action plan:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>very poor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>excellent</td>
</tr>
<tr>
<td>(didn’t do anything)</td>
<td>(completed through to step 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

2d. Fine Tuning: .................................................................................................................................
.............................................................................................................................................................

Time check: ________
3. **Assess Engagement – Key Task 2**: Completed “What Areas Do My Partner and I Have Differences” Checklist (Guidebook p. 54)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
<tr>
<td>1</td>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
</tbody>
</table>

4. **Conflict patterns** (Guidebook p. 55-56)

<table>
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<tr>
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</thead>
<tbody>
<tr>
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<td>No attempt</td>
<td>Completed Some</td>
</tr>
<tr>
<td>1</td>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
</tbody>
</table>

5a. **Assess Engagement – Key Task 3**: Completed “Ground Rules for Good Conflict Management” checklist (Guidebook p. 59)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td>No attempt</td>
<td>Completed Some</td>
</tr>
<tr>
<td>1</td>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
</tbody>
</table>

5b. **Ground Rules for dealing with conflict** (Guidebook p. 59)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
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<td>No attempt</td>
<td>Completed Some</td>
</tr>
<tr>
<td>1</td>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
</tbody>
</table>

Identify the ground rules the couple has chosen to enhance their current conflict style:

- .................................................................
- .................................................................
- .................................................................
- .................................................................
- .................................................................
- .................................................................
- .................................................................
- .................................................................
- .................................................................

Appendix F
Identify the ground rules the couple has chosen to enhance their current conflict style:

- ...
- ...
- ...
- ...

Time check: ________

6a. Assess Engagement – Key Task 4: Conducted conflict discussion and performed self-evaluation of discussion by completing the “Conflict Skills Self-Evaluation Form” (Guidebook pp. 62-65)

<table>
<thead>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
</tbody>
</table>

6b. Had discussion: “Conflict Skills Self-Evaluation Form” (Guidebook pp. 62-65)

<table>
<thead>
<tr>
<th>M</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No attempt</td>
<td>Completed Some</td>
</tr>
</tbody>
</table>

Conflict skills goal/s: .................................................................

Discussion: .................................................................

Self-evaluation: .................................................................
Conflict skills goal/s: .................................................................
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Discussion: ............................................................................................
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Self-evaluation: ......................................................................................
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Time check: ________

7a. Assess Engagement – Key Task 5: Completed “Conflict Skills” Self-change Plan
   (Guidebook pp. 66-67)

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<th>3</th>
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</thead>
<tbody>
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<td>M</td>
<td>F</td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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</tbody>
</table>

Self-change Plan:

- Completed
- Completed Some
- Completed All
- Completed Extra

Appendix F
### 7b. Self-change Plan (Guidebook pp. 66-67)

<table>
<thead>
<tr>
<th>M</th>
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</tr>
</thead>
</table>

i. Aspect of “conflict skill”:

ii. Own behaviour – pluses of current behaviour:

iii. Own behaviour – minuses of current behaviour:

iv. Self-Change goal:

v. Action plan:

v. Evaluation:

   Review date? .......................... (maximum of 2 weeks from today)
<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
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</table>

i. Aspect of “conflict skill”: .................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

ii. Own behaviour – pluses of current behaviour: ........................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

Own behaviour – minuses of current behaviour: ............................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

iii. Self-Change goal: ...................................................................................
...........................................................................................................
...........................................................................................................

iv. Action plan: ............................................................................................
...........................................................................................................
...........................................................................................................

v. Evaluation:

Review date? ................................. (maximum of 2 weeks from today)

Time check: ________

8. Outstanding questions (Guidebook p. 71)

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Time check: ________
Before arranging an appointment for the next telephone call, inform the clients that although Unit Five deals with the theme of sexual intimacy in the relationship, we will not be asking them to disclose any information about their sexual behaviours or experiences.

Arrange Next Appointment

Next appointment

Date: ________________

Time: ________________

Time check: __________

Scoring Engagement

Once the telephone call is concluded you will need to transfer each partner’s individual scores on Engagement Key Tasks 1 – 5 (in the grey shaded areas above) into the Engagement Data Summary Tables starting on page 60.

