

Effekt av samlivstiltak

Notat fra Kunnskapssenteret
Systematisk litteratursøk med sortering
Mars 2015

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Nasjonalt kunnskapssenter for helsetjenesten fremskaffer og formidler kunnskap om effekt av metoder, virkemidler og tiltak og om kvalitet innen alle deler av helsetjenesten. Målet er å bidra til gode beslutninger slik at brukerne får best mulig helsetjenester. Kunnskapssenteret er formelt et forvaltningsorgan under Helse- direktoratet, men har ingen myndighetsfunksjoner og kan ikke instrueres i faglige spørsmål.

Nasjonalt kunnskapssenter for helsetjenesten
Oslo, mars 2015

Hovedfunn

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Barne-, ungdoms og familiedirektoratet (Bufdir) å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Oppdraget var å finne forskning om samlivstiltak.

Metode

Vi utarbeidet søkestrategi for et systematisk litteratursøk. Vi søkte i relevante forskningsdatabaser i februar 2015. En forsker gikk gjennom identifiserte referanser og vurderte relevans i henhold til inklusjonskriteriene. Vurderingene ble deretter kontrollert av en annen forsker.

Resultater

- Vi identifiserte 175 mulig relevante referanser.
- Av disse referansene var det 17 mulige systematiske oversikter som oppsummerte studier om effekten av samlivstiltak. 13 av disse omhandlet effekten av samlivstiltak generelt, mens 4 oppsummerte effekten av samlivstiltak der populasjonen hadde en somatisk eller psykisk lidelse (for eksempel kreft, depresjon, rusmisbruk).
- Vi identifiserte 158 referanser til primærstudier som omhandlet effekten av ulike typer samlivstiltak.
 - 129 primærstudier omhandlet effekten av samlivstiltak generelt. 81 av disse så ut til å være randomiserte kontrollerte forsøk, mens 48 så ut til å være kontrollerte studier uten randomisering.
 - 29 primærstudier omhandlet effekt av samlivstiltak der populasjonen hadde en somatisk eller psykisk lidelse (for eksempel kreft, depresjon, rusmisbruk). 25 av disse studiene så ut til å være randomiserte kontrollerte forsøk, mens 4 hadde et annet kontrollert design.

Basert på funnene i vårt søk er det behov for å vurdere kvalitet, omfang og relevans av de identifiserte systematiske oversiktene før arbeid med en ny systematisk oversikt igangsettes. Imidlertid viser søket at det foreligger en rekke primærstudier som kan egne seg for en ny oversikt, dersom de eksisterende oversiktene ikke møter oppdragsgivers behov.

Tittel:

Effekt av samlivstiltak – systematisk litteratursøk med sortert referanseliste

Publikasjonstype:

Systematisk litteratursøk med sortering

Systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

Svarer ikke på alt:

- Ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

Hvem står bak denne publikasjonen?

Kunnskapssenteret har gjennomført oppdraget på forespørsel fra Barne-, ungdoms- og familiedirektoratet

Når ble litteratursøket utført?

Søk etter studier ble avsluttet februar, 2015.

Key messages

The Norwegian Knowledge Centre for the Health Services was commissioned by the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) to identify and sort existing empirical research on the effect of relationship/marital interventions.

Methods

We developed a search strategy, and conducted a systematic search of relevant databases in February 2015. One researcher screened all identified references to assess inclusion according to predefined criteria; these assessments were then checked by another researcher.

Results

- We identified 175 potentially relevant references.
- Of these references, 17 were postential systematic reviews, investigating the effect of relationship/marital interventions. 13 of these investigated the effect of relationship/marital interventions in general, whereas 4 summarized the effect of relationship/marital interventions among populations with a somatic or mental disorder (e.g., cancer, depression, substance abuse).
- We identified 158 primary studies examining the effect of different relationship/marital interventions.
 - 129 of these references investigated the effect of relationship/marital interventions in general. 81 of these appeared to be randomized controlled trials, while 48 appeared to be controlled studies without random group assignment.
 - 29 primary studies examined the effect av relationship/marital interventions among populations with a somatic or mental disorder (e.g., cancer, depression, substance abuse). 25 of these appeared to be randomized controlled trials, while 4 had a different controlled study design.

The findings of our search suggest that there is a need to assess the quality, scope, and relevance of the identified systematic reviews prior to initiating work on a new systematic review. However, the search shows that a range of primary studies exists. These studies might be suitable for inclusion in a systematic review if the identified reviews do not meet the commissioner's knowledge needs.

Title:

The effect of relationship/marital interventions

Type of publication:

Systematic reference list

A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts.

Doesn't answer everything:

- No critical evaluation of study quality
- No analysis or synthesis of the studies
- No recommendations

Publisher:

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Updated:

Last search for studies: February, 2015.

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Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Barne, ungdoms- og familiedirektoratet (Bufdir) å finne litteratur om effekten av samlivstiltak.

Litteraturen i vår referanseliste kan bidra til å kartlegge dette feltet, og å spisse problemstillingen for en fremtidig systematisk oversikt.

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Innledning

Bakgrunn

Familiemønstret i Norge har endret seg mye i løpet av de siste tiårene, særlig i henhold til ekteskapets rolle, kvinners yrkesdeltakelse og politisering av barnefamilien. Ekteskapet er blitt stadig mindre viktig som ramme rundt parforhold og familiedannelse, samtidig som samboerskap er i rask vekst. Samboerskap er i dag den vanligste rammen rundt parforhold med små barn. Det økte antallet samlivsbrudd har generert nye samlivsformer. I dag består mange par av én forelder og én steforelder. Det finnes også par som er fosterforeldre, enslige foreldre og likekjønnede foreldre (1).

Studier viser at samlivsbrudd kan ha en rekke negative konsekvenser for barna, blant annet når det gjelder livskvalitet, generell helse og psykososial fungering (1,2). Videre tyder norsk forskning på at samlivsbrudd er en vesentlig risikofaktor i forhold til tilpasningsvansker hos barn og ungdom. Det er imidlertid uklart om dette har en årsakssammenheng eller ikke (3).

Samtidig viser de aller fleste studier av parforhold, enten det er som samboere eller gifte, at et lykkelig samliv har sterk sammenheng med tilfredshet med livet generelt og gir mange fordeler for den enkelte i forhold til både livskvalitet og helse (2).¹

Det fins mange ulike programmer som har som mål å forebygge problemer og fremme en positiv utvikling av parforhold. En norsk rapport om forskning på ulike typer samlivskurs viser at slike programmer har stor variasjon når det gjelder struktur, varighet og metoder (2). Et fellestrekk er imidlertid at de fleste fokuserer på kommunikasjon og konflikthåndtering. Samlet tyder kunnskapsstatusen på at samlivskurs har potensiale til å endre ferdigheter og samhandlingsmønstre hos partnernene og på sikt forbedre tilfredshet og stabilitet i parforhold (2).

En annen norsk rapport oppsummerer effekt av tiltak for å dempe konflikter i parforhold (4). Rapporten konkluderer med at parterapi viser best effekt for par som

¹ Kunnskapsstatusen er avgrenset til forebyggende tiltak og inkluderer **ikke** terapeutiske tiltak (familie-/ekteskapsrådgivning som retter seg mot par som allerede har utviklet problemer).

har relativt få problemer. Videre viser samlivskurs best effekt for par med høy risiko for nedadgående kvalitet på samlivet når det gjelder kommunikasjon og tilfredshet (4).

Problemstilling

I prosjektet har vi søkt etter litteratur som skal belyse problemstillinger knyttet til effekten av samlivstiltak. Litteraturen i vår referanseliste kan bidra til å kartlegge dette feltet, og å spisse problemstillingen for en systematisk oversikt.

Styrker og svakheter ved litteratursøk med sortering

Ved litteratursøk gjennomfører vi systematiske litteratursøk for en gitt problemstilling. Resultatene fra søket blir i sin helhet overlevert oppdragsgiver, eller vi kan gjennomgå søkeresultatet før overleveringen og sortere ut ikke-relevante artikler. Dette gjøres basert på tittel og eventuelt sammendrag. Artiklene innhentes ikke i fulltekst. Det gjør at vi kan ha inkludert titler som ville vist seg ikke å være relevante ved gjennomlesning av fulltekst. Vi benytter kun databaser for identifisering av litteratur og kan derfor ha gått glipp av potensielt relevante studier. Andre måter å identifisere studier på, som søk i referanselister, kontakt med eksperter på fagfeltet og upublisert litteratur, er ikke utført i dette oppdraget. Vi gjennomfører ingen kvalitetsvurdering av artiklene.

Ved en full forskningsoppsummering ville vi ha innhentet artiklene i fulltekst for endelig vurdering opp mot inklusjonskriteriene. Inkluderte studier ville så blitt kvalitetsvurdert i henhold til våre sjekklister og resultater sammenstilt og diskutert.

Metode

Litteratursøking

Vi søkte systematisk etter litteratur i følgende databaser:

- Bibsys
- Campbell Library
- CINAHL
- Cochrane Library, alle databasene
- DARE
- EPPI-Centre evidence library
- ISI Science/Social Science Citation Index
- Ovid Medline
- Ovid PsycINFO
- Ovid EMBASE
- Social Care Online
- Social Science Research Network (SSRN) eLibrary
- Social Services Abstracts
- Sociological abstracts

Prosjektleder planla og utførte samtlige søk. Den fullstendige søkestrategien er vist i vedlegg til denne rapporten. Søk etter studier ble avsluttet februar 2015.

Vi la bestillingen til grunn ved utarbeiding av litteratursøket og søkte etter artikler som oppfylte våre inklusjonskriterier for populasjon og tiltak.

Inklusjons- og eksklusjonskriterier

Populasjon: Foreldre/par som lever i ulike samlivsformer uavhengig av kjønn, etnisk bakgrunn, seksuell orientering eller kjønnsidentitet.

Tiltak: 1) *Samlivsstyrkende* tiltak (dvs. tiltak som har til hensikt å forebygge og avhjelpe problemer. Eksempler er bl.a. Couples Communication (CC), Relationship En-

hancement Program (RE), and The Prevention and Relationship Enhancement Program (PREP). Se vedlegg for ytterligere eksempler).

2) *Terapeutiske* tiltak (dvs. familie-/ekteskapsrådgivning og terapi rettet mot par som allerede har utviklet problemer).

Sammenlikning: Alternative tiltak, ingen tiltak.

Utfall: Alle utfall utover ren tilfredshet med tiltak. Utfallene kan være målt hos foreldre og/eller barn, og inkluderer eksempelvis:

- Brudd/ikke brudd i parforholdet
- Kvalitet på kommunikasjonen i parforholdet og mellom foreldre og barn
- Partilfredshet
- Endringer i relasjonelle ferdigheter og samhandlingsmønstre
- Konfliktnivå
- Livskvalitet
- Vold
- Stress
- Helseutfall

Studiedesign Alle empiriske studier med kontrollert design eller tidsserie-analyser, systematiske oversiktsartikler og meta-analyser.

Språk: Ikke presisert.

Vi ekskluderte studier der parterapi ble brukt som behandlingstiltak mot en tilstand som ikke hadde sammenheng med forholdet, for eksempel depresjon. Imidlertid inkluderte vi slike studier der også effekt på parforholdet var målt.

Videre ekskluderte vi studier som omhandlet ren sexologisk behandling. Vi ekskluderte dessuten såkalt «relationship education» eller «marital education» der dette ble gitt individuelt til personer som ikke nødvendigvis var i parforhold. Eksempler på dette kunne være undervisning på høyskole eller videregående skole.

Artikkelutvelging

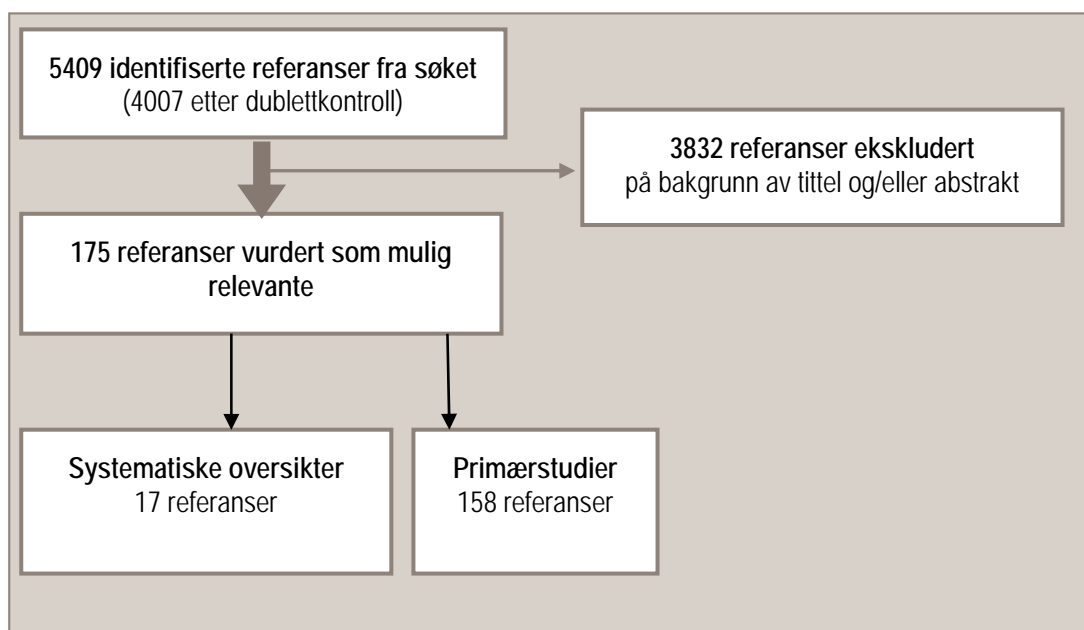
Én forsker gikk gjennom alle titler og sammendrag for å vurdere relevans i henhold til inklusjonskriteriene. Vurderingene ble kontrollert av en annen prosjektmedarbeider i etterkant. Der det var uenighet om vurderingene, ble inklusjon eller eksklusjon avgjort ved konsensus.

Utvelging av litteratur ble kun gjort basert på tittel og sammendrag. Vi bestilte ikke fulltekst av artiklene.

Resultat

Resultat av søk

Søket resulterte i 5409 referanser. Etter dublettkontroll satt vi igjen med 4007 referanser. Vi vurderte 175 av de identifiserte referansene til å være mulig relevante i henhold til inklusjonskriteriene (figur 1).



Figur 1. Flytskjema over identifisert litteratur

Resultat av sorteringen

De mulig relevante referansene ble sortert i 4 kategorier ut fra studiedesign og populasjon (se tabell 1). I tabell 2, 3, 4 og 5 presenterer vi referansene fordelt i kategoriene og alfabetisk etter førsteforfatter. Vi oppgir forfattere, tittel på publikasjonen, publikasjonssted og sammendrag av artikkelen slik de fremkom i de elektroniske databasene.

Tabell 1: Antall referanser sortert etter studiedesign/populasjon

Tiltak	Antall referanser: N= 175	
Systematiske oversikter	17	
– Generelle/uspesifisert populasjon	13	Tabell 2
– Populasjonen har somatisk eller psykisk lidelse	4	Tabell 3
Primærstudier	158	
– Generelle/uspesifisert populasjon	129	Tabell 4
– Populasjonen har somatisk eller psykisk lidelse	29	Tabell 5

Identifiserte referanser

Totalt identifiserte vi 175 mulig relevante referanser. Vi leste kun sammendragene og vurderte ikke studiene i fulltekst. Det var derfor vanskelig å si sikkert hvilket studiedesign som ble benyttet og hvilke typer tiltak studiene omhandlet. Vi sorterte referansene likevel etter best evne, først på antatt type studiedesign. Vi ønsket deretter å sortere referansene på type tiltak, altså først og fremst hvorvidt det var effekten av forebyggende eller terapeutiske tiltak som var undersøkt. Dessverre viste det seg at tiltakene i de fleste tilfellene var uklart beskrevet i sammendragene, slik at det for de fleste referansene var umulig å vurdere hva slags tiltak som ble evaluert, og om det var forebyggende eller terapeutisk intendert. Imidlertid ser vi at vi har identifisert referanser som både omhandler tiltak som gis tidlig i forholdet/pre-ekteskapelige tiltak, tiltak for vordende foreldre/nygifte, og tiltak som gis senere i forholdet. En del av referansene ser også ut til å vurdere effekten av gitte programmer, slik som PREP og RELATE.

Videre finner vi at sammendragene i svært liten grad angir hvorvidt populasjonen er foreldre eller ei; unntaket er de referansene som beskriver tiltak rettet mot vordende eller nybakte foreldre.

Systematiske oversikter

Vi identifiserte 17 oversikter som så ut til å være systematiske oversikter som oppsummerte studier om effekten av samlivstiltak. 13 av disse så ut til å omhandlet effekten av samlivstiltak generelt. Disse er sortert kronologisk i tabell 2. Videre identifiserte vi 4 oversikter som oppsummerte effekten av samlivstiltak der populasjonen hadde en somatisk eller psykisk lidelse (kreft, depresjon eller rusmisbruk). Disse oversiktene er sortert kronologisk i tabell 3.

Primærstudier

Vi identifiserte 158 primærstudier som omhandlet effekten av ulike typer samlivstiltak. 129 av disse studiene omhandlet effekten av samlivstiltak generelt. 81 av disse

så ut til å være randomiserte kontrollerte forsøk, mens 48 så ut til å være kontrollerte studier uten randomisert gruppefordeling. Disse studiene er sortert alfabetisk i tabell 4.

Videre omhandlet 29 primærstudier effekten av samlivstiltak der populasjonen hadde en somatisk eller psykisk lidelse (for eksempel kreft, depresjon eller rusmisbruk). 25 av disse studiene så ut til å være randomiserte kontrollerte forsøk, mens 4 hadde et kontrollert design. Disse studiene er sortert på type lidelse, og deretter alfabetisk i tabell 5.

Tabell 2: Systematiske oversikter/meta-analyser generelt/uspesifisert

Referanse	Sammendrag	Design
<p>Hawkins, A. J. and S. E. Erickson (2015). "Is couple and relationship education effective for lower income participants? A meta-analytic study." <u>Journal of Family Psychology</u> 29(1): 59-68.</p>	<p>The negative effects of family instability on children and adults have captured the attention of legislators and policymakers wondering if something could be done to help at-risk couples form and sustain healthy relationships and marriages. For a decade now, public funds have supported grants to provide couple and relationship education (CRE) to lower income individuals and couples. This meta-analytic study reviewed 38 studies (with 47 independent samples) assessing the effectiveness of CRE for lower income couples (defined as more than two-thirds of the sample below twice the poverty level) in an attempt to inform current policy debates. Overall effect sizes for control-group studies suggest that CRE for diverse, lower income couples has small, positive relationship effects (overall $d = .061$), especially on self-reports of relationship quality, communication, and aggression. There were somewhat stronger effects for studies with more married couples ($d = .091$), mostly "near-poor" (vs. poor) participants ($d = .074$), and more (vs. fewer) participants in relationship distress ($d = .072$). In comparison to the effect sizes for control-group studies, the effects of one-group/prepost studies were larger (overall $d = .352$). Practitioners will need to continue to innovate curriculum design and pedagogy, improve other programmatic elements, and find ways to increase participant engagement to achieve greater success with the limited public funds that support CRE. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract).</p>	Meta-analyse
<p>MacIntosh, H. B. and M. Butters (2014). "Measuring outcomes in couple therapy: A systematic review and critical discussion." <u>Journal of Couple & Relationship Therapy</u> 13(1): 44-62.</p>	<p>This systematic review examined the measurement of outcomes in couple therapy research over the previous ten years. Eighty-one couple therapy outcome studies were systematically examined. Relative to previous two reviews that included both couple and family interventions, this review focused solely on couple therapy outcome studies and identified that a greater diversity in outcome measurements have begun to emerge in the field. Additionally, couple therapy outcome studies are beginning to explore the impact of couple interventions in the context of problems traditionally associated with individual pathology and individual treatment. Our review reinforced findings and recommendations from previous reviews, including the need for rigorous research design and explication of couple therapy models of intervention. Additionally, we recommend that qualitative analyses of unexpected findings or outcomes that may be interpreted as negative outcomes may assist couple therapy researchers in better understanding these findings. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).</p>	Systematisk oversikt
<p>Halford, W. K. and G. Bodenmann (2013). "Effects of relationship educa-</p>	<p>Couple relationship education (RE) is the provision of structured education intended to promote healthy couple relationships, and prevent future relationship distress. There is a well-replicated finding that 9-20 hours of curriculum-based RE produces short-term improvements in couple communication and relationship satisfaction, but that established finding does not test</p>	Systematisk oversikt

Referanse	Sammendrag	Design
<p>tion on maintenance of couple relationship satisfaction." <u>Clinical Psychology Review</u> 33(4): 512-525.</p>	<p>whether RE helps couples maintain high relationship satisfaction. The current paper summarizes 17 published studies evaluating RE that have follow up assessments of at least 1 year, of which 14 studies found RE helped maintenance of relationship satisfaction. Couples with elevations of modifiable risk factors benefit substantially from RE, while benefits for couples with low risk have not yet been reliably demonstrated. Couples with elevations on risk factors not readily modified by current forms of RE are likely to show little or no benefit. Future research needs to clarify the mediators of RE effects, and how those mediators are moderated by couple risk profiles. (C) 2013 Elsevier Ltd. All rights reserved.</p>	
<p>Fawcett, E. B., et al. (2010). "Do Premarital Education Programs Really Work? A Meta-analytic Study." <u>Family Relations</u> 59(3): 232-239.</p>	<p>Previous studies (J. S. Carroll & W. J. Doherty, 2003) have asserted that premarital education programs have a positive effect on program participants. Using meta-analytic methods of current best practices to look across the entire body of published and unpublished evaluation research on premarital education, we found a more complex pattern of results. We coded 47 studies and found that premarital education programs do not improve relationship quality/satisfaction when unpublished studies are included in the analysis, although studies that follow couples past the honeymoon stage to detect prevention effects are rare. In contrast, premarital education programs appear to be effective at improving couple communication, with studies that employed observational measures rather than self-report measures producing large effects. Still, given the mixed, modest results, there is ample room and a real need to improve the practice of premarital education.</p>	Meta-analyse
<p>Blanchard, V. L., et al. (2009). "Investigating the effects of marriage and relationship education on couples' communication skills: a meta-analytic study." <u>Journal of Family Psychology</u> 23(2): 203-214.</p>	<p>This meta-analysis probes into previous research substantiating the positive effects of marriage and relationship education (MRE) on couples' communication skills. We reviewed 97 MRE research reports that yielded 143 distinct evaluation studies. We found modest evidence that MRE functions both as a universal prevention and as a selective or indicated prevention. That is, MRE demonstrates program effects at longer term follow-ups for well-functioning couples and at postassessment and shorter term follow-ups for more distressed couples. In addition, we found that observational assessments produced larger effects than self-report assessments, although interpreting the meaning of this difference is difficult. [References: 124]</p>	Meta-analyse
<p>Hawkins, A. J., et al. (2008). "Does marriage and relationship education work? A meta-analytic study." <u>Journal of Consulting & Clinical Psychology</u> 76(5): 723-734.</p>	<p>In this meta-analytic study, the authors examined the efficacy of marriage and relationship education (MRE) on 2 common outcomes: relationship quality and communication skills. A thorough search produced 86 codable reports that yielded 117 studies and more than 500 effect sizes. The effect sizes for relationship quality for experimental studies ranged from $d = .30$ to $.36$, while the communication skills effect sizes ranged from $d = .43$ to $.45$. Quasi-experimental studies generated smaller effect sizes, but these appeared to be due to pretest group differences. Moderate-dosage programs produced larger effect sizes than did low-dosage programs. For communication skills, published studies had larger effects than those of unpublished studies at follow-up; there were no publication differences for relationship quality. There was no evidence of a</p>	Meta-analyse

Referanse	Sammendrag	Design
	gender difference. Unfortunately, a lack of racial/ethnic and economic diversity in the samples prevented reliable conclusions about the effectiveness of MRE for disadvantaged couples, a crucial deficit in the body of research. In addition, intervention outcomes important to policy makers, such as relationship stability and aggression, rarely have been addressed. Copyright (c) 2008 APA, all rights reserved.	
Skauli, G. (2006). "Evidensbasert praksis i familievernet: en litteraturgjennomgang av forskning på parterapi." Oslo: Barne-, ungdoms- og familiedirektoratet.	Som et grunnlag for å etablere kunnskapsbaserte kvalitetsforbedringssystemer i familievernet er det gjort en gjennomgang av relevant norsk og internasjonal litteratur. Gjennomgangen er konsentrert om parbehandling og forbedringsmuligheter. Behandling av samlivs- og familievansker har et potensial både for å bedre individuell psykisk helse og å forebygge negativ utvikling hos barn, og kan dermed være samfunnsmessig lønnsomt. Både i randomiserte kliniske forsøk og i naturalistiske sammenhenger er det dokumentert gode resultater av parterapi. Behandlingseffekten er fullt på linje med annen behandling innen psykisk helse. Det finnes flere evidensbaserte metoder for parterapi, men eklektisk/integrativ behandling har også god støtte fra forskningen. Terapeutiske fellesfaktorer som den terapeutiske relasjon, klientenes forventninger og håp og enighet om mål/metode er viktig for et godt resultat. I parterapi er det spesielle utfordringer knyttet til å etablere og bevare en god relasjon til flere klienter samtidig, særlig siden disse kan ha ulike endringsteorier og preferanser for behandling. For forbedring av kvaliteten på klinisk arbeid med par/familier trekkes fortløpende monitorering av klientenes vurdering av behandlingsprosess og behandlingsresultat fram som den mest lovende metoden. Dette forankrer bl.a. forbedringsarbeidet i den kliniske situasjonen, og har forskningsdekning også fra norsk parterapi. For å arbeide kunnskapsbasert med par og familier er det forutsatt at praksis bygger på både forskning, klinisk erfaring og på brukernes preferanser og perspektiv. En modell for prosessen i en kunnskapsbasert behandling blir presentert.	Systematisk oversikt
Shadish, W. R. and S. A. Baldwin (2005). "Effects of behavioral marital therapy: a meta-analysis of randomized controlled trials." <u>Journal of Consulting & Clinical Psychology</u> 73(1): 6-14.	This meta-analysis summarizes results from 30 randomized experiments that compare behavioral marital therapy with no-treatment control with distressed couples. Results showed that behavioral marital therapy is significantly more effective than no treatment ($d=.585$). Although behavioral marital therapy research studies tend to be conducted under conditions that are less clinically representative than other samples of studies, representativeness was not significantly related to outcome. However, evidence also suggested that publication bias may exist in this literature whereby small sample studies with small effects are systematically missing compared with other studies. This bias may inflate the effects of behavioral marital therapies reported in previous meta-analyses, though we also explore a number of alternative explanations for this small sample bias. Copyright 2005 APA.	Meta-analyse
Wood, N. D. (2004). "What works for	Past meta-analytic research reported effect sizes in the aggregate, washing out any possibility to identify which treatment was most effective for a particular marital distress level. The current meta-analysis attempted to identify which treatment(s)	Meta-analyse

Referanse	Sammendrag	Design
whom: A meta-analytic review of marital and couples therapy in reference to marital distress." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 65(3-B): 1534.	are the most influential depending on marital distress level. By converting pre and post-test scores from marital research into the Dyadic Adjustment Scale, it was possible to separate studies and treatment groups by mild, moderate, and severe levels of distress. Results confirm previous research that overall, marital therapy is significantly better than no treatment. Some data suggest however that Behavioral Marital Therapy and its various components are more helpful on mildly distressed groups. Emotionally Focused Therapy had the largest mean effect sizes of any one treatment approach for moderately distressed groups and was significantly better than isolated components of Behavioral Marital Therapy. Little research has been done targeting severely distressed couples and more work needs to be done in this area. Clinical implications of this study are that therapists should focus on delivering a complete treatment model rather than using isolated interventions from different models. Future research on marital therapy needs to define marital distress levels across the field as a whole. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	
Jakubowski, S. F., et al. (2004). "A review of empirically supported marital enrichment programs." <u>Family Relations</u> 53(5): 528-536.	Considering the popularity of marriage enrichment programs, it is important for clinicians and marriage educators to know which programs have received empirical support. Using criteria established for determining empirically supported treatments (ESTs), we provide a comprehensive review of the outcome research on 13 specific marital enrichment programs. Only four programs could be considered "efficacious," three were found to be "possibly efficacious," and six were considered "empirically untested."	Systematisk oversikt
Baucom, D. H., et al. (2003). "Are waiting-list control groups needed in future marital therapy outcome research?" <u>Behavior Therapy</u> 34(2): 179-188.	Behavioral couple therapy (BCT) is an efficacious treatment for maritally distressed couples. The current article includes a meta-analysis of BCT and waiting-list control groups from BCT outcome investigations. The findings indicate that, on average, distressed couples who are placed on waiting lists make no improvement during the waiting period. These results are consistent across 17 controlled investigations conducted in different countries. Given the consistency of these findings, the current investigators propose that marital therapy outcome investigators consider employing these effect-size estimates rather than using scarce resources to place distressed couples in waiting-list control conditions. Such a strategy circumvents the ethical dilemma of withholding efficacious treatment from clients and encourages effectiveness studies in real-world conditions. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).	Meta-analyse
Wesley, S. and E. M. Waring (1996). "A critical review of marital therapy outcome research." <u>Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie</u> 41(7): 421-428.	OBJECTIVE: This review critically examines conceptual and methodological issues of outcome research designed to evaluate the efficacy of marital therapy (MT). Behavioural marital therapy (BMT), cognitively orientated marital therapy (COMT), emotionally focused marital therapy (EFMT), and insight-oriented marital therapy (IOMT) have provided evidence for efficacy. METHOD: The initial literature search involved the use of the MEDLINE and Psychlit CD-ROM data bases. A secondary	Systematisk oversikt

Referanse	Sammendrag	Design
	<p>literature search based on citations in articles discovered in the initial search was also conducted. Three broad categories involving the delineation of the client sample, study design considerations, and determination of treatment effects were addressed to investigate the quality of evidence concerning the efficacy of MT.</p> <p>RESULTS: None of the 4 approaches has proven superiority in efficacy, and the research does not provide evidence for the superiority of any one approach in distinct types of marital discord. There is some evidence to indicate that future outcome research should avoid the use of "waiting list control groups," since their use appears to be neither ethical nor humane in marital discord research.</p> <p>CONCLUSIONS: The authors suggest that the concept of treatment efficiency may be more clinically relevant to outcome research. A gold standard for "efficiency" would suggest that a marital therapy approach should produce subjective and objective improvement in 50% of eligible couples, and this improvement should be maintained in half of these couples at the one-year follow-up assessment. This standard would be comparable to the data on the 4 effective approaches described in this review. [References: 22]</p>	
<p>Dunn, R. L. and A. I. Schwebel (1995). "Meta-analytic review of marital therapy outcome research." <u>Jour- nal of Family Psychology</u> 9(1): 58-68.</p>	<p>This meta-analytic review examines the findings of 15 methodologically rigorous marital therapy outcome studies reported in 19 journal articles. These findings were used to assess the efficacy of three treatment approaches in fostering change in spouses' relationship-related behavior, cognitions, affect, and general assessment of their relationship. Behavioral marital therapy (BMT), cognitive-behavioral marital therapy (CBMT), and insight-oriented marital therapy (IOMT) were all found to be more effective than no treatment in bringing change in spouses' behavior and in the general assessment of their relationship. IOMT was more effective than BMT or CBMT in bringing change in spouses' general relationship assessment, while CBMT was the only approach that induced significant change in spouses' posttherapy relationship-related cognitions. The role of meta-analytic reviews of marital therapy approaches is also discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>Meta-analyse</p>

Tabell 3: Systematiske oversikter/meta-analyser hvor populasjonen er eksponert for en somatisk/psykisk lidelse

Referanse	Sammendrag	Design	Tilstand
Li, Q. and A. Y. Loke (2014). "A systematic review of spousal couple-based intervention studies for couples coping with cancer: Direction for the development of interventions." <u>Psycho-Oncology</u> 23(7): 731-739.	Objective With the research focus on family caregiving shifting from the individual to the dyadic level, it is suggested that the caregiver-patient dyad as a unit be the focus and direction of caregiving interventions for families coping with cancer. The objectives in conducting this review were to explore the existing interventions for spousal couples coping with cancer in terms of type of intervention, contents, approach, and outcome measurements; and to identify directions for the development of interventions. Methods A systematic search of four databases was conducted to identify articles published in English or Chinese from the launch of the databases to March 2013. Studies were located using an electronic search, a manual search, and an author search. Results A total of 17 articles were identified and included in this review. These interventions focused mainly on patient caregiving and caregiver self care, and usually lasted for 6 weeks using a face-to-face group mode, with follow-up at around 3 months. The outcome measures can be grouped into three main dimensions: dyadic appraisal, dyadic coping, and dyadic adjustments. Positive outcomes were reported for these interventions, including improvements in communication, dyadic coping, the quality of life of both the patients and their partners, psychosocial distress, sexual functioning, and marital satisfaction. Conclusions These findings highlighted the positive outcomes of couple-based interventions that focus on couples coping with cancer. Future studies on couple-based interventions should be conducted in different cultures, such as in Asian countries. Collaboration between researchers and clinicians is crucial to ensure the development of effective and accessible supportive interventions targeting couples coping with cancer. Copyright 2014 John Wiley & Sons, Ltd.	Systematisk oversikt	Kreft
Barbato, A. and B. D'Avanzo (2008). "Efficacy of couple therapy as a treatment for depression: a meta-analysis." <u>Psychiatric Quarterly</u> 79(2): 121-132.	Data from clinical trials of couple therapy for depression have never been subjected to systematic analyses. We performed a meta-analysis of eight controlled trials involving 567 subjects. No difference was found on depressive symptoms between couple therapy and individual psychotherapy. Relationship distress was significantly reduced in the couple therapy group. Too few data are available for comparisons with drug therapy and no treatment. The findings are weakened by small sample sizes, assessments at the end of treatment or short follow-up, unclear sample representativeness, heterogeneity among studies. The mediating role of improvement in quality of couple relationships is not supported by data. However, it has not been adequately tested. Evidence on efficacy of couple therapy as a treatment for depression is inconclusive. The evidence for improvement in couple relationships may favor the choice of couple therapy when relational distress is a major problem.	Meta-analyse	Depresjon
Powers, M. B., et al. (2008). "Behavioral couples therapy (BCT) for alcohol and drug use disorders: A	Narrative reviews conclude that behavioral couples therapy (BCT) produces better outcomes than individual-based treatment for alcoholism and drug abuse problems (e.g., [Epstein, E. E., & McCrady, B. S. (1998). Behav-	Meta-analyse	Rusmisbruk