Time Check

Time Check: Calculate how long the telephone call took to complete by subtracting the final “Time check” value from the initial “Time check” value and transfer this figure (in minutes) into the appropriate box in the Time Check Summary Table on page 62.

Scoring Integrity

Treatment Integrity Checklist: Complete the checklist below. Calculate the Total Score by summing your responses for each item in the checklist. If the couple did not complete an assigned task, you will need to pro-rate their Total Score using the equation:

$$\text{Total Score} = \text{Actual Score} \times \frac{14}{\text{Total Possible Score of Completed Items}}$$

Finally transfer the Total Score into the appropriate box in the Treatment Integrity Checklist Summary Table on page 63.
1. Where applicable I reviewed unfinished tasks from Unit 3, and I asked each partner how they went with their Self-change Plan from Unit 3. I asked them how well they went in carrying out the plan and how they would fine tune it ........................................... 0 1 2 □

2. I asked the couple to identify their major conflict patterns and then asked them to state which conflict ground rules they had chosen for use in future conflicts ............... 0 1 2 □

3. I asked each partner what their conflict skills goals were and how they went with them on the discussion task ......................... 0 1 2 □

4. I invited each partner to share her/his conflict skill Self-change Plan. After ascertaining how much of the Self-change Plan they’d implemented, I asked about each of the five steps (i.e., I asked which aspect of their conflict skill they’d decided to write a change plan on, asked each partner how well they went with focussing on their own behaviours, etc.) ... 0 2 4 □

5. I asked each partner if there were questions from any sections in Unit 4 that we had not covered ........................................... 0 1 2 □

6. I guided each partner in a reflection of the unit (DVD, guidebook, and facilitation) as a whole ................................. 0 1 2 □
Unit Five – Intimacy

Key Tasks – Unit 5

1a. Assess Engagement – Key Task 1: Did the couple watch the Unit 5 DVD?

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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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<td>No attempt</td>
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1b. Assess whether each partner has completed Guidebook tasks for this unit

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<td>M</td>
<td>F</td>
<td>Read guidebook: All</td>
<td>Some</td>
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<td>Together</td>
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<td>Read guidebook: All</td>
<td>Some</td>
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<td></td>
<td>Together</td>
<td>Independently</td>
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</tbody>
</table>

Both completed guidebook activities: All | Some | None* |

* If couple have NOT completed the guidebook activities for this unit, the telephone educator will need to assess any barriers to completion of exercises (and problem solve with the couple). The telephone educator will need to arrange another appointment with the couple to continue the discussion at a future date when the activities have been completed.

Barriers reported by couple: ________________________________

________________________________________________________________________________

________________________________________________________________________________

Solutions proposed by couple: ________________________________

________________________________________________________________________________

________________________________________________________________________________

Time check: ________
2. Review of Unit 4 – “Conflict Skills” Self-change Plan (Guidebook p. 73)

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<tr>
<td>2a. Assess and re-rate further engagement with any unfinished tasks from Unit 4</td>
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<td>2b. Assess Progress: ..........................................................................................................................</td>
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<tr>
<td>2c. Evaluate level of success in implementing action plan:</td>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>very poor (didn’t do anything)</td>
<td>excellent (completed through to step 5)</td>
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<tr>
<td>2d. Fine Tuning: ...............................................................................................................................</td>
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<td>2a. Assess and re-rate further engagement with any unfinished tasks from Unit 4</td>
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<td>2b. Assess Progress: ..........................................................................................................................</td>
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<tr>
<td>2c. Evaluate level of success in implementing action plan:</td>
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<tr>
<td>very poor (didn’t do anything)</td>
<td>excellent (completed through to step 5)</td>
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<td>2d. Fine Tuning: ...............................................................................................................................</td>
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**Time check: ________**
3a. Assess Engagement – Key Task 2: Completed “Balancing Time Use” exercise and “What is My Current Mix of Activities?” checklist (Guidebook pp. 74-76)

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- No attempt
- Completed Some
- Completed All
- Completed Extra

3b. Goals for mix of activities (Guidebook pp. 76-77)

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- No attempt
- Completed Some
- Completed All
- Completed Extra

Current mix of shared and individual activities you would like to work on: .................................................................
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Time check: ________

4. Assess Engagement – Key Task 3: Completed “Early Learning About Sex” exercise (Guidebook pp. 84-86)

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- No attempt
- Completed Some
- Completed All
- Completed Extra