Referanse	Sammendrag	Design	Tilstand
meta-analysis." Clinical Psychology Review 28 (6): 952-962.	<p>ioral couples treatment of alcohol and drug use disorders: Current status and innovations. <i>Clinical Psychology Review</i>, 18(6), 689-711; O'Farrell, T. J., & Fals-Stewart, W. (2003). Alcohol abuse. <i>Journal of Marital and Family Therapy</i>, 29(1), 121-146). However, the strength and consistency of this effect favoring BCT has not been examined because a meta-analysis of BCT studies has not been reported. This meta-analysis combines multiple well controlled studies to help clarify the overall impact of BCT in the treatment of substance use disorders. A comprehensive literature search produced 12 randomized controlled trials (n = 754) that were included in the final analyses. There was a clear overall advantage of including BCT compared to individual-based treatments (Cohen's d = 0.54). This was true across outcome domains (frequency of use d = 0.36, consequences of use d = 0.52, and relationship satisfaction d = 0.57). However the pattern of results varied as a function of time. BCT was superior to control conditions only in relationship satisfaction at posttreatment (d = 0.64). However, at follow-up BCT was superior on all three outcome domains (frequency of use d = 0.45, consequences of use d = 0.50, and relationship satisfaction d = 0.51). In addition to other control conditions, BCT also outperformed individual cognitive behavioral therapy without couples therapy (d = 0.42). Larger sample sizes were associated with higher effect sizes (p = 0.02). However, treatment dose and publication year were not related to effect size. Overall, BCT shows better outcomes than more typical individual-based treatment for married or cohabiting individuals who seek help for alcohol dependence or drug dependence problems. The benefit for BCT with low severity problem drinkers has received little attention and one study suggests its efficacy may not extend to this subgroup. (c) 2008 Elsevier Ltd. All rights reserved.</p>		
<p>Barbato, A. and B. D. D'Avanzo Barbara (2006) Marital therapy for depression. Cochrane Database of Systematic Reviews DOI: 10.1002/14651858.CD004188.pub 2</p>	<p>Background: Marital therapy for depression has the two-fold aim of modifying negative interaction patterns and increasing mutually supportive aspects of couple relationships, thus changing the interpersonal context linked to depression. Objectives: 1. To conduct a meta-analysis of all intervention studies comparing marital therapy to other psychosocial and pharmacological treatments, or to non-active treatments. 2. To conduct an assessment of the internal validity and external validity. 3. To assess the overall effectiveness of marital therapy as a treatment for depression. 4. To identify mediating variables through which marital therapy is effective in depression treatment. Search methods: CCDANCTR-Studies was searched on 5-9-2005, Relevant journals and reference lists were checked. Selection criteria: Randomised controlled trials examining the effectiveness of marital therapy versus individual psychotherapy, drug therapy or waiting list/no treatment/minimal treatment for depression were included in the review. Quasi-randomised controlled trials were also included. Data collection and analysis: Data</p>	Systematisk oversikt	Depresjon

Referanse	Sammendrag	Design	Tilstand
	<p>were extracted using a standardised spreadsheet. Where data were not included in published papers, two attempts were made to obtain the data from the authors. Data were synthesised using Review Manager software. Dichotomous data were pooled using the relative risk (RR), and continuous data were pooled using the standardised mean difference (SMD), and 95% confidence intervals (CIs) were calculated. The random effects model was employed for all comparisons. A formal test for heterogeneity, the natural approximate chi-squared test, was also calculated. Main results: Eight studies were included in the review. No significant difference in effect was found between marital therapy and individual psychotherapy, either for the continuous outcome of depressive symptoms, based on six studies: SMD -0.12 (95% CI -0.56 to 0.32), or the dichotomous outcome of proportion of subjects remaining at caseness level, based on three studies: RR 0.84 (95% CI 0.32 to 2.22). In comparison with drug therapy, a lower drop-out rate was found for marital therapy: RR 0.31 (95% CI 0.15 to 0.61), but this result was greatly influenced by a single study. The comparison with no/minimal treatment, showed a large significant effect in favour of marital therapy for depressive symptoms, based on two studies: SMD -1.28 (95% CI -1.85 to -0.72) and a smaller significant effect for persistence of depression, based on one study only. The findings were weakened by methodological problems affecting most studies, such as the small number of cases available for analysis in almost all comparisons, and the significant heterogeneity among studies. Authors' conclusions: There is no evidence to suggest that marital therapy is more or less effective than individual psychotherapy or drug therapy in the treatment of depression. Improvement of relations in distressed couples might be expected from marital therapy. Future trials should test whether marital therapy is superior to other interventions for distressed couples with a depressed partner, especially considering the role of potential effect moderators in the improvement of depression.</p>		

Tabell 4: Primærstudier generelt/uspesifisert

Referanse	Sammendrag	Design
Adam, D. and M. Gingras (1982). "Short- and long-term effects of a marital enrichment program upon	Short- and long-term effects of a new marital enrichment program (MEP), based upon Sager's contractual model of couple functioning, were evaluated using both self-inventories (DAS, MCI) and behavioral scales (MICS). Couples were randomly assigned to either no-treatment control conditions or the 20-hour long MEP. Evaluations of marital functioning of both groups	RCT

Referanse	Sammendrag	Design
couple functioning." <u>Journal of Sex & Marital Therapy</u> 8(2): 97-118.	were repeatedly done during the experimentation, at pretest, midtest, posttest and follow-up 1 (two months after completion of the program). A second follow-up on the experimental couples was done a year after the end of MEP. Significant results were obtained for five of the seven criterion variables (marital adjustment and communication and certain aspects of problem-solving behavior). Positive gains shown by the experimental couples in the subjective measures were maintained for an entire year following MEP. It was concluded that the program succeeded in meeting both its short- and long-term goals, thus representing a most promising preventative strategy to modern couple living.	
Allen, E. S., et al. (2011). "Marriage Education In the Army: Results of a Randomized Clinical Trial." <u>Journal of Couple & Relationship Therapy</u> 10(4): 309-326.	Although earlier studies have demonstrated promising effects of relationship education for military couples, these studies have lacked random assignment. The current study evaluated the short-term effects of relationship education for Army couples in a randomized clinical trial at two sites (476 couples at Site 1 and 184 couples at Site 2). At both sites, participant satisfaction with the program was high. Intervention and control couples were compared on relative amounts of preintervention to postintervention change. At Site 1, not all variables showed the predicted intervention effects, although we found significant and positive intervention effects for communication skills, confidence that the marriage can survive over the long haul, positive bonding between the partners, and satisfaction with sacrificing for the marriage or the partner. However, at Site 2, we found significant and positive intervention effects for communication skills only. Possible site differences as moderators of intervention effects are discussed. Adapted from the source document.	RCT
Allen, E. S., et al. (2012). "The effects of marriage education for army couples with a history of infidelity." <u>Journal of Family Psychology</u> 26(1): 26-35.	While existing literature has begun to explore risk factors which may predict differential response to marriage education, a history of couple infidelity has not been examined to determine whether infidelity moderates the impacts of marriage education. The current study evaluated self-report marital satisfaction and communication skills in a sample of 662 married Army couples randomly assigned to marriage education (i.e., PREP) or a no-treatment control group and assessed prior to intervention, post intervention, and at 1 year after intervention. Of these, 23.4% couples reported a history of infidelity in their marriage. Multilevel modeling analyses indicated that having a history of infidelity significantly moderated the impact of PREP for marital satisfaction, with a trend for a similar effect on communication skills. However, couples with a history of infidelity assigned to PREP did not reach the same levels of marital satisfaction after intervention seen in the group of couples without infidelity assigned to PREP, although they did show comparable scores on communication skills after intervention. Implications of these findings for relationship education with couples with a history of infidelity are discussed.	RCT
Angera, J. J. and E. C. J. Long (2006). "Qualitative and quantitative evaluations of an empathy training	Forty-two individuals in marital and cohabiting relationships volunteered to participate in a 10-hour empathy training program. The five session program was evaluated both quantitatively and qualitatively. The qualitative evaluation interviews with a sub-	RCT

Referanse	Sammendrag	Design
<p>program for couples in marriage and romantic relationship." <u>Journal of Couple & Relationship Therapy</u> 5(1): 1-26.</p>	<p>set of the 42 individuals were aimed at developing an evaluation of participants' experiences of the training. For the quantitative component of the study, couples were randomly assigned to either a treatment or wait listed comparison group. Both groups completed the five-week training program at different times. The change in empathy was assessed by several repeated measures analyses of variance. The quantitative assessment replicated the positive results of earlier findings and demonstrated the reliability of the training program to bring about increased empathic interaction with a partner. Scores on three empathy measures improved in both groups over the six month period. The qualitative assessment yielded clear indications of participants' motivation to participate, a delineation of the benefits gleaned from the program, suggestions for improving the training process, and challenges experienced with the training. Implications for further research and program adaptation are discussed.</p>	
<p>Anker, M. G., et al. (2009). "Using client feedback to improve couple therapy outcomes: a randomized clinical trial in a naturalistic setting." <u>Journal of Consulting & Clinical Psychology</u> 77(4): 693-704.</p>	<p>Despite the overall efficacy of psychotherapy, dropouts are substantial, many clients do not benefit, therapists vary in effectiveness, and there may be a crisis of confidence among consumers. A research paradigm called patient-focused research--a method of enhancing outcome via continuous progress feedback--holds promise to address these problems. Although feedback has been demonstrated to improve individual psychotherapy outcomes, no studies have examined couple therapy. The current study investigated the effects of providing treatment progress and alliance information to both clients and therapists during couple therapy. Outpatients (N = 410) at a community family counseling clinic were randomly assigned to 1 of 2 groups: treatment as usual (TAU) or feedback. Couples in the feedback condition demonstrated significantly greater improvement than those in the TAU condition at posttreatment, achieved nearly 4 times the rate of clinically significant change, and maintained a significant advantage on the primary measure at 6-month follow-up while attaining a significantly lower rate of separation or divorce. Mounting evidence of feedback effects with different measures and populations suggests that the time for routine tracking of client progress has arrived.</p>	RCT
<p>Babcock, J. C., et al. (2013). "A component analysis of a brief psycho-educational couples' workshop: One-year follow-up results." <u>Journal of Family Therapy</u> 35(3): 252-280.</p>	<p>This study tested moderators of treatment outcome of the 'Art and Science of Love (ASL) Workshop', a couples' group psycho-educational intervention with 80 distressed married couples. Couples were randomly assigned to one of four conditions: (1) friendship enhancement alone, (2) conflict management alone, (3) combined friendship enhancement + conflict management or (4) bibliotherapy. Three outcomes were assessed: (1) relationship satisfaction, (2) friendship quality and (3) destructive conflict at pre-, post- and one year following the intervention. All conditions led to increased marital satisfaction and decreased problems with friendship and destructive conflict at one-year follow-up. Examining exposure to the components of the ASL workshop in a 2 x 2 design-friendship enhancement (yes/no) vs. conflict management (yes/no)-revealed differential impact for men's and women's relationship outcomes over time. Results suggest that the combined condition produced the greatest changes in marital satisfaction and the greatest decreases in problems in friendship and conflict, particularly for men.</p>	RCT

Referanse	Sammendrag	Design
(PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).		
Baucom, D. H., et al. (1990). "Supplementing behavioral marital therapy with cognitive restructuring and emotional expressiveness training: an outcome investigation." <u>Journal of Consulting & Clinical Psychology</u> 58(5): 636-645.	The current study investigated whether the effectiveness of behavioral marital therapy (BMT) would be increased by the addition of cognitive restructuring (CR) and/or emotional expressiveness training (EET) for maritally distressed couples. Sixty such couples were randomly assigned to 1 of 3 therapists and 1 of 5 treatment conditions (BMT Alone, CR + BMT, BMT + EET, CR + BMT + EET, or waiting list) for 12 weeks of conjoint marital therapy. Within each treatment condition, couples typically improved on the variables focused on in treatment. However, comparisons among active treatment conditions showed few significant differences among treatments; the treatments were equally effective in increasing marital adjustment. Thus, the addition of CR and EET did not appear to increase the overall effectiveness of treatment. Possible reasons for the current findings are provided, and suggestions for future marital outcome investigations are outlined.	RCT
Baucom, K. J., et al. (2011) Observed communication in couples two years after integrative and traditional behavioral couple therapy: outcome and link with five-year follow-up. <u>Journal of Consulting and Clinical Psychology</u> 79, 565-576 DOI: 10.1037/a0025121	OBJECTIVE: To examine changes in observed communication after therapy termination in distressed couples from a randomized clinical trial. METHOD: A total of 134 distressed couples were randomly assigned to either traditional behavioral couple therapy (TBCT; Jacobson & Margolin, 1979) or integrative behavioral couple therapy (IBCT; Jacobson & Christensen, 1998). Videotaped samples of each couple's interactions were coded from pre-therapy, post-therapy, and 2-year follow-up assessments. At these 3 time points, each partner chose 1 current relationship problem to discuss. Relationship satisfaction was assessed at 2-year follow-up, and clinically significant treatment response and marital status were assessed 5 years after treatment. RESULTS: Observed negativity and withdrawal decreased from therapy termination through the 2-year follow-up as expected, but problem solving did not change, and observed positivity decreased. IBCT produced superior changes from post-therapy to the 2-year follow-up assessment compared with TBCT. Post-therapy levels and changes in communication over follow-up were associated with wife satisfaction at 2-year follow-up; only post-therapy to 2-year follow-up changes in communication were associated with husband satisfaction at 2-year follow-up. Post-therapy levels of problem solving and changes in wives' positivity from pre-therapy to post-therapy were associated with 5-year relationship outcomes. We found some counterintuitive results with positivity, but they were no longer significant after controlling for withdrawal. CONCLUSIONS: We found support for improvements in observed communication following treatment termination, with IBCT demonstrating greater maintenance of communication improvement over follow-up. We found limited evidence of associations between communication and relationship outcomes at 5-year follow-up.	RCT
Baucom, K. J., et al. (2015). "Changes in dyadic communication	To examine changes in dyadic communication, as well as links between communication and long-term relationship outcomes, 134 distressed couples randomly assigned to either Traditional Behavioral Couple Therapy (TBCT; Jacobson & Mar-	RCT

Referanse	Sammendrag	Design
<p>during and after integrative and traditional behavioral couple therapy." <u>Behaviour Research & Therapy</u> 65: 18-28.</p>	<p>golin, 1979) or Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1998) were observed in video-recorded interactions. Observers rated discussions of relationship problems at 3 time points (pre-therapy, post-therapy, 2-year follow-up) and relationship outcomes (i.e., treatment response and relationship stability) were measured at a 5-year follow-up. Consistent with previous examinations of individual partner communication (K.J.W. Baucom et al., 2011; Sevier et al., 2008), TBCT produced greater improvements from pre-therapy to post-therapy ($d = 0.27-0.43$) and superior communication at post-therapy ($d = 0.30-0.37$). However, IBCT produced greater improvements from post-therapy to 2-year follow-up ($d = 0.32-0.39$). Both levels of, and changes in, dyadic communication were associated with relationship outcomes, even when controlling for individual communication. Our findings lend additional support for theoretical and practical differences between these two therapies and the utility of assessment at the level of the couple. Furthermore, they contribute to a broader pattern of findings in which relationship outcomes are more consistently linked with constructive communication than with destructive communication. Copyright 2014 Elsevier Ltd. All rights reserved.</p>	
<p>Benson, L. A., et al. (2013). "The impact of behavioral couple therapy on attachment in distressed couples." <u>Journal of Marital and Family Therapy</u> 39(4): 407-420.</p>	<p>Emotion-focused therapy (EFT; Greenberg & Johnson, [Greenberg, L., 1988] Emotionally focused therapy for couples. New York: Guilford Press) is anchored in attachment theory (Johnson, 2003 Attachment processes in couples and families. New York: Guilford) and considers change in attachment schemas essential in the process of improving satisfaction in relationships (Johnson, 1999, Research and couples therapy: Where do we go from here? American Family Therapy Academy Newsletter). However, there are little data on how measures of attachment change over the course of EFT or any other couple therapy. The current study examines whether increases in attachment security predict improvements in marital satisfaction during behavioral couple therapy, which would suggest that change in attachment style is a key process variable even for a non-attachment-focused treatment. Multilevel models of data from 134 couples participating in a randomized clinical trial of integrative behavioral couple therapy and traditional behavioral couple therapy (Christensen et al. Journal of Consulting and Clinical Psychology, 72, 2004, 176) indicate that although there is a trend for early change in attachment-related anxiety and avoidance to predict later change in marital satisfaction, early change in marital satisfaction strongly predicts change in attachment-related anxiety through the end of treatment and 2-year follow-up. These findings suggest that changes in satisfaction may lead to changes in attachment rather than the reverse and that change in attachment may not be the mechanism of change in all efficacious couple therapy. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).</p>	RCT
<p>Bodenmann, G., et al. (2014). "Enhancement of Couples' Communication and Dyadic Coping by a Self-Di-</p>	<p>Although prevention of relationship distress and dissolution has potential to strengthen the well-being of partners and any children they are raising, dissemination of prevention programs can be limited because couples face many barriers to in-person participation. An alternative strategy, providing couples with an instructional DVD, is tested in the present study, in which 330 Caucasian couples (N = 660 participants; mean age: men 41.4 years, women 40.0 years) were randomly assigned to a</p>	RCT

Referanse	Sammendrag	Design
<p>rected Approach: A Randomized Controlled Trial." <u>Journal of Consulting and Clinical Psychology</u> 82(4): 580-591.</p>	<p>DVD group without any further support, a DVD group with technical telephone coaching, or a wait-list control group. Couples completed questionnaires at pretest, posttest, and 3 and 6 months after completion of the intervention. Self-report measures of dyadic coping, communication quality, ineffective arguing, and relationship satisfaction were used to test whether the intervention groups improved in comparison with the control group. Women in both intervention groups increased in dyadic coping, reduced conflict behavior, and were more satisfied with their relationship 6 months after the intervention. Effects for men were mixed. Participants with poorer skills reported stronger improvement. Intimate relationships can, within limits, be positively influenced by a self-directed approach. Effective dissemination of principles underlying successful relationships can be facilitated through the use of emerging low-cost tools and technologies.</p>	
<p>Braukhaus, C., et al. (2003). "The effects of adding booster sessions to a prevention training program for committed couples." <u>Behavioural and Cognitive Psychotherapy</u> 31(3): 325-336.</p>	<p>There is still a lack of indicated prevention programs for couples who, although subjectively concerned about their relationship, do not seek marital therapy. In a previous randomized controlled study, the efficacy of a cognitive-behavioural psychoeducational program delivered on a weekend by two trainers for groups of four couples was established. The program consists of communication and problem-solving training, couples' discussions to clarify their relationship expectations, and exercises to enhance their sensual/sexual relationship. In the current study, the effectiveness of adding two booster sessions with each couple individually one and three months after the weekend training program was investigated. Sixty-two couples were recruited by newspaper announcements. At post assessment couples emitted significantly more positive and less negative verbal and nonverbal communication behaviours during a conflict discussion task than at pre-assessment, thus replicating the previous findings. At the 1-year follow-up, couples with booster sessions reported significant higher marital satisfaction ratings and fewer problem areas than couples receiving the weekend program only. Booster sessions seem to be effective in enhancing the long-term effectiveness of preventive interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).</p>	RCT
<p>Butler, M. H., et al. (2011). "A comparison of attachment outcomes in enactment-based versus therapist-centered therapy process modalities in couple therapy." <u>Family Process</u> 50(2): 203-220.</p>	<p>Attachment issues are viewed by many therapists as lying at the heart of couple distress. It is critical to empirically validate therapy processes that facilitate couples in responding to each other's attachment needs. This study examined enactments as a therapy process and change mechanism to promote secure attachment in couple therapy. Sixteen couples were randomly assigned to 1 of 2 experimental groups--1 group received 3 therapist-centered sessions followed by 3 enactment-based sessions, and a second group received 3 enactment-based sessions followed by 3 therapist-centered sessions. To measure between-session and within-session change, each spouse completed pre-session and post-session measures of attachment security each week. Results showed that couples who received enactment-based sessions first reported greater increases in attachment security than those receiving therapist-centered sessions first. These same couples continued to show improvement after switching to the therapist-centered sessions. Conversely, couples who received therapist-centered</p>	RCT

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	<p>sessions first did not increase attachment after switching to enactment-based sessions. For wives, enactment-based sessions produced the greatest improvement in attachment, yet both therapy process modalities led to some improvement. Conversely, for husbands, attachment improved only when they received enactment-based sessions first. Enactment-based sessions may therefore be more important for husbands than wives. Overall, with some qualification it appears that enactment-based therapy process may improve attachment more than a therapist-centered process. These observed trends and findings are generally consistent with previous research supporting use of enactments in couple therapy. Copyright 2011 FPI, Inc.</p>	
<p>Buzzella, B. (2012). "The initial evaluation of a relationship education program for male same-sex couples." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 73(6-B): 3945.</p>	<p>Same- and other-sex relationships involve similar patterns of development and are subject to similar predictors of relationship distress and dissolution; however, same-sex couples are subject to more varied and intense versions of these predictors (e.g., lack of support for the relationship). Negative relationship outcomes are associated with poorer mental and physical health highlighting the importance of couple-focused interventions to prevent relationship distress. Unfortunately, most programs were explicitly designed for other-sex couples. This project involved the initial evaluation of the acceptability and utility of a relationship education program specifically designed for same-sex couples. The intervention utilizes evidence-based techniques (e.g., communication training) as well as material thought to be especially relevant for same-sex couples (e.g., coping with discrimination). Twelve married or engaged male same-sex couples were randomized to either an immediate intervention (N = 7) or waitlist (N = 5) condition. Those completing the intervention participated in a three month, post intervention, follow-up (N = 11). Although participants rated all intervention components as highly useful for enhancing their marriages, several recommendations for program refinement were suggested during an exit interview (e.g., increasing focus on sexual connection). Effect size estimates comparing change across the waitlist, reveal that involvement in the waitlist was associated with improvements in communication and problem solving, relationship outcomes (i.e., satisfaction, confidence, and quality), perceived support for the relationship, social support, perceived stress, and physical well-being. This may be a consequence of study assessment methodologies (e.g., engagement in a problem solving discussion) and/or the couple's decision to participate in a relationship education program. To examine the specific impact of the intervention, a series of effect sizes were calculated, each comparing data at post-waitlist and post-intervention (for the immediate treatment group only) time points. These results suggest that involvement in the intervention was associated with improvements in communication, relationship outcomes (i.e., satisfaction, confidence, and quality), perceived support for the relationship, social support, perceived stress, and mental well-being. Intervention effects were generally maintained three months later, suggesting that this program may result in lasting improvements in individual and relational outcomes. Future research will evaluate the intervention among a larger sample of couples. (PsycINFO Database Record (c) 2013 APA, all rights reserved).</p>	<p>RCT</p>

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<p>Carlson, R. G., et al. (2014). "Influence of relationship education on relationship satisfaction for low-income couples." <u>Journal of Counseling & Development</u> 92(4): 418-427.</p>	<p>The authors randomly assigned 54 ethnically diverse, low-income married couples with children to receive relationship education either immediately or in 6 months. Couples attended 12 hours of relationship education using the Prevention and Relationship Enhancement Program curriculum. The authors collected pre- and postassessment data and compared differences in relationship satisfaction between treatment and wait-list control couples. Results indicated significant differences in relationship satisfaction between the 2 groups. Findings support relationship education as an efficacious intervention for low-income couples. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).</p>	<p>RCT</p>
<p>Carson, J. W. (2003). "Mindfulness meditation-based treatment for relationship enhancement." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 63(8-B): 3906.</p>	<p>The disturbing and pervasive adverse consequences of the high rate of marital discord and divorce highlight the need for expanded preventive efforts. Recent research shows that stress and poor stress coping abilities are crucial determinants of relationship quality and stability (Karney & Bradbury, 1995), yet existing prevention programs have not targeted stress and coping. Using a randomized wait-list controlled design, this study evaluated the impact upon clinically non-distressed couples of a manualized group relationship enhancement intervention modeled on the mindfulness meditation-based stress reduction program (Kabat-Zinn, 1990). Dependent measures assessed not only relationship functioning but also individual well-being. Summary measures were administered before and after the intervention and 3 months later, and daily measures were recorded for 2 preintervention weeks and the final 3 weeks of the 8-week program. Hypotheses predicted the mindfulness condition would be superior to the wait-list condition on both summary and daily measures. Attrition from the two conditions was equal, and the final sample consisted of 44 couples (37 married, 7 cohabitating) evenly divided between conditions. No significant pretest condition differences were found on dependent measures, demographics or expectancy. Attendance during the intervention was good, and participants averaged 32 min. per day of mindfulness homework practice. As predicted, at post-test the mindfulness condition demonstrated superior outcomes on summary relationship measures (relationship distress, Global Distress Scale; relationship satisfaction, Quality of Marriage Index; autonomy and relatedness, Autonomy & Relatedness Inventory; acceptance of partner, visual analogue scale [VAS]) and individual measures (psychological distress, Brief Symptom Inventory; optimism, LOT-R; spirituality, INSPIRIT; relaxation, VAS). Multilevel model analyses of daily VAS measures provided a finer-grained confirmation, showing improvements in day-to-day relationship stress, relationship happiness, and individual stress coping efficacy. Those who spent more time practicing mindfulness had better outcomes, and well-controlled within-person analyses showed greater practice on a given day led to decreased relationship stress and increased relationship happiness on the following day. Follow-up summary results showed maintenance of benefits. This study provides strong evidence for the effectiveness of the mindfulness program in preventing relationship distress. Future research could examine ways of enhancing the program's effects, especially for couples facing difficult stressors. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>RCT</p>

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Christensen, A., et al. (2004). "Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples." <u>Journal of Consulting & Clinical Psychology</u> 72(2): 176-191.	A randomized clinical trial compared the effects of traditional behavioral couple therapy (TBCT) and integrative behavioral couple therapy (IBCT) on 134 seriously and chronically distressed married couples, stratified into moderately and severely distressed groups. Couples in IBCT made steady improvements in satisfaction throughout the course of treatment, whereas TBCT couples improved more quickly than IBCT couples early in treatment but then, in contrast to the IBCT group, plateaued later in treatment. Both treatments produced similar levels of clinically significant improvement by the end of treatment (71% of IBCT couples and 59% of TBCT couples were reliably improved or recovered on the Dyadic Adjustment Scale; G. B. Spanier, 1976). Measures of communication also showed improvement for both groups. Measures of individual functioning improved as marital satisfaction improved.	RCT
Christensen, A., et al. (2006). "Couple and individual adjustment for 2 years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy." <u>Journal of Consulting & Clinical Psychology</u> 74(6): 1180-1191.	Follow-up data across 2 years were obtained on 130 of 134 couples who were originally part of a randomized clinical trial comparing traditional versus integrative behavioral couple therapy (TBCT vs. IBCT; A. Christensen et al., 2004). Both treatments produced similar levels of clinically significant improvement at 2 years posttreatment (69% of IBCT couples and 60% of TBCT couples). Both treatments showed a "hockey-stick" pattern of change in which satisfaction dropped immediately after treatment termination but then increased for most of follow-up. The break point when couples reversed courses and gained in satisfaction occurred sooner for IBCT than TBCT couples, and those couples who stayed together generally fared better in IBCT than in TBCT. Finally, there was evidence of greater stability during follow-up in IBCT than in TBCT couples. There was little change in individual functioning over follow-up, but when change occurred it was strongly related to change in marital satisfaction. Given that this sample was selected for its significant and chronic distress, the data are encouraging about the long-term impact of behavioral couple therapy. Copyright ((c) 2006 APA, all rights reserved).	RCT
Christensen, A., et al. (2010). "Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy." <u>Journal of Consulting & Clinical Psychology</u> 78(2): 225-235.	<p>OBJECTIVE: To follow distressed married couples for 5 years after their participation in a randomized clinical trial.</p> <p>METHOD: A total of 134 chronically and seriously distressed married couples were randomly assigned to approximately 8 months of either traditional behavioral couple therapy (TBCT; Jacobson & Margolin, 1979) or integrative behavioral couple therapy (IBCT; Jacobson & Christensen, 1998). Marital status and satisfaction were assessed approximately every 3 months during treatment and every 6 months for 5 years after treatment.</p> <p>RESULTS: Pre- to posttreatment effect sizes on marital satisfaction were $d = 0.90$ for IBCT and $d = 0.71$ for TBCT, which were not significantly different. However, data through 2-year follow-ups revealed statistically significant superiority of IBCT over TBCT in relationship satisfaction, but subsequent data showed increasing similarity and nonsignificant differences in outcome. At 5-year follow-up for marital satisfaction relative to pretreatment, effect sizes were $d = 1.03$ for IBCT and $d = 0.92$ for TBCT; 50.0% of IBCT couples and 45.9% of TBCT couples showed clinically significant improvement. Relationship status, obtained on all 134 couples, revealed that 25.7% of IBCT couples and 27.9% of TBCT couples were separated or divorced.</p>	RCT

Referanse	Sammendrag	Design
	<p>These follow-up data compared favorably to other, long-term results of couple therapy. CONCLUSION: TBCT and IBCT both produced substantial effect sizes in even seriously and chronically distressed couples. IBCT produced significantly but not dramatically superior outcomes through the first 2 years after treatment termination but without further intervention; outcomes for the 2 treatments converged over longer follow-up periods. Copyright (c) 2010 APA, all rights reserved</p>	
<p>Cleary Bradley, R. P. and J. M. Gottman (2012). "Reducing situational violence in low-income couples by fostering healthy relationships." <u>Journal of Marital & Family Therapy</u> 38 Suppl 1: 187-198.</p>	<p>This work evaluated a psycho-educational intervention designed to reduce intimate partner violence (IPV) in low-income situationally violent couples. The primary objective was to evaluate the mechanism through which violence was reduced. It was hypothesized that IPV would be reduced via use of therapeutic skills taught during the intervention (i.e., friendship, sex/romance/passion, shared meaning, and conflict management skills). One-hundred-fifteen couples were randomly assigned to a treatment or no-treatment control group. Couples self-reported attitudes reflecting healthy relationship skills and IPV at multiple time points (baseline, post-intervention, and long-term post-intervention). Results support the notion that violence was reduced via an increase in intervention-based skills. Findings suggest that IPV can be safely reduced in low-income situationally violent couples via conjoint treatment focused on building healthy relationship skills. Copyright 2012 American Association for Marriage and Family Therapy.</p>	RCT
<p>Cohen, S., et al. (2010). "A randomized clinical trial of a brief, problem-focused couple therapy for depression." <u>Behavior Therapy</u> 41(4): 433-446.</p>	<p>The aim of this study was to evaluate a brief couple therapy for depression targeted for mildly discordant or nondiscordant couples struggling with the negative impact of depression. Subjects included women with major depression or dysthymia who had husbands without clinical depression. Thirty-five couples were randomly assigned to the 5-week intervention (n=18) or a waitlist control group (n=17), and followed up 1 and 3 months later. Results showed a significant effect of treatment in reducing women's depressive symptoms, with 67% of women improved and 40% to 47% recovered at follow-up, compared to only 17% improved and 8% recovered among women in the control group. Treatment was also effective in secondarily improving women's marital satisfaction, reducing husbands' levels of psychological distress and depression-specific burden, and improving both partners' understanding and acceptance of depression. The treatment was implemented in five 2-hour sessions, representing an efficient, cost-effective approach. Findings support the growing utility of brief, problem-focused couple interventions that simultaneously target depression, relational functioning, and psychological distress experienced by the loved ones of depressed persons. Copyright 2010. Published by Elsevier Ltd.</p>	RCT
<p>Combs, C. W., et al. (2000). "Effects of cognitive-behavioral marriage en-</p>	<p>Researchers suggest marriage enrichment works, although most research has been limited to a few of the more than 50 marital enrichment programs. Marital enrichment is common among church groups, but few studies have examined outcomes of marital enrichment in this population. Prior research showed significant gains among church groups, but causality was not</p>	RCT

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<p>richment: A controlled study." <u>Marriage & Family: A Christian Journal</u> 3(1): 99-111.</p>	<p>established. The present study randomly assigned 34 couples to the Traits of a Happy Couple marital enrichment or a wait list control. Significant gains were found in Dyadic Adjustment Scale (DAS) global scores with no gender effect or interaction of gender and treatment. At six-month follow-up, gains remained significant. Effect sizes were .95 at posttest and .78 at follow-up. These results suggest that marital enrichment works among church couples and has effects that last at least six months. Prior research suggested that generalization to other groups may also be good (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).</p>	
<p>Cookerly, J. R. (1974). "The Reduction of Psychopathology as Measured by the MMPI Clinical Scales in Three Forms of Marriage Counseling." <u>Journal of Marriage and the Family</u> 36(2): 332-335.</p>	<p>White, Mc persons comprising 63 married couples who had been randomly assigned to 3 different forms of marriage counseling were administered the MMPI on intake & again after 12 hours of their assigned form of marriage counseling. The 3 treatments were: "concurrent interview, conjoint interview, or conjoint group marriage counseling." Each treatment had 21 couples, all of whom had been measured by the Marital Adjustment Inventory & then divided into groups having mild, moderate, or severe problems with marital adjustment. Those clients counseled in concurrent interview marriage counseling demonstrated a significantly greater reduction in their depression & psychasthenia scores & also in an aggregate clinical scales score when compared to clients in conjoint interview marriage counseling. Comparison with clients in conjoint group marriage counseling was inconclusive but also suggestive of concurrent interview superiority in reducing depression, anxiety, & perhaps a general level of psychopathology. Modified HA.</p>	RCT
<p>Cooper, A. and C. D. Stoltenberg (1987). "Comparison of a sexual enhancement and a communication training program on sexual and marital satisfaction." <u>Journal of Counseling Psychology</u> 34(3): 309-314.</p>	<p>A total of 30 volunteer couples were randomly assigned to a sexual enrichment, a communication training, or a wait-list control condition. The sexual enrichment and communication training groups met for 3-hr sessions, 1 day per week for 4 consecutive weeks. All three conditions were assessed immediately before, immediately after, and again 3 months after completion of the programs. Analyses of covariance revealed that wives who participated in the sexual enhancement program derived more pleasure from their sexual relationships than did wives in the other two groups. In addition, participants in the sexual enhancement program felt there was a greater amount of affectional expression, and rated their overall marital satisfaction as significantly improved. Couples participating in the communication training program also evinced limited changes in their sexual and marital relationships, whereas couples in the wait-list control condition reported no changes. We conclude that communication training is an important component in sexual enrichment programs and that more evaluative research is needed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	RCT
<p>Crowe, M. J. (1978). "Conjoint marital therapy: a controlled outcome study." <u>Psychological Medicine</u> 8(4): 623-</p>	<p>Forty-two couples with marital problems were randomly allocated to conjoint therapy of (i) a directive, (ii) an interpretative or (iii) a supportive (control) type. Self and independent assessment at the end of treatment showed the directive significantly superior to the control procedure on several measures. This superiority was maintained to 18 months' follow-up, when the</p>	RCT