Time check: ________
5. Assess Engagement – Key Task 4: Completed “Common Myth About Sex” exercise
(Guidebook pp. 87-89)

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<td>Completed All</td>
<td>Completed Extra</td>
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Time check: _______

6. Assess Engagement – Key Task 5: Completed “How Often We Have Sex and How
We Feel About It” (Guidebook pp. 90-91)

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<td>Completed All</td>
<td>Completed Extra</td>
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Time check: _______

7. Assess Engagement – Key Task 6: Completed “Sexual Preferences Form”
(Guidebook pp. 92-94)

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Time check: _______
8. “Sexual Strengths and Areas to Work On” (Guidebook p. 95)

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<td>Areas to Work On:</td>
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<td>Areas to Work On:</td>
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9. Assess Engagement – Key Task 7: Completed “Keeping Sex Satisfying” (Guidebook p. 96)

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<td>M</td>
<td>F</td>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
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**Time check: ________**
10. “Managing Challenges to Your Sex Life” (Guidebook p. 96)

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<tr>
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<th><strong>Partner 1</strong> One event that will impact your sex life in future:</th>
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</table>
| M | F | ........................................................................................................
| M | F | ........................................................................................................
| M | F | ........................................................................................................
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What impact is anticipated? ........................................................................................................
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<th><strong>Partner 2</strong> Plan to minimise negative impact of event:</th>
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<td>Completed Some</td>
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Time check: _______

11a. Assess Engagement – Key Task 8: Completed “My Plan to Improve My Sex Life”
Self-change Plan (Guidebook p. 97-98)

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<td>No attempt</td>
<td>Completed Some</td>
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11b. Self-change Plan (Guidebook p. 97-98)

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i. Aspect of “sexual intimacy”: .................................................................
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ii. Own behaviour – pluses of current behaviour: ..............................................
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......................................................................................................................
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   Own behaviour – minuses of current behaviour: ..............................................
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iii. Self-Change goal: .........................................................................................
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......................................................................................................................

iv. Action plan: .................................................................................................
......................................................................................................................
......................................................................................................................

v. Evaluation:

   Review date? ........................................ (maximum of 2 weeks from today)
i. Aspect of “sexual intimacy”: .................................................................
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................................................................................................................
................................................................................................................

ii. Own behaviour – pluses of current behaviour: .................................
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Own behaviour – minuses of current behaviour: ........................................
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iii. Self-Change goal: ................................................................................
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iv. Action plan: .......................................................................................
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v. Evaluation:
Review date? ........................................ (maximum of 2 weeks from today)

Time check: ________
12. Outstanding questions (Guidebook p. 99)

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Time check: ________

**Arrange Next Appointment**

Next appointment

Date: __________

Time: __________

Time check: ________

**Scoring Engagement**

Once the telephone call is concluded you will need to transfer each partner’s individual scores on Engagement Key Tasks 1 – 8 (in the grey shaded areas above) into the Engagement Data Summary Tables starting on page 60.

**Time Check**

Time Check: Calculate how long the telephone call took to complete by subtracting the final “Time check” value from the initial “Time check” value and transfer this figure (in minutes) into the appropriate box in the Time Check Summary Table on page 62.

**Scoring Integrity**

Treatment Integrity Checklist: Complete the checklist below. Calculate the Total Score by summing your responses for each item in the checklist. If the couple did not complete an assigned task, you will need to pro-rate their Total Score using the equation:

\[
\text{Total Score} = \frac{\text{Actual Score} \times 22}{\text{Total Possible Score of Completed Items}}
\]

Finally transfer the Total Score into the appropriate box in the Treatment Integrity Checklist Summary Table on page 63.
1. Where applicable I reviewed unfinished tasks from Unit 4, and I asked each partner how s/he went with their Self-change Plan from Unit 4. I asked them how well they went in carrying out the plan and how they would fine tune it ........................................ 0 1 2 □

2. I asked each partner to tell me, based on the “what is my current mix of activities” checklist and the discussion together, what areas of their shared and individual activities would they each most like to work on .......................................................... 0 1 2 □

3. I encouraged the couple to do a Self-change Plan around the issue of changes to their shared and individual activities ........ 0 1 2 □