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636.	interpretative procedure also showed some superiority over the control.	
Dandeneau, M. L. and S. M. Johnson (1994). "Facilitating intimacy: Interventions and effects." <u>Journal of Marital and Family Therapy</u> 20(1): 17-33.	Investigated the effects of 2 sets of marital interventions taken from emotionally focused therapy (EFT) and cognitive marital therapy (CMT) on levels of marital intimacy, dyadic trust, and dyadic adjustment. 36 couples free of marital distress and seeking to enhance their intimate relationship were randomly assigned to EFT, CMT, or a wait-list control group for 6 sessions. Both EFT and CMT group posttest means were significantly higher than controls on the self-report measures of intimacy. Observational measures of intimacy revealed differential effects in favor of EFT as compared to CMT at posttest. At a 10-wk follow-up, EFT group means were significantly higher than CMT on self-reported intimacy and adjustment. (PsycINFO Database Record (c) 2013 APA, all rights reserved).	RCT
Davidson, G. N. and A. O. Horvath (1997). "Three sessions of brief couples therapy: A clinical trial." <u>Journal of Family Psychology</u> 11(4): 422-435.	The effects of positive reframing and restraining in the context of time limited brief couples therapy were investigated. Forty couples were randomly assigned to either an immediate treatment group or to a waiting-list control group that received delayed treatment. The interventions had a positive impact on dyadic adjustment target complaints and conflict resolution of treated couples compared to couples in the waiting-list control group. There were no significant differences observed in the relationship belief and spousal attributions between the treated and untreated couples. Thirty-nine percent of couples met L. Christensen and J. Mendoza's (1986) definition of clinically meaningful improvement. Treatment gains observed at the termination of the 3-session treatments appear to have been maintained at 6-weeks follow-up. A positive relation was observed between couples improvement and compliance with treatment directives. Implications for time-limited brief therapy are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).	RCT
De Jonge, M. M. (2002). "Support-focused marital therapy: Assessing change in the wait-list control group and predictors of outcome." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 63(3-B): 1558.	This dissertation assessed change in the waitlist control group and examined predictors of outcome related to a 12-session, manualized marital therapy approach called Support-Focused Marital Therapy (SFMT). A sample of 48 maritally distressed couples were randomized to treatment or waitlist conditions. The waitlist couples also received SFMT following the wait period. Couples completed self-report measures of marital satisfaction, self-esteem, request for change, anger, psychological symptoms, and therapeutic alliance. Therapists filled out adherence to the manual forms. As predicted, waitlist couples showed significantly greater changes on outcome measures following SFMT compared to changes during the waiting period. Additionally, improvement across outcome measures was equivalent to the couples who immediately received treatment. Across the entire sample, wives presenting for therapy were angrier and had lower marital satisfaction scores than their husbands. Couples' perceptions regarding therapeutic alliance were positively correlated with improvement on outcome measures whereas therapists' perceptions were not significantly correlated with outcome measures. Wives who benefited the greatest from SFMT had a profile of a wife who perceived a lack of support from her husband coupled with a husband who	RCT

Referanse	Sammendrag	Design
	had the psychological resources to become more supportive. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	
Denton, W. H., et al. (2000). "A randomized trial of emotion-focused therapy for couples in a training clinic." <u>Journal of Marital & Family Therapy</u> 26(1): 65-78.	Forty married couples participated in a randomized trial comparing 8 weekly sessions of emotion-focused therapy (EFT) for couples to a group of couples who were placed on an 8-week waiting list. A composite marital satisfaction score was created from scores on the Dyadic Adjustment Scale, Positive Feelings Questionnaire, and Personal Assessment of Intimacy in Relationships scale. Controlling for pretest scores, participants in the treatment group had significantly higher levels of marital satisfaction after 8 weeks than wait-list participants. Supplementary analyses identified variables associated with gains in therapy and with dropping out of the study.	RCT
Doss, B. D., et al. (2005). "Improving relationships: mechanisms of change in couple therapy." <u>Journal of Consulting & Clinical Psychology</u> 73(4): 624-633.	In a sample of 134 married couples randomly assigned to traditional or integrative behavioral couple therapy (TBCT vs. IBCT), a multivariate hierarchical growth curve analysis using latent variable regression revealed that measures of communication, behavior frequency, and emotional acceptance acted as mechanisms of change. TBCT led to greater changes in frequency of targeted behavior early in therapy, whereas IBCT led to greater changes in acceptance of targeted behavior both early and late in therapy. In addition, change in behavioral frequency was strongly related to improvements in satisfaction early in therapy; however, in the 2nd half of therapy, emotional acceptance was more strongly related to changes in satisfaction. Research and clinical implications are discussed. Copyright 2005 APA, all rights reserved.	RCT
Duffey, T. H., et al. (2004). "The effects of dream sharing on marital intimacy and satisfaction." <u>Journal of Couple & Relationship Therapy</u> 3(1): 53-68.	Dream sharing between partners, coupled with self-disclosure training, was empirically investigated as a means for generating intimacy and satisfaction among 216 participants who were randomly assigned to one of three groups: dream sharing, event sharing, and waiting list controls. Both dream sharing and event sharing participants attended a four hour self-disclosure training workshop and received an intimacy building workbook. Dream sharing in the context of this study supported the contentions of contemporary therapists that sharing dreams may enhance relationships while providing a forum for self-awareness and self-disclosure.	RCT
Farnam, F., et al. (2011). "Effect of pre-marriage counseling on marital satisfaction of Iranian newlywed couples: A randomized controlled trial." <u>Sexuality & Culture: An Interdisciplinary Quarterly</u> 15(2): 141-152.	This study examined the effect of selected sexual and nonsexual aspects of pre-marriage counseling on the marital satisfaction of Iranian newlywed couples. A sample of 200 couples was divided randomly into two groups, one group receiving ordinary education (the no intervention group, NIG), the other group receiving special education (the intervention group, IG). IG couples attended four lecture sessions given by the researchers consisting of family planning, personal health, different aspects of sexuality, communication and conflict resolution skills. NIG couples attended lectures presented in the normal preparation program, based on just family planning and personal health. All lectures were given a few months prior to marriage, and then marital satisfaction was assessed 4 months after marriage with 40 questions of the ENRICH questionnaire. Final analysis was based on 64 completed questionnaires. The results indicated that, 4 months after marriage, sexual, nonsexual	RCT

Referanse	Sammendrag	Design
	and marital satisfaction in IG was significantly higher than in the control group. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).	
<p>Gordon, K. C. (2004). "Integrative Behavioral Couple Therapy is as effective as Traditional Behavioral Couple Therapy for distressed couples." <u>Evidence Based Mental Health</u> 7(4): 117-117.</p> <p>How does Integrative Behavioural Couple Therapy (IBCT) compare with Traditional Behavioural Couple Therapy (TBCT) for significantly and chronically distressed married couples?</p>	<p>METHODS</p> <p>Design: Randomised controlled trial. Allocation: Unconcealed. Blinding: Unblinded. Follow up period 36 weeks (mean length of time until final session).</p> <p>Setting: Community based therapy practices, Los Angeles and Seattle; November 1997 to February 2001</p> <p>Patients: Seriously and chronically distressed married couples repeatedly reporting substantial relationship distress (n = 134 couples). Inclusion criteria: average score of less than 100 in the Marital Adjustment Test in a phone interview; at least one of the partners with a T score of ≥ 59 on the Global Distress Scale at two subsequent screenings by questionnaire and one partner scoring one standard deviation below the population mean (< 98) in the Dyadic Adjustment Scale. Participants were 18-65 years, fluent in English, and educated to at least high school level. Exclusions: mildly distressed or unstably distressed couples, people with psychotic disorders, couples in alternative concurrent therapy, and wife reports of violence.</p> <p>Intervention: Traditional Behavioral Couple Therapy (TBCT): therapists used three treatment strategies: mutual positive behavioural changes, communication training, and problem solving training. Couples were also given a communication guide to read. Integrative Behavioral Couple Therapy (IBCT): enhanced TBCT using three major strategies: empathic joining (identifying vulnerable feelings underlying response), unified detachment, and tolerance to responses to problems. A maximum of 26 sessions were allowed (mean: 23 sessions).</p> <p>Outcomes: Relationship satisfaction (Dyadic Adjustment Score and Global Distress Scale) and relationship stability (Marital Status Inventory) determined at intake, and at 13 and 26 weeks. Communication was measured using the Problem Solving Communication and Affective Communication of the Marital Satisfaction Inventory (Revised).</p> <p>Patient follow up: 94% of couples completed treatment (10+ sessions).</p> <p>MAIN RESULTS</p> <p>At final assessment, there was no significant difference between IBCT and TBCT ($p = 0.34$) although both treatments resulted in clinically significant improvement (71% of couples showed reliable improvement or recovery in IBCT v 59% showing improvement in TBCT).</p> <p>CONCLUSIONS</p> <p>TBCT and IBCT are equally effective for distressed couples. Marital therapy is associated with significant change over time in relationship satisfaction, stability, and communication.</p>	RCT
Halford, W. K., et al. (2001). "Can	Eighty-three couples were stratified into groups at high and low risk for relationship distress and randomized to either the	RCT

Referanse	Sammendrag	Design
<p>skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program." <u>Journal of Family Psychology</u> 15(4): 750-768.</p>	<p>Self-Regulatory Prevention and Relationship Enhancement Program (Self-PREP) or a control condition. As predicted, there were differential effects of Self-PREP on high-risk and low-risk couples. Because of low statistical power, results must be interpreted cautiously, but at 1-year follow-up high-risk couples in Self-PREP showed trends toward better communication than control couples. However, there was no difference in the communication of Self-PREP and control low-risk couples. High-risk couples receiving Self-PREP exhibited higher relationship satisfaction at 4 years than control couples, but in low-risk couples relationship satisfaction was higher in the control condition. High-risk couples seemed to benefit from skills-based relationship education, but low-risk couples did not.</p>	
<p>Halford, W. K., et al. (2004). "Benefits of flexible delivery relationship education: An evaluation of the Couple CARE program." <u>Family Relations</u> 53(5): 469-476.</p>	<p>The current study evaluated Couple CARE, a flexible delivery relationship education program. Fifty-nine couples were randomly assigned to either Couple CARE or a control condition and assessed on relationship self-regulation, satisfaction and stability, and communication. Retention, engagement, and satisfaction with the program were all high. As predicted, Couple CARE increased relationship satisfaction and stability and increased report of relationship self-regulation, but did not have the predicted effect on communication.</p>	RCT
<p>Halford, W. K., et al. (2012). "Does Therapist Guidance Enhance Assessment-Based Feedback as Couple Relationship Education?" <u>Behaviour Change</u> 29(4): 199-212.</p>	<p>Assessment and feedback of relationship strengths and challenges is a widely used brief approach to couple relationship education (CRE). It can be fully automated through the internet, with couples self-interpreting the feedback. This study assessed whether therapist guidance of couples to interpret the report and develop relationship goals enhanced the benefits of the feedback. Thirty-nine couples seeking CRE were randomly assigned to either self-interpretation of an internet-based relationship assessment report (RELATE), or therapist-guided interpretation of the same report (RELATE+). Participants were assessed on relationship satisfaction and psychological distress pre- and post-CRE, and at 6-month follow-up. RELATE and RELATE+ were not reliably different in outcome. Couples in both conditions sustained high relationship satisfaction and showed an overall decline in psychological distress. However, consumer satisfaction was substantially higher for the RELATE+ condition than the RELATE condition.</p>	RCT
<p>Halford, W., et al. (2010). "Couple relationship education at home: Does skill training enhance relationship assessment and feedback?" <u>Journal of Family Psychology</u> 24(2): 188-196.</p>	<p>To evaluate the effective components of couple relationship education, 59 newlywed couples were randomly assigned to one of two couple relationship programs (CRE): (1) RELATE, which involved receiving feedback on their relationship based on the on-line RELATE assessment; or (2) RELATE + Couple CARE, which was RELATE plus completing the 6 unit Couple CARE relationship skill training program. Relative to RELATE, RELATE + Couple CARE produced more improvement in couple communication, and high relationship satisfaction across the next 12 months in women. Men sustained high and similar relationship satisfaction in either condition. Skill training CRE has additional benefits for couples beyond assessment and feedback. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).</p>	RCT

Referanse	Sammendrag	Design
<p>Halford, W., et al. (2010). "Promoting a positive transition to parenthood: A randomized clinical trial of couple relationship education." <u>Prevention Science</u> 11(1): 89-100.</p>	<p>The transition to parenthood is often associated with a decline in couple relationship adjustment. Couples (n = 71) expecting their first child were randomly assigned to either: (a) Becoming a Parent (BAP), a maternal parenting education program; or (b) Couple CARE for Parents (CCP), a couple relationship and parenting education program. Couples were assessed pre-intervention (last trimester of pregnancy), post-intervention (5 months postpartum), and follow-up (12 months postpartum). Relative to BAP, CCP reduced negative couple communication from pre- to post-intervention, and prevented erosion of relationship adjustment and self-regulation in women but not men from pre-intervention to follow-up. Mean parenting stress reflected positive adjustment to parenthood with no differences between BAP and CCP. CCP shows promise as a brief program that can enhance couple communication and women's adjustment to parenthood. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).</p>	RCT
<p>Hefner, C. W. and J. O. Prochaska (1984). "Concurrent vs. conjoint marital therapy." <u>Social Work</u> 29(3): 287-291.</p>	<p>Assessed change at the interpersonal and intrapersonal level in 27 couples (mean age 37.6 yrs) experiencing marital discord who were assigned randomly to conjoint or concurrent therapy. Ss were assessed by a battery of 9 measures, including the Hopkins Symptom Checklist and the Marital Adjustment Test, prior to treatment and at the completion of their 6th therapy session. Therapy was conducted by 7 therapists with varying theoretical orientations. On 8 of the outcome measures, both groups reported significant improvements from pre- to posttesting. Contrary to predictions, there were no significant differences between the treatments on the outcome measures: Both groups showed significant improvement over time on the 6 measures of intrapersonal problems and on 2 of the 3 measures of interpersonal problems. No differences in satisfaction with therapy were found, and Ss indicated a preference for the type of therapy in which they had been involved. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	RCT
<p>Hilpert, P., et al. (2014). "Improving personal happiness through couple intervention: A randomized controlled trial of a self-directed couple enhancement program." <u>Journal of Happiness Studies</u> Nov(Pagination): No Pagination Specified.</p>	<p>Although personal happiness is highly associated with social relationships, basic questions remain regarding the causal effect of improved social relationships on happiness. The main aim of this study was to test whether emotional and cognitive dimensions of personal happiness can be increased by means of a self-directed relationship enhancement program, which aims to increase relationship-relevant skills such as dyadic coping, communication, and conflict resolution. N = 220 couples were randomly assigned either to an intervention or to a waiting list control group (survey: pre-, post-, 3- and 6-month follow-ups). Multi-group latent change score models reveal that (1) personal happiness can be increased through a couple intervention; (2) change in personal happiness was predicted by an increase in skills and relationship satisfaction through the intervention; (3) the least happy participants benefited most from the intervention. Improving spousal interactions may help people become and stay happier. Participants in this study did not relapse to their set point of personal happiness as could be expected by adaptation theory. Thus, not treating individuals directly, but rather the dynamic system of spousal interactions as a whole,</p>	RCT

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	offers a potentially very powerful area for happiness research. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).	
Jacobson, N. S. and W. C. Follette (1985). "Clinical significance of improvement resulting from two behavioral marital therapy components." <u>Behavior Therapy</u> 16(3): 249-262.	Compared the effectiveness of behavioral marital therapy (BMT) to that of each of its major components-behavior exchange (BE) and communication/problem-solving training (CPT)-each presented in isolation to couples seeking marital therapy. 60 couples were randomly assigned to 1 of 4 treatments: BE, CPT, BMT, or a waiting-list control group. All Ss participated in a pretreatment assessment that included a conjoint interview with the therapist, individual interviews with each spouse, completion of the Dyadic Adjustment Scale and an areas-of-change questionnaire, and a videotaped communication assessment. Posttreatment assessments were also conducted immediately following treatment and 6 mo later. Between-groups comparisons were based on the proportions of Ss improved in specified areas of change, the clinical significance of changes, and whether the changes were statistically reliable. In terms of marital satisfaction, differences between groups began to emerge at the 6-mo follow-up. BE couples deteriorated at high rates, while couples receiving BMT tended to either maintain or enhance their progress. On the areas-of-change measure, the differences between groups were much less striking, although there remained a tendency for BMT couples to show lower deterioration rates at follow-up. (23 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	RCT
Jacobson, N. S., et al. (1985). "A component analysis of behavioral marital therapy: 1-year follow-up." <u>Behaviour Research and Therapy</u> 23(5): 549-555.	Evaluated the long-term effects of a complete behavioral marital therapy package (CO) and 2 of its major components, behavior exchange (BE) and communication/problem-solving training, each presented in isolation. Data are reported for 60 married couples who were randomly assigned to 1 of these 3 treatments or to a waiting-list control group. Four doctoral candidates and 1 masters-level counselor served as therapists. All treatments involved 12-26 therapy sessions. The long-term effects of therapy were evaluated with measures of global marital satisfaction (Dyadic Adjustment Scale) and presenting-problem checklists. While BE couples tended to reverse their progress relative to those in the CO condition during the 1st 6 mo following termination, significant differences between groups were no longer in evidence by the 1-yr follow-up. However, couples treated with CO were most likely to be happily married and least likely to be separated or divorced. (11 ref) (PsycINFO Database Record (c) 2013 APA, all rights reserved).	RCT
Jacobson, N. S., et al. (1987) Component analysis of behavioral marital therapy: 2-year follow-up and prediction of relapse. <u>Journal of Marital and Family Therapy</u> 13, 187-195	The present study provides 2-year follow-up data for a comparison between a complete behavioral marital therapy treatment package (CO) and two of its major components, behavior exchange (BE) and communication/problem-solving training (CPT). Data are reported for 34 couples who were randomly assigned to one of these three treatments, completed the treatment to which they were assigned, and were available for the 2-year follow-up. The effects of therapy at the 2-year follow-up were	RCT

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	<p>evaluated using a global measure of marital satisfaction and a checklist of presenting marital problems. Statistically significant differences between the three treatments were not in evidence on any of the measures. However, couples in the CO treatment condition were most likely to be happily married and least likely to be separated or divorced. Attempts to identify variables which predicted long-term outcome were largely unsuccessful. An analysis based on standardized telephone interview indicated that, while neither therapist attributes nor maintenance of treatment-derived relationship skills were associated with long-term marital satisfaction, stressful life events subsequent to therapy termination were negatively related to marital satisfaction. Copyright © 2011 Elsevier B. V., Amsterdam. All Rights Reserved.</p>	
<p>Jacobson, N. S., et al. (2000). "Integrative behavioral couple therapy: an acceptance-based, promising new treatment for couple discord." <u>Journal of Consulting & Clinical Psychology</u> 68(2): 351-355.</p>	<p>Although traditional behavioral couple therapy (TBCT) has garnered the most empirical support of any marital treatment, concerns have been raised about both its durability and clinical significance. Integrative behavioral couple therapy (IBCT) was designed to address some of these limitations by combining strategies for fostering emotional acceptance with the change-oriented strategies of TBCT. Results of a preliminary clinical trial, in which 21 couples were randomly assigned to TBCT or IBCT, indicated that therapists could keep the 2 treatments distinct, that both husbands and wives receiving IBCT evidenced greater increases in marital satisfaction than couples receiving TBCT, and that IBCT resulted in a greater percentage of couples who either improved or recovered on the basis of clinical significance data. Although preliminary, these findings suggest that IBCT is a promising new treatment for couple discord.</p>	RCT
<p>Kaiser, A., et al. (1999). "Indicated prevention for longer married couples - Efficacy of a compact group program." <u>Verhaltenstherapie</u> 9(2): 76-85.</p>	<p>The efficacy of cognitive behavioral marital therapy for distressed couples and of prevention programs for couples planning marriage has been convincingly proven. However, there is a lack of indicated prevention programs for married couples who do not seek marital therapy although they are subjectively concerned about their deteriorating marriage. In this study the efficacy of a compact psychoeducational group prevention program (EPL II) was investigated in a randomized controlled study with 67 couples. The couples were recruited by newspaper announcements, then randomly assigned to the EPL-II prevention program or to awaiting-list control group. The EPL II lasts 16 hours and is carried out by 2 trainers on a weekend. It consists of communication and problem-solving training, discussions of the couples to clarify their relationship expectations, and an exercise to enhance their sensual/sexual relationship. At postassessment 15 weeks after the training, EPL-II couples showed more positive verbal and nonverbal communication behavior during a conflict discussion task than control couples, who reported significantly more relationship problem areas and displayed more negative communication behavior. At the 1-year follow-up, EPL-II couples reported fewer problem areas in comparison to the preassessment.</p>	RCT
<p>Karahan, T. F. (2009). "The effects of a couple communication program on</p>	<p>Following the announcement that a Couple Communication Program was to be held at the Ondokuz Mayıs University Permanent Education Center, the Active Conflict Subscale of the Conflict Tendency Scale (Dokmen, 1989) and Conflict Resolution</p>	RCT

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the conflict resolution skills and active conflict tendencies of Turkish couples." <u>Journal of Sex & Marital Therapy</u> 35(3): 220-229.	Scale (Akbalik, 2001) were administered to 122 Turkish couples who volunteered to participate. The 40 couples with the worst test scores were randomized into study and control groups. No differences in the test scores were determined between the two groups before the start of the program ($P > 0.05$). After attending the program, the test scores of the study group were better in total than those of the control group ($P < 0.001$). Benefits are retained at 3 and 6 months following ($P = 1$).	
Kilmann, P. R., et al. (1978). "Effects of a marriage enrichment program: an outcome study." <u>Journal of Sex & Marital Therapy</u> 4(1): 54-57.	This study investigated the impact of a marriage enrichment program. Fourteen couples were randomly assigned to one of two experimental groups or to a no-treatment control group. One experimental group received fair-fight training for 3 weeks followed by a sexual enhancement format for 3 additional weeks. The second experimental groups received the opposite treatment sequence. The same counselor team used the same exercises in both groups. The sequence of treatment did not differentially affect outcome. The immediate and longer term treatment effects that were found generally favored the treatment groups over the no-treatment control group on spouses' separate reports of marital and personal functioning. Using larger and more homogeneous samples, future studies should examine the relationship of individual partner changes to couple changes, conduct a follow-up evaluation of at least 3 months, and obtain behavioral assessments of couples' interactions before and after treatment.	RCT
Knox, V. and D. Fein (2009). Supporting healthy marriage: Designing a marriage education demonstration and evaluation for low-income married couples. <u>Marriage and family: Perspectives and complexities</u> . New York, NY, Columbia University Press; US: 247-280.	(from the chapter) An important component of ACF's Healthy Marriage Initiative has been a research agenda comprising a variety of research synthesis and evaluation projects, including several random assignment evaluations of the effectiveness of marriage education programs targeted to low-income couples. This chapter provides an overview of one of these evaluations-the Supporting Healthy Marriage evaluation (SHM)-the first large-scale, multisite test of marriage education programs for low-income married couples with children. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	RCT
Kong, S. S. (2005). "[A marital-relationship enhancement program for couples: randomized controlled trial]." <u>Daehan Ganho Haghoeji</u> 35(6): 991-1003.	PURPOSE: This paper reports a randomized controlled trial to investigate the effects of a Marital-relationship enhancement program(MREP) for marital couples. METHODS: Volunteer couples from several well-being centers in Seoul were randomly assigned either to a treatment group (n=36), participating in a MREP based on Gottman's "sound marital house" theory, or to a control group (n=35) receiving no treatment. The content of the MREP was provided to the control group after the research was completed. Data was collected from December 2003 to May 2004 using modified versions of the inventories developed by Gottman on marital satisfaction, positive affect, conflict regulation, and communication barriers.	RCT

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	<p>RESULTS: Participants in the experimental group showed significant improvements in marital satisfaction, positive affects, conflict regulation, and communication-barrier scores compared to the control group.</p> <p>CONCLUSION: The present program for marital-relationship enhancement is helpful in enhancing marital relationships and regulating conflict between marital couples and, ultimately, may be useful to prevent divorce.</p>	
Kroeger, C., et al. (2012). "Therapy for couples after an affair: A randomized-controlled trial." <u>Behaviour Research and Therapy</u> 50(12): 786-796.	To examine the efficacy of a couples treatment approach for promoting recovery from a recently disclosed affair, 89 couples that disclosed an affair by one of the partners in the past 6 months were randomly assigned to treatment (n = 46) or to a control group that waited about 3 months for treatment (n = 43). The couples completed self-report measures (Beck Depression Inventory, Impact of Event Scale-Revised, Partnership Questionnaire) at pre- and post-treatment. Since about half of the couples dropped out for various reasons (e.g., ongoing affair, separation), we used multiple imputations to handle the missing data problem. We analyzed the dyadic data with hierarchical linear modeling in a two-level model. Significant improvements on scores of anxiety corresponded with large effect sizes for both partners. Yet significant improvements on depression scores were only found for the unfaithful partner with moderate effect size. Results suggest that the treatment can improve individual complaints, but not relationship satisfaction in a sufficient amount for both partners. Hence, future research should address how this intervention could encourage couples to maintain therapy, and how they might achieve more and sustained improvement in relationship satisfaction. (C) 2012 Elsevier Ltd. All rights reserved.	RCT
Laurenceau, J. P., et al. (2004) Community-based prevention of marital dysfunction: multilevel modeling of a randomized effectiveness study. <u>Journal of Consulting and Clinical Psychology</u> 72, 933-943 DOI: 10.1037/0022-006X.72.6.933	This study is a cluster randomized controlled trial of the Prevention and Relationship Enhancement Program (PREP; H. J. Markman, S. M. Stanley, & S. L. Blumberg, 2001). Fifty-seven religious organizations (ROs), consisting of 217 newlywed couples, were randomly assigned to 1 of 3 intervention conditions: PREP delivered by university clinicians (U-PREP), PREP delivered by RO clergy (ROPREP), and naturally occurring (NO) marriage preparation. Self-reported relationship satisfaction, negative behavior, and positive behavior were assessed at preintervention, postintervention, and 1-year follow-up. Trajectories of relationship satisfaction showed no change over time and did not differ across conditions. Trajectories of negative behavior for RO-PREP wives showed significantly greater linear declines in comparison with NO trajectories. Trajectories of positive behavior for NO and U-PREP partners showed significant declines compared with RO-PREP trajectories. Effectiveness, transportability, and dissemination of marital distress prevention programs in community settings are discussed.	RCT
Ledermann, T., et al. (2007). "The efficacy of the couples coping enhancement training (CCET) in improving relationship quality." <u>Journal of Social</u>	This study is a replication reporting on the effects of the Couples Coping Enhancement Training (CCET). While previous studies have examined the efficacy of this program mainly in distressed couples thus far and without controlling for the presence of children, the current study tries to evaluate the efficacy of the CCET in couples who have preadolescent children and who are experiencing some degree of stress in their daily life associated with the upbringing of their children. Although the	RCT

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<u>and Clinical Psychology</u> 26(8): 940-959.	CCET does not target specific child-rearing issues, but rather focuses on stress and coping, communication and problem solving in general, it is hypothesized that the program should be able to not only improve partners' communication and dyadic coping skills but also reduce tensions and disagreements that might arise between partners regarding matters related to their children. This study addresses this question based on an evaluation of 100 couples who were randomly assigned either to the CCET or to a control group that received no skills training. The results support previous findings on the efficacy of the CCET in general. Positive effects of the program were noted among both women and men immediately after the training, with stronger effects noted among the women. However, after 6 months and after 1 year following participation in the program, the effects faded out. Effects on parental disagreement related to children were weaker than expected. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).	
Loew, B., et al. (2012). "Internet delivery of PREP-based relationship education for at-risk couples." <u>Journal of Couple & Relationship Therapy</u> 11(4): 291-309.	Relationship education researchers have recommended that dissemination efforts be expanded so interventions can reach high-risk groups. Electronic delivery can help achieve this goal, yet its development has been modest. In this pilot study, foster and adoptive parents, a high-risk group, were randomized to a brief, Web-based Prevention and Relationship Enhancement Program adaptation (PREP) or to a control intervention on birth parent visitations. PREP participants strongly agreed, on average, that course content was realistic, helpful, and useful. They also improved significantly more than did control couples on PREP skill knowledge and reported use. Both groups improved similarly on more general communication-based outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).	RCT
Long, E. C. J., et al. (1999). "Understanding the one you love: A longitudinal assessment of an empathy training program for couples in romantic relationships." <u>Family Relations</u> 48(3): 235-242.	Forty-eight couples in romantic relationships volunteered to participate in a 10-hour empathy training program. The five sessions of the program were briefly described and empirical support was given for each component of the training. Couples were randomly assigned to either a treatment or wait listed comparison group. Both groups completed the five-week training program at different times. The change in empathy was assessed by several repeated measures analyses of variance. Scores on three empathy measures improved in both groups over the six month period. A change in the perceptions of a partner's empathy at six months was positively related to relationship satisfaction at the six month follow-up.	RCT
Long, E. C., et al. (1999). "Understanding the one you love: A longitudinal assessment of an empathy training program for couples in romantic relationships." <u>Family Relations: An Interdisciplinary Journal of Applied</u>	Assessed the effectiveness of empathy instruction in a group of romantic couples. 48 couples (aged 18-54 yrs) in romantic relationships volunteered to participate in a 10-hr empathy training program. The 5 sessions of the program were briefly described and empirical support was given for each component of the training. Couples were randomly assigned to either a treatment or wait listed comparison group. Both groups completed the 5-wk training program at different times. Ss were given several measures: the perspective taking subscale of the Interpersonal Reactivity Index (M. H. Davis, 1980), the Self Dyadic Perspective Taking Scale (E. C. J. Long, 1990), the Other Dyadic Perspective Taking Scale (Long, 1990), the Marital Stability	RCT

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<u>Family Studies</u> 48(3): 235-242.	Index (A. Booth et al, 1983), and the Dyadic Adjustment Scale (G. B. Spanier, 1976). The change in empathy was assessed by several repeated measures analyses of variance. Scores on 3 empathy measures improved in both groups over the 6 mo period. A change in the perceptions of a partner's empathy at 6 mo was positively related to relationship satisfaction at the 6 mo follow-up. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	
Marin, R. A., et al. (2014). "Infidelity and behavioral couple therapy: Relationship outcomes over 5 years following therapy." <u>Couple and Family Psychology: Research and Practice</u> 3(1): 1-12.	Prevalence rates for infidelity in American marriages range from 20% to 40%. Nevertheless, there is a paucity of research on the effectiveness of couple therapy when there has been an infidelity. In the present study the posttherapy outcomes of 19 infidelity couples were examined for up to 5 years following participation in a larger (N = 134) randomized clinical trial of couple therapy. All couples were randomized to Integrative Behavioral Couple Therapy (IBCT) or Traditional Behavioral Couple Therapy (TBCT) regardless of infidelity status. They were assessed approximately every 6 months for 5 years posttherapy, and current analyses focus on three outcomes: divorce, relationship satisfaction, and marital stability. Divorce was examined using logistic regression, whereas relationship satisfaction and marital stability were examined using hierarchical linear modeling. Divorce rates were significantly higher for secret infidelity couples (80%, n = 4) than for revealed infidelity (43%, n = 6) and noninfidelity couples (23%, n = 26). Infidelity couples who eventually divorced reported the highest marital instability; however, infidelity couples who remained married did not differ in marital stability or relationship satisfaction from noninfidelity couples. Furthermore, couples who remained married reported an increase in relationship satisfaction over time, regardless of infidelity status. Results suggest two potential pathways for couples recovering from infidelity such that some infidelity couples continue to improve and remain indistinguishable from their noninfidelity counterparts whereas other infidelity couples appear to markedly deteriorate and divorce. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).	RCT
Markman, H. J., et al. (1988). "Prevention of marital distress: A longitudinal investigation." <u>Journal of Consulting and Clinical Psychology</u> 56(2): 210-217.	This study examines the impact of an intervention designed to prevent divorce and marital distress. Both short- and long-term effects of a cognitive-behavioral marital distress prevention program were assessed. Forty-two couples planning marriage were matched and randomly assigned to intervention (n = 21) and control (n = 21) conditions. Couples participated in pre- and postintervention assessment sessions and in similar assessment sessions 11/2 years and 3 years later. The intervention emphasized communication and problem-solving skills, clarifying and sharing expectations, and sensual/sexual enhancement. Although postintervention results indicated that couples learned the skills taught in the program, no group differences emerged on self-report measures of relationship quality. At 11/2 years, intervention couples showed higher levels of relationship satisfaction than control couples. At 3 years, intervention couples showed higher levels of both relationship satisfaction and sexual satisfaction and lower levels of problem intensity. These data support cost-effective prevention programs for attacking the major social problem of divorce. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	RCT

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<p>Markman, H. J., et al. (2013) A randomized clinical trial of the effectiveness of premarital intervention: moderators of divorce outcomes. <u>Journal of Family Psychology</u> 27, 165-172 DOI: 10.1037/a0031134</p>	<p>This study examined the effects of premarital relationship intervention on divorce during the first 8 years of first marriage. Religious organizations were randomly assigned to have couples marrying through them complete the Prevention and Relationship Education Program (PREP) or their naturally occurring premarital services. Results indicated no differences in overall divorce rates between naturally occurring services (n = 44), PREP delivered by clergy at religious organizations (n = 66), or PREP delivered by professionals at a university (n = 83). Three moderators were also tested. Measured premaritally and before intervention, the level of negativity of couples' interactions moderated effects. Specifically, couples observed to have higher levels of negative communication in a video task were more likely to divorce if they received PREP than if they received naturally occurring services; couples with lower levels of premarital negative communication were more likely to remain married if they received PREP. A history of physical aggression in the current relationship before marriage and before intervention showed a similar pattern as a moderator, but the effect was only marginally significant. Family-of-origin background (parental divorce and/or aggression) was not a significant moderator of prevention effects across the two kinds of services. Implications for defining risk, considering divorce as a positive versus negative outcome, the practice of premarital relationship education, and social policy are discussed.</p>	RCT
<p>McMurray, S. K. (2007). "Adherence to treatment and treatment outcome in marital therapy: Are therapist's interventions related to couple's success?" <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 68(4-B): 2661.</p>	<p>This is the first study to examine the effects of therapist treatment adherence on outcome in marital therapy. Treatment adherence and outcome was studied for 35 distressed married couples who were part of a larger randomized clinical trial of traditional behavioral couple therapy (TBCT) and integrative behavioral couple therapy (IBCT). Use of TBCT interventions was not related to outcome with either TBCT or IBCT couples. IBCT adherence had a fairly strong relationship to outcome with IBCT couples when used early and late in treatment. Adherence to compatible interventions had a strong, significant relationship to outcome for IBCT couples when used late in treatment. Successful therapy depends on therapists' awareness of when interventions are used and their affect on treatment outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	RCT
<p>Mehlman, S. K., et al. (1983). "Effectiveness of cotherapists versus single therapists and immediate versus delayed treatment in behavioral marital therapy." <u>Journal of Consulting and Clinical Psychology</u> 51(2): 258-266.</p>	<p>Evaluated the overall effectiveness of behavioral marital therapy (BMT) in aiding distressed couples, and explored the relative effectiveness of (a) cotherapists vs single therapists and (b) immediate treatment vs delayed treatment, which resulted from placing couples on a waiting list. 30 maritally distressed couples (aged 19-59 yrs) were randomly assigned to 1 of 6 treatment conditions, with 5 couples per condition: (a) immediate treatment by Therapist A; (b) immediate treatment by Therapist B; (c) immediate treatment by Therapists A and B as a cotherapy team; (d) delayed treatment by Therapist A; (e) delayed treatment by Therapist B; or (f) delayed treatment by Therapists A and B as a cotherapy team. Ss were administered a battery of tests that included the Marital Adjustment Test and Areas-of-Change Questionnaire. Results indicate that BMT was more effective than no treatment on both self-report measures and 1 of 2 behavioral measures, thus affirming the overall effectiveness of</p>	RCT