4. I asked each partner what key messages they received about sexuality when growing up and how they think these messages effects their relationship now .... 0 1 2 □

5. I asked each partner about whether any of the sexual myths surprised them and if there was anything they wanted to discuss about those myths ........................................ 0 1 2 □

6. I asked each partner to identify their strengths and areas for change in their sex lives.................................................. 0 1 2 □

7. I engaged each partner in discussing the “impact on our sex life” activity .............. 0 1 2 □

8. I ascertained if each partner was comfortable with sharing her/his Self-change Plan. I invited each partner to share her/his sexual relationship Self-change Plan. After ascertaining how much of the Self-change Plan they’d implemented, I asked about each of the five steps (i.e., I asked which aspect of their sexual relationship they’d decided to write a change plan on, asked each partner how well they went with focussing on their own behaviours, etc.) ......................... 0 2 4 □

9. I asked each partner if there were questions from any sections in Unit 5 that we had not covered ................................. 0 1 2 □

10. I guided each partner in a reflection of the unit (DVD, guidebook, and facilitation) as a whole .......................................................... 0 1 2 □
Unit Six – Looking Ahead

Key Tasks – Unit 6

1a. Assess Engagement – Key Task 1: Did the couple watch the Unit 6 DVD?

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<tbody>
<tr>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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<tr>
<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
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1b. Assess whether each partner has completed Guidebook tasks for this unit

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<td>read guidebook:</td>
<td>All</td>
<td>Some</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Together</td>
<td>Independently</td>
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</table>

Both completed guidebook activities: | All | Some | None |

*If couple have NOT completed the guidebook activities for this unit, the telephone educator will need to assess any barriers to completion of exercises (and problem solve with the couple). The telephone educator will need to arrange another appointment with the couple to continue the discussion at a future date when the activities have been completed.

Barriers reported by couple: __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Solutions proposed by couple: _________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Time check: _______
2. Review of Unit 5 – “Sexual intimacy” Self-change Plan (Guidebook p. 101)

<table>
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<tr>
<td>2a. Assess and re-rate further engagement with any unfinished tasks from Unit 5</td>
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<tr>
<td>2b. Assess Progress: ................................................................. ................................................................. ................................................................. ................................................................. ................................................................. ................................................................. ................................................................. ................................................................. ................................................................. ................................................................. .................................................................</td>
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2c. Evaluate level of success in implementing action plan:

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2d. Fine Tuning: .................................................................................................................................
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2c. Evaluate level of success in implementing action plan:

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2d. Fine Tuning: .................................................................................................................................
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Time check: ________
3a. Assess Engagement – Key Task 2: Completed “Managing Change” couple exercises  
(Guidebook pp. 102-104)

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**Time check:** __________

3b. Effects and plans to deal with future life changes (Guidebook p. 104):

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<td>Possible effect/s: ..........................................................</td>
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<td>Plans to deal with issues that arise: ..........................................................</td>
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<td>Plans to deal with issues that arise: ..........................................................</td>
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**Time check:** __________
4a. Assess Engagement – Key Task 3: Completed “Personal relationship review” task (Guidebook p. 106)

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Time check: _______

4b. Shared relationship vision (Guidebook p. 106):

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|   | Key points: .................................................................
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4c. Differences noted & adjustments to initial (Unit 1) relationship vision (Guidebook p. 106):

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</table>
| Differences noted: .................................................................
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Adjustment/s you want to incorporate: .................................................................
| .................................................................
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Appendix F
Differences noted: .................................................................................................................................
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Adjustment/s you want to incorporate: .....................................................................................................
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Time check: ________

5a. Assess Engagement – Key Task 4: Completed “Developing Celebration Rituals”
   (Guidebook p. 108)

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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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5b. How will the couple celebrate their relationship? (Guidebook p. 108):

Where: ...................................................................................................................................................
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When: ....................................................................................................................................................
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How: ....................................................................................................................................................
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5c. Assess Engagement – Key Task 5: Completed “Practising What You Have Learnt” (Guidebook p. 108)

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5d. What five things from the Couple CARE in Uniform program do the couple want to continue doing? (Guidebook p. 108):

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Time check: ________
6a. Assess Engagement – Key Task 6: Completed “Relationship Skills Checklist” and identified three (3) areas to continue working on (Guidebook p. 109-111)

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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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</table>

6b. Three relationship skills couple plan to work on (Guidebook p. 109):

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<td>Completed Some</td>
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</table>

6c. Other ideas/techniques couple will use to maintain or learn relationship skills (Guidebook p. 112):

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<td>No attempt</td>
<td>Completed Some</td>
<td>Completed All</td>
<td>Completed Extra</td>
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</tbody>
</table>

Time check: ________
Arrange Appointment for Post Assessment

Initial Post Assessment appointment

Date: _______________

Time: _______________

Time check: ________

Scoring Engagement

Once the telephone call is concluded you will need to transfer each partner’s individual scores on Engagement Key Tasks 1 – 6 (in the grey shaded areas above) into the Engagement Data Summary Tables starting on page 60.

Time Check

Time Check: Calculate how long the telephone call took to complete by subtracting the final “Time check” value from the initial “Time check” value and transfer this figure (in minutes) into the appropriate box in the Time Check Summary Table on page 62.

Scoring Integrity

Treatment Integrity Checklist: Complete the checklist below. Calculate the Total Score by summing your responses for each item in the checklist. If the couple did not complete an assigned task, you will need to pro-rate their Total Score using the equation:

\[
\text{Total Score} = \frac{\text{Actual Score} \times 16}{\text{Total Possible Score of Completed Items}}
\]

Finally transfer the Total Score into the appropriate box in the Treatment Integrity Checklist Summary Table on page 63.
1. Where applicable I reviewed unfinished tasks from Unit 5, and I asked each partner how they went with their Self-change Plan from Unit 5. I asked them how well they went in carrying out the plan and how they would fine tune it ........................................ 0 1 2 □

2. I asked each partner to briefly explain the possible effects and his/her plans to deal with a future life transition .......................... 0 1 2 □

3. I asked each partner what changes s/he had noted in her/her relationship vision completed in Unit 1, and what were the key points of the relationship vision they’d developed as a couple .......................... 0 1 2 □

4. I asked each partner how they plan to celebrate their relationship .................. 0 1 2 □

5. I invited each partner to briefly discuss three relationship skills covered during the program that he/she would continue to work on, and to identify what other techniques or ideas he/she would use/learn to maintain his/her relationship skills ............ 0 1 2 □

6. I asked each partner what behaviours they identified as early warning signs, and what they would do if these behaviours occurred in their relationship ................. 0 1 2 □

7. I asked each partner if there were questions from any sections in Unit 6 that we had not covered .............................................. 0 1 2 □

8. I guided each partner in a reflection of the unit (DVD, guidebook, and facilitation) as a whole .................................................. 0 1 2 □

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Having finished all the facilitation calls, you will need to complete each of the following tables by summing the unit scores for each unit and inserting the score into the appropriate box. Finally, calculate the average scores across all six units for the Time Check, and Treatment Integrity Checklist.
## Engagement Data Summary Table (Male)

<table>
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<th>Score for each Key Task</th>
<th>Sum across Key Tasks for each unit</th>
<th>Average for each unit</th>
<th>Sum across units (add all 6 unit averages together)</th>
<th>Average across units (divide the total sum of unit averages by 6)</th>
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\[ \Sigma = \frac{\text{Sum across units}}{6} \]
## Engagement Data Summary Table (Female)

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<th>Unit</th>
<th>Key Task</th>
<th>Score for each Key Task</th>
<th>Sum across Key Tasks for each unit</th>
<th>Average for each unit</th>
<th>Sum across units (add all 6 unit averages together)</th>
<th>Average across units (divide the total sum of unit averages by 6)</th>
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\[ \Sigma = \frac{\text{Sum across units}}{6} \]
Time Check Summary Sheet

Couple No: ____________  Initials: ________

1. Time Check Summary Table

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<tr>
<th>Unit</th>
<th>Total Time to Complete Facilitation (minutes)</th>
<th>Sum of Individual Facilitation Totals (minutes)</th>
<th>Average Time for Facilitation (minutes)</th>
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### 2. Treatment Integrity Checklist Summary Table

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<th>Sum of Individual Completion Scores</th>
<th>Average Level of Completion</th>
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