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	<p>the treatment. A cotherapy team and single therapists were equally effective in producing treatment changes. In addition, overall there were no significant differences between couples receiving therapy immediately and couples treated after a 10-wk waiting period. (37 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	
<p>Montag, K. R. and G. L. Wilson (1992). "An empirical evaluation of behavioral and cognitive-behavioral group marital treatments with discordant couples." <u>Journal of Sex & Marital Therapy</u> 18(4): 255-272.</p>	<p>Previous research has revealed that group behavioral therapy for distressed couples provides an effective and efficient form of marital treatment. However, research comparing alternative group approaches is lacking. The current investigation evaluated group behavioral and cognitive-behavioral marital treatments across a variety of relationship dimensions and measures of individual functioning. Dysfunctional couples were randomly assigned to experimental conditions and demonstrated statistically and clinically significant improvement as contrasted with the waiting list control group. These results are discussed in terms of the differences between treatment conditions, potential advances in the field of marital therapy, and recommendations for further inquiry.</p>	RCT
<p>Moran Etter, E. (2014). "Longitudinal effects of improving inter-parental relationships in low-income couples: Child outcomes." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 75(1-B(E)): No Pagination Specified.</p>	<p>Poverty and economic hardship create tremendous stress for families, and subsequently are risk factors for child psychopathology. The Fatherhood, Relationship, and Marriage Education (FRAME) program is a 14-hour psychoeducation intervention developed specifically to strengthen the ability of low-income mothers and fathers to reduce conflict, cope with stress, and co-parent effectively, hopefully helping to create more stable and secure environments for children. The FRAME study is a randomized controlled trial evaluating the efficacy of a couples-based intervention in a sample of 301 ethnically diverse low-income cohabiting mothers and fathers who are parenting at least one child together. Couples were randomly assigned to one of three intervention groups or to an assessment-only control condition. The current research evaluated the impact of the intervention program on a range of parenting behaviors and child outcomes across four time points for both mothers and father, and examined relationships between economic strain and parenting, and parenting and symptoms of psychopathology across four time points. Hierarchical linear modeling was used for primary analyses. FRAME effectiveness results showed significant time by group interactions for Anxious/Depressed and Thought Problems symptoms, as well as Parent-Child Positive Interaction, indicating improvements for intervention participants as opposed to controls, as well as a time by group by gender interactions indicating that mothers in the intervention groups reported the steepest decline for Anxious/Depressed symptoms and Internalizing Problems symptoms across all four time points. Economic strain was significantly related to a number of parenting difficulties, and parenting variables were significantly associated with symptoms of psychopathology for all participants across time. Implications for future studies involving interventions with low-income families are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved).</p>	RCT

Referanse	Sammendrag	Design
<p>Petch, J. F., et al. (2012). "A randomized controlled trial of a couple relationship and coparenting program (Couple CARE for Parents) for high- and low-risk new parents." <u>Journal of Consulting and Clinical Psychology</u> 80(4): 662-673.</p>	<p>Objective: This study evaluated the effectiveness of couple relationship education in assisting couples to sustain relationship functioning and parenting sensitivity, and whether benefits were moderated by risk of maladjustment in the transition to parenthood ("risk"). Method: Two hundred fifty couples expecting their first child were assessed on risk and randomly assigned to either the Couple CARE for Parents (CCP), a couple relationship- and coparenting-focused education program (n = 125), or the Becoming a Parent Program (BAP), a mother-focused parenting program (n = 125). Couples completed assessments of their couple relationship during pregnancy, after intervention at 4 months postpartum, and at 16 and 28 months postpartum. Observed parenting and self-report parenting stress were assessed at 4 months postpartum, and parenting stress was assessed again at 16 and 28 months postpartum. Results: Risk was associated with greater relationship and parenting adjustment problems. Relative to BAP, CCP women decreased their negative communication and showed a trend to report less parenting stress irrespective of risk level. High-risk women receiving CCP reported higher relationship satisfaction, and were less intrusive in their parenting, than high-risk women receiving BAP. There were no effects of CCP on sensitive parenting and parenting intrusiveness for women. High-risk men in CCP showed a trend for higher relationship satisfaction than high-risk BAP men, but there were no effects of CCP for men on any parenting outcomes. Conclusions: CCP is a potentially useful intervention, but benefits are primarily for high-risk women. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).</p>	RCT
<p>Petch, J. F., et al. (2012). "A randomized controlled trial of a couple relationship and coparenting program (Couple CARE for Parents) for high- and low-risk new parents." <u>Journal of Consulting and Clinical Psychology</u> 80(4): 662-673.</p>	<p>Objective: This study evaluated the effectiveness of couple relationship education in assisting couples to sustain relationship functioning and parenting sensitivity, and whether benefits were moderated by risk of maladjustment in the transition to parenthood ("risk"). Method: Two hundred fifty couples expecting their first child were assessed on risk and randomly assigned to either the Couple CARE for Parents (CCP), a couple relationship- and coparenting-focused education program (n = 125), or the Becoming a Parent Program (BAP), a mother-focused parenting program (n = 125). Couples completed assessments of their couple relationship during pregnancy, after intervention at 4 months postpartum, and at 16 and 28 months postpartum. Observed parenting and self-report parenting stress were assessed at 4 months postpartum, and parenting stress was assessed again at 16 and 28 months postpartum. Results: Risk was associated with greater relationship and parenting adjustment problems. Relative to BAP, CCP women decreased their negative communication and showed a trend to report less parenting stress irrespective of risk level. High-risk women receiving CCP reported higher relationship satisfaction, and were less intrusive in their parenting, than high-risk women receiving BAP. There were no effects of CCP on sensitive parenting and parenting intrusiveness for women. High-risk men in CCP showed a trend for higher relationship satisfaction than high-risk BAP men, but there were no effects of CCP for men on any parenting outcomes. Conclusions: CCP is a potentially useful intervention, but benefits are primarily for high-risk women. 2012 American Psychological Association.</p>	RCT

Referanse	Sammendrag	Design
Rasp, R. R. (1996). "The application of facilitated imagery to marital counseling." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 56(8-B): 4591.	The intent of the study was to assess whether facilitated imagery is a successful technique for improving marital satisfaction. Changes in individual psychological functioning were also monitored. Twenty marital couples were randomly assigned to two experimental groups. Both groups received three one-hour sessions of a structured marital enrichment program. Couples in one group received three additional one-hour sessions of facilitated imagery. The Marital Satisfaction Inventory and the Brief Symptom Inventory were utilized to assess change, and were administered pretreatment and at two points posttreatment: at one month and four months. A series of 2 x (3) repeated measure analyses of variance were used to detect changes for husbands and wives. Subjects exposed to facilitated imagery reported significantly greater improvement than enrichment-only subjects on some scales of the Marital Satisfaction Inventory. Imagery husbands were significantly more improved on Problem Solving Communication while imagery wives reported significantly greater improvement on Disagreement About Finances and Global Distress. Imagery subjects also recorded significantly greater improvement on several scales of the Brief Symptom Inventory. Imagery husbands reported significantly greater improvement on Obsessive-Compulsive symptoms, while their wives showed significantly greater gains on Interpersonal Sensitivity, Hostility, Global Severity, and Positive Symptom Total. Of the imagery subjects, wives tended to achieve vivid imagery faster than their husbands. Two subjects were never able to achieve successful imagery. The majority of imagery subjects reported that the process had been helpful to them. Subjectively they reported gaining insight into themselves or their spouse as the primary benefit obtained from the imagery work. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	RCT
Ridley, C. A., et al. (1981). "The effects of relationship enhancement and problem solving programs on perceived heterosexual competence." <u>Family Therapy</u> 8(2): 59-66.	Premarital couples were randomly assigned to the Guerney Relationship Enhancement (RE) group (24 couples), the Ridley Problem Solving (PS) group (24 couples), or the relationship discussion (RD) group (26 couples). RE and PS Ss participated in an 8th wk (24 hrs) training program in either communication or problem-solving skills. Ss in the RD group participated over the same time period in lecture-discussion sessions. The Peterman-Ridley Heterosexual Competency Scale was administered to the 3 groups at pre- and posttest. Results indicate that (a) RE Ss significantly improved in their perceived heterosexual competence, relative to RD Ss; (b) PS Ss improved somewhat in their perceived heterosexual competence, relative to RD; and (c) RE and PS groups did not significantly differ from one another in their level of perceived heterosexual competence. (15 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	RCT
Saiz, C. C. (2001). "Teaching couples communication and problem-solving skills: A self-directed, videotape version of the prevention relationship en-	Relationship distress and divorce continue to be major social problems and there is a clear need to develop and evaluate cost-effective interventions that can be widely disseminated. This study's primary objective was to evaluate the short-term effectiveness of an abridged videotape/workbook version of the Prevention Relationship Enhancement Program (PREP). The videotape intervention sought to improve couples' communication and problem-solving skills and decrease relationship danger signs such as negative escalation and invalidation that have been associated with the development of marital distress.	RCT

Referanse	Sammendrag	Design
<p>hancement program (PREP)." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering 62(4-B): 2076.</u></p>	<p>This study also explored the effects of adding a therapist/consultant on couples' acquisition of targeted communication and problem-solving skills, and it examined individual and relationship characteristics as predictors of treatment outcome. Thirty-eight couples in committed or married relationships were randomly assigned to a videotape only, a videotape-consultant, or a waitlist control condition. All couples self-administered the three-session PREP videotape/workbook program. Couples in the videotape-consultant condition completed skill-building exercises with the assistance of a trained therapist/consultant whereas couples in the videotape condition practiced skills alone with their partner as guided by the PREP workbooks. Results indicated that couples in both the videotape and videotape-consultant condition reported a high degree of satisfaction with the PREP videotape/workbook program. As compared to couples in the waitlist control group, treatment couples displayed significant improvements in relationship danger signs such as negative escalation, negativity and invalidation/validation. Treatment couples also displayed significant gains in communication and problem-solving skills that counteract relationship danger signs. Results indicated virtually no outcome differences between couples who completed the videotape program with their partner in private and those who practiced the PREP skills with a trained consultant. Treatment outcome was predicted by participants' age and relationship length, and to a lesser degree by females' relationship satisfaction. Overall, this study's positive results suggest that the self-guided PREP videotape intervention was effective in improving couples' communication and problem-solving skills. Findings are discussed in terms of the implications for future research and the potential benefits of self-directed videotape programming for expanding access to preventive and interventional services for couples that are married or planning marriage. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	
<p>Shapo, J. R. (2003). "Support-focused marital therapy vs. a waitlist control: An efficacy study." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering 63(8-B): 3938.</u></p>	<p>This study examined the efficacy of Support-Focused Marital Therapy (SFMT), a short-term, marital intervention outlined in manual form for use by a wide-range of therapists. Forty-three distressed couples were randomly assigned to the SFMT or waitlist condition. Couples completed two relationship measures, the Dyadic Adjustment Scale (DAS) and the Areas of Change Questionnaire (ACQ), and three well being measures, the Spielberger Trait Anger Inventory (STAI), Rosenberg Self-Esteem Inventory (RSE), and Symptom Checklist 90-Revised (SCL-90-R), prior to assignment and after the intervention or waiting period. Doubly-repeated measures MANOVA analyses revealed that the SFMT group experienced significantly greater improvements over time as compared with the control group on the relationship measures, but not on the well-being measures. Chi-square analyses indicated that significantly more SFMT than control wives experienced clinically-significant change in marital satisfaction, using Jacobson and Truax's (1991) change criteria, while significantly more control than SFMT husbands deteriorated. Also, significantly more SFMT than control couples experienced clinically-significant change in the number of desired relationship changes. No significant group differences in individual distress using clinically-significant</p>	RCT

Referanse	Sammendrag	Design
	<p>change criteria were detected. For the SFMT group, husbands' lower reported household income and education level correlated with greater improvements in husbands' marital satisfaction, and older age for wives' age correlated with greater improvements in wives' marital satisfaction. Lower initial levels of marital satisfaction correlated with greater improvements in marital satisfaction for husbands and couples. Lower initial levels of marital satisfaction for wives correlated with greater reductions in wives' anger. Therapist variables and a specific couple profile type did not predict change in partners' marital satisfaction. Marital satisfaction could not be found to mediate (transmit) the relationship between group assignment (SFMT vs. control) and individual distress because no relationship between group assignment and individual distress was detected. This first study addressing SFMT efficacy showed that SFMT meets Chambless and Hollon's (1998) criteria as a "possibly efficacious treatment." As a time-limited, manualized approach that can be effectively administered by therapists regardless of age, experience level, or marital status, SFMT shows promise as a valuable addition to the available therapies. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	
<p>Snyder, D. K. and R. M. Wills (1989). "Behavioral versus insight-oriented marital therapy: effects on individual and interspousal functioning." <u>Journal of Consulting & Clinical Psychology</u> 57(1): 39-46.</p>	<p>This study compared the effects of behavioral marital therapy (BMT) and insight-oriented marital therapy (IOMT) on both interspousal and intrapersonal functioning in a controlled outcome study. A total of 79 couples seeking treatment for relationship distress were randomly assigned to BMT, IOMT, or a treatment-on-demand (TOD) waiting-list control group. Results indicated the significance in individual and relationship functioning. Both treatment approaches produced significant effects from intake to termination that were substantially maintained at the 6-month follow-up. Behavioral and insight-oriented therapies resulted in significant improvements in self-reports of global marital accord and, to a lesser extent, in the reduction of overall psychological distress and in the enhancement of self-concept, with no significant differences between treatment conditions. The magnitude of these effects in comparison with those reported in previous marital outcome studies and in more general psychotherapy research is discussed, and possible mechanisms for the equivalence of these technically divergent treatment approaches are explored.</p>	<p>RCT</p>
<p>Stanley, S. M., et al. (2014). "A Randomized Controlled Trial of Relationship Education in the US Army: 2-Year Outcomes." <u>Family Relations</u> 63(4): 482-495.</p>	<p>This study examined the effectiveness of an evidence-based, community-delivered adaptation of couple relationship education (CRE) program (specifically, The Prevention and Relationship Enhancement Program [PREP]) delivered at two Army installations. The study is a randomized controlled trial with 2 years of follow-up examining marital quality and stability. Sample composition was 662 married couples with a spouse in the U.S. Army. Analyses yielded no evidence of overall enduring intervention effects on relationship quality, but couples assigned to intervention at the higher risk site were significantly less likely than controls to be divorced at the 2-year follow-up (8.1% vs. 14.9%, $p < .01$). This effect was moderated by ethnic minority status. Specifically, the impact of the intervention on divorce was strongest for minority couples. The findings add to the literature on who may benefit most from CRE.</p>	<p>RCT</p>

Referanse	Sammendrag	Design
Stith, S. M., et al. (2004). "Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy." <u>Journal of Marital & Family Therapy</u> 30(3): 305-318.	An experimental design was used to determine outcomes of a domestic violence-focused treatment program for couples that choose to stay together after mild-to-moderate violence has occurred. Forty-two couples were randomly assigned to either individual couple or multi-couple group treatment. Nine couples served as the comparison group. Male violence recidivism rates 6 months after treatment were significantly lower for the multi-couple group (25%) than for the comparison group (66%). In contrast, men in the individual couple condition were not significantly less likely to recidivate (43%) than those in the comparison group. In addition, marital satisfaction increased significantly, and both marital aggression and acceptance of wife battering decreased significantly among individuals who participated in multi-couple group therapy, but not among those who participated in individual couple therapy or the comparison group.	RCT
Waring, E. M., et al. (1990) A randomized clinical trial of cognitive marital therapy. <u>Journal of Sex & Marital Therapy</u> 16, 165-180 DOI: 10.1080/00926239008405263	Thirty-three couples with severe marital discord referred to a psychiatric outpatient department were randomly assigned to Cognitive Marital Therapy or a control group. Cognitive Marital Therapy is a brief, structured couple therapy, which involves spouses in reciprocal self-disclosure of personal constructs. The control group received the same number of sessions of self-disclosure from a programmed marital enhancement text. Personal distress, marital adjustment, marital quality, and aspects of self-disclosure were measured before and after treatment. Symptoms of depression as well as somatic and compulsive complaints showed significant improvement in both groups. The wives exhibited a trend suggesting that they were making more self-disclosures to their spouses after counseling. No discernable differences in outcome were found between the marital therapy group and the control group. Marital intimacy and marital satisfaction did not improve significantly over the course of 10 therapy sessions. This study suggests that the role of self-disclosure in marital therapy needs further clarification.	RCT
Wiggins, J. D. and J. H. Muehleisen (1986). "A comparison of two approaches to counseling couples in distress." <u>American Mental Health Counselors Association Journal</u> 8(3): 138-148.	24 couples (mean age 38.43 yrs) involved in marriages self-described as distressed were randomly assigned to traditional structured family therapy (TSFT), and 24 couples (mean age 35.14 yrs) were treated using individual counseling and consultation with spouse (ICCS). Each S completed a test battery evaluating his/her satisfaction with spouse and marriage before the first counseling session and 9 mo after counseling had ended for each couple. Findings indicate that while TSFTs' satisfaction with spouse and marriage ratings remained almost the same, ICCSs showed significant gains. ICCSs tended to require fewer sessions to reach completion and less time per session than TSFTs. TSFTs rated their therapists as satisfactory; ICCSs rated their therapists as good. Results suggest that the ICCS method is effective and deserves wider consideration by practitioners and counselor educators. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	RCT
Williamson, H. C., et al. (2015). "Risk Moderates the Outcome of Relation-	Objective: To test whether the effects of relationship education programs generalize across couples regardless of their baseline levels of risk for relationship distress, or whether intervention effects vary systematically as a function of risk. The former	RCT

Referanse	Sammendrag	Design
<p>ship Education: A Randomized Controlled Trial." <u>Journal of Consulting and Clinical Psychology Feb</u>(Pagination): No Pagination Specified.</p>	<p>result would support primary prevention models; the latter result would support a shift toward secondary prevention strategies. Method: Engaged and newlywed couples (N = 130) were randomized into 1 of 3 relationship education programs. Individual and relational risk factors assessed at baseline were tested as moderators of 3-year changes in relationship satisfaction, overall and in each of the 3 treatment conditions. Results: Treatment effects varied as a function of risk, and more so with variables capturing relational risk factors than individual risk factors. High-risk couples (e.g., couples with lower levels of baseline commitment and satisfaction) tended to decline less rapidly in satisfaction than low-risk couples following treatment. Couples with acute concerns at baseline, including higher levels of physical aggression and alcohol use, benefitted less from intervention than couples without these concerns. Comparisons across treatment conditions indicate that couples with relatively high baseline satisfaction and commitment scores declined faster in satisfaction when assigned to an intensive skill-based intervention, as compared with a low-intensity intervention. Conclusions: Outcomes of skill-based relationship education differ depending on premarital risk factors. Efficient identification of couples at risk for adverse relationship outcomes is needed to refine future prevention efforts, and deploying prevention resources specifically to at-risk populations may be the most effective strategy for strengthening couples and families. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract).</p>	
<p>Wilson, G. L., et al. (1988). "Treatment of relationship dysfunction: An empirical evaluation of group and conjoint behavioral marital therapy." <u>Journal of Consulting and Clinical Psychology</u> 56(6): 929-931.</p>	<p>Fifteen distressed couples were randomly assigned to group, conjoint, or waiting list conditions. A behavioral communication treatment package was administered over eight sessions and was evaluated via multidimensional assessments. Results revealed that behavioral communication therapy was a highly effective modality for the resolution of marital dysfunction. Both group and conjoint treatments were found to be superior to the waiting list condition. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	RCT
<p>Wood, R. G., et al. (2014). "The Long-Term Effects of Building Strong Families: A Program for Unmarried Parents." <u>Journal of Marriage and Family</u> 76(2): 446-463.</p>	<p>The authors present findings from a large-scale, random-assignment evaluation of Building Strong Families (BSF), a program offering group sessions on relationship skills education to low-income, unmarried parents who were expecting or had recently had a baby. Findings based on a 3-year follow-up survey of over 4,000 couples indicate that BSF did not succeed in its central objectives of improving the couple relationship, increasing the quality of coparenting, or enhancing father involvement. In fact, the program had modest negative effects on some of these outcomes. BSF also had little impact on child well-being, with no effect on children's family stability or economic well-being and only a modest positive effect on children's socioemotional development. Impacts varied across the 8 study sites. Although attendance at group sessions was relatively low, there is little evidence of program effects even among couples who attended sessions regularly.</p>	RCT

Referanse	Sammendrag	Design
<p>Worthington, E. L., Jr., et al. (2015). "Forgiveness-reconciliation and communication-conflict-resolution interventions versus retested controls in early married couples." <u>Journal of Counseling Psychology</u> 62(1): 14-27.</p>	<p>The first 6 months of marriage are optimal for marriage enrichment interventions. The Hope-Focused Approach to couple enrichment was presented as two 9-hr interventions-(a) Handling Our Problems Effectively (HOPE), which emphasized communication and conflict resolution, and (b) Forgiveness and Reconciliation through Experiencing Empathy (FREE). HOPE and FREE were compared with repeated assessment controls. Couples were randomly assigned and were assessed at pre-treatment (t1); 1 month posttreatment (t2) and at 3- (t3), 6- (t4), and 12-month (t5) follow-ups using self-reports. In addition to self-report measures, couples were assessed at t1, t2, and t5 using salivary cortisol, and behavioral coding of decision making. Of 179 couples who began the study, 145 cases were analyzed. Both FREE and HOPE produced lasting positive changes on self-reports. For cortisol reactivity, HOPE and FREE reduced reactivity at t2, but only HOPE at t5. For coded behaviors, control couples deteriorated; FREE and HOPE did not change. Enrichment training was effective regardless of the focus of the training. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract).</p>	RCT
<p>Wylie, K., et al. (2012). "Are videos valuable in couples relationship therapy?" <u>Journal of Sexual Medicine</u> 9: 275.</p>	<p>Objectives: To evaluate whether or not the use of a self-help video compared to usual care improves outcomes in couples with relationship problems. Design: Randomized controlled trial. Setting: Specialist out patient service in Sheffield. Participants: 18 couples referred to a couples and sexual problems clinic. Interventions: A project developed two culturally sensitive self-help videos for couples with relationship problems. These were evaluated against a no treatment 12 week waiting list for couples referred to a couples and sexual problems clinic. Outcomes: GRIMM (primary), GRISS, BDI, and DAS collected at baseline and 12 weeks post randomisation. Results: 8 couples were randomised to the video group and 10 to the no video control group. Recruitment was extremely difficult from natural referrals to the clinic as well as from primary care practices despite the opportunity of rapid access to self help materials. The study was suspended due to low recruitment numbers. We calculated the average baseline and follow-up scores and used these in the subsequent analysis. There were no statistically significant differences between the video and control groups at baseline or at follow-up. Even by adjusting for the baseline score there were still no statistically significant differences between the video and control groups at follow-up. Conclusions: Although the results suggest that use of self help visual instructional material did not produce any significant differences, this may have been due to low recruitment alone as only 8 couples were randomised to video. A number of key learning points were identified and suggestions are presented for future studies of a similar nature. These include the opportunity of making the materials more easily accessible to couples using smart phone technology and via internet access as well as providing support through telephone and internet technologies to improve recruitment and participation.</p>	RCT
<p>Zarei, E. and M. Sanaeimanesh (2014). "The effect of self-disclosure</p>	<p>Objective: This study aimed to examine the effect of self-disclosure skill training on communication patterns of referred couples to counseling clinics in Bandar Abbas. Methods: The applied research design was an experimental study using pre-test and post-test, which was performed on a population of all referred couples to counseling clinics in Bandar Abbas who were</p>	RCT

Referanse	Sammendrag	Design
<p>skill training on communication patterns of referred couples to counseling clinics." <u>Iranian Journal of Psychiatry and Behavioral Sciences</u> 8(3): 50-57.</p>	<p>interested to participate in a self-disclosure training workshop in response to the announcement. This study was performed on 26 couples who were selected by simple, convenient sampling method; however, they were randomly assigned to the control and experiment groups. A pre-test was administrated before self-disclosure training. The applied instrument includes Christensen and Salavy's scale of communication patterns. Participants in the experiment group had six sessions of training workshop, each lasted for 90min. After the intervention, both groups answered the questionnaire again. The collected data were analyzed with paired t-test and covariance statistics. Results: The results showed that the intervention led to significant ($p < 0.05$) increase in mutual constructive communication pattern and a reduction in mutual avoidance, demand/withdraw, demanding man/withdrawing woman communication patterns. It was also found that the training was not effective on the communication pattern of demanding woman/withdrawing man. Conclusion: The training of simple, but important skills of self-disclosure can help couples to improve their communication and consequently improve their marital satisfaction.</p>	
<p>Zarle, T. H. and R. C. Boyd (1977). "An evaluation of modeling and experiential procedures for self-disclosure training." <u>Journal of Counseling Psychology</u> 24(2): 118-124.</p>	<p>Attempted (a) to adapt and implement an interpersonal-skills training paradigm for training married individuals to exhibit increased self-disclosive behavior in their marital relationships, and (b) to determine the efficacy of experiential and modeling procedures in such training. 27 university-affiliated married couples (mean age 24.5 yrs, mean length of marriage 3.1 yrs) were randomly assigned to 1 of 3 groups: a communication-skills training group, a modeling group, and a control group. Frequency, duration, and quality of self-disclosive behavior were analyzed for pre- to posttraining changes by means of the Hill Interaction Matrix and the Facilitative Self-Disclosure Scale. Results indicate that (a) the communication-skills training group demonstrated a significant increase on 4 of the 5 self-disclosure measures, (b) the modeling group demonstrated an increase on 3 of the self-disclosure variables, and (c) the controls did not change on any of the variables. Implications of integrating both modeling and experiential methods into interpersonal-skills training programs are discussed. (29 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	RCT
<p>연우석 and P. K. Chae (2014). "The effects of Couple and Sexual Communication Training Programs on the Marital and Sexual Satisfaction." <u>Cognitive Behavior Therapy in Korea</u> 14(1): 1-19.</p>	<p>The purpose of this study was to investigate the effects of Minnesota Couple Communication Program-based Couple Communication Program in combination with Sexual Communication Training on the marital and sexual satisfaction for the distressed couples. The 18 couples for this study were recruited twice from the internet web sites that introduced and explained the couple communication program. The 18 couples were randomly assigned to the experimental and control groups. The control group received no treatment. The length of each session was 150 minutes. Pre-post test scales were Korean-Marital Satisfaction Inventory (K-MSI), The Communication Patterns Questionnaire-Short Form (CPQ-SF), and The Sexual Satisfaction Scale. The results were as follows: First, among the K-MSI sub-scales there were a statistically significant improvement of Global Distress, Affective Communication, Problem-Solving Communication, Time together, and Disagreement About Finances for the experimental group compared to the control group. This improvement lasted for the next six-week period after</p>	RCT

Referanse	Sammendrag	Design
	<p>termination of the programs. Second, there was a statistically significant improvement for the alternate demanding /with-drawal communication pattern sub-scales of dysfunctional communication pattern of CPQ-SF for the experimental group compared to control group. Third, there was a statistically significant improvement of The Sexual Satisfaction for the experimental group compared to control group. This effects was maintained for following six weeks after the termination of this program. In conclusion, the study demonstrated that Couple Communication program in combination with Sexual Training Communication Program can be helpful for the marital satisfaction, and beneficial for distressed couples.</p>	
<p>Alkire, A. A. and A. J. Brunse (1974). "Impact and possible casualty from videotape feedback in marital therapy." <u>Journal of Consulting and Clinical Psychology</u> 42(2): 203-210.</p>	<p>Describes a controlled study involving group selection of content material to be role played, videotape feedback of the role-playing situation, and effects on the self-image of disturbed marital couples. Ss were 2 groups of 3 married couples with 2 separate therapists. Follow-up concerning marital disruption and suicide, when added to results obtained in the laboratory setting, gave evidence that such a procedure may produce a high "casualty" rate in disturbed married couples, as contrasted to noninterdependent dyads of disturbed patients used as control Ss. The widespread use of such powerful techniques without evaluation of their potential effects is discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>Kontrollert studie</p>
<p>Anderson, J. R., et al. (2013). "Multi-Couple Group and Self-Directed PREP Formats Enhance Relationship Satisfaction and Improve Anger Management Skills in Air Force Couples." <u>American Journal of Family Therapy</u> 41(2): 121-133.</p>	<p>This study examined the effectiveness of delivering the Prevention and Relationship Enhancement Program (PREP) to volunteer couples in the U.S. Air Force in either a six-week instructional multi-couple group condition or a self-directed book condition. A standardized pre/post protocol was employed and outcomes included relationship satisfaction and anger management skills, two known risk factors for partner maltreatment. Significant improvement was found for the group condition in both relationship satisfaction and anger management skills, but only for anger management skills in the self-directed book condition. Finally, the group condition reported greater program satisfaction. Implications are discussed.</p>	<p>Kontrollert studie</p>
<p>Avery, A. W., et al. (1980). "Relationship enhancement with premarital dyads: A six-month follow-up." <u>American Journal of Family Therapy</u> 8(3): 23-30.</p>	<p>Assessed the short- and long-term effectiveness of relationship enhancement on the self-disclosure and empathy skills of premarital dating couples. 37 couples (aged 18-24 yrs) were given either the Guerney Relationship Enhancement Program over an 8-wk period; or a lecture/discussion program on relationship development. Behavioral assessments of self-disclosure (Self Feeling Awareness Scale) and empathy skill levels (Acceptance of Others Scale) were taken prior to training, immediately following training, and 6 mo after training. Results indicate that from both pre- to posttest and pretest to follow-up, the relationship enhancement Ss, relative to the lecture/discussion Ss, demonstrated a significant increase in both self-disclosure and empathy skill levels. (18 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>Kontrollert studie</p>
<p>Azrin, N., et al. (1980). "Comparison of reciprocity and discussion-type</p>	<p>Reciprocity counseling has previously been found to increase reported marital happiness in a study with a within-S design. In the present experiment, 55 20-50 yr old couples served as Ss using a between-Ss design, response measures, and positive</p>	<p>Kontrollert studie</p>

Referanse	Sammendrag	Design
<p>counseling for marital problems." <u>American Journal of Family Therapy</u> 8(4): 21-28.</p>	<p>communication training. The reciprocity counseling provided behavioral contracting, communication training, and instruction in mutual reinforcement, whereas the control procedure encouraged discussion of the problems. The reciprocity counseling produced significantly more improvement than the discussion-type counseling for the 3 marital adjustment measures (general marital happiness, the Locke-Wallace Marital Adjustment Test, and a problem checklist) after 4 sessions. The improvement was maintained during the 24 mo of follow-up. (17 ref) (PsycINFO Database Record (c) 2013 APA, all rights reserved).</p>	
<p>Baucom, D. H. (1982) A comparison of behavioral contracting and problem-solving/communications training in behavioral marital therapy. <u>Behavior Therapy</u> 13, 162-174</p>	<p>The present study investigated the relative effectiveness of the different components of a behavioral marital therapy treatment program. In a 2 x 4 design, 72 maritally distressed couples were assigned to one of two therapists and one of four treatment conditions: (a) problem-solving/communications training plus quid pro quo contracting, (b) problem-solving/communications training only, (c) quid pro quo contracting only, and (d) waiting list. Each couple receiving therapy was seen 1-1 [half] hours weekly for 10 weeks. All of the behavioral marital therapy conditions were more effective than the waiting-list condition in aiding distressed couples. A direct comparison of the three behavior therapy conditions showed that they did not significantly differ from each other on any dependent measures at posttest. All gains were maintained at 3-month follow-up. Copyright © 2011 Elsevier B. V., Amsterdam. All Rights Reserved.</p>	<p>Kontrollert studie</p>
<p>Baucom, D. H. and G. W. Lester (1986). "The usefulness of cognitive restructuring as an adjunct to behavioral marital therapy." <u>Behavior Therapy</u> 17(4): 385-403.</p>	<p>Conducted a controlled outcome investigation to evaluate the effectiveness of marital therapy that combined cognitive restructuring with commonly used behavioral marital therapy strategies. 24 maritally distressed couples were assigned to 1 of 2 experienced marital therapists in 1 of 3 experimental conditions: behavioral marital therapy (BMT Alone); cognitive behavioral therapy plus behavioral marital therapy (CBT + BMT); or a wait-list condition (WL). Husbands ranged in age from 24-52 yrs; wives were aged 23-41 yrs. Results indicate that treatment was superior to the WL condition. Ss receiving both BMT Alone and CBT + BMT showed significant pretest to posttest improvements in overall marital adjustment and behavioral indices of change; only Ss receiving CBT + BMT demonstrated consistent cognitive changes. However, a direct comparison between BMT Alone and CBT + BMT indicated no significant differences between the 2 treatments. More detailed analyses found that approximately 50% of the Ss receiving treatment moved into the nondistressed range of marital functioning by the end of treatment. (32 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>Kontrollert studie</p>
<p>Beach, S. R. H., et al. (2011). "Enhancing Marital Enrichment Through Spirituality: Efficacy Data for Prayer Focused Relationship Enhancement."</p>	<p>We examined 393 African American married couples assigned to (a) a culturally sensitive version of a widely disseminated relationship enhancement program (CS-PREP); (b) a similar version of the same program that also included a focus on prayer (PFP condition); or (c) an information-only control condition in which couples received a self-help version of the same program. Husbands averaged 40.5 years of age and wives averaged 38.9 years. We found a significant interaction between</p>	<p>Kontrollert studie</p>

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<u>Psychology of Religion and Spirituality</u> 3(3): 201-216.	intervention and time of assessment, reflecting group differences in linear trends for the three conditions, with the two intervention conditions performing better than the control condition, and PFP producing superior outcomes to CS-PREP only for wives at post and marginally better results at 12-month follow-up. Results support continued exploration of the adjunctive use of prayer in the context of relationship enhancement programs where appropriate to make them more culturally sensitive.	
Bennun, I. (1984). "Evaluating marital therapy: A hospital and community study." <u>British Journal of Guidance & Counselling</u> 12(1): 84-91.	Investigated the application of marital therapy using 3 contrasting clinical approaches: conjoint treatment, couples groups, and treating the partner alone. 36 couples comprised the research sample, with 18 couples being treated in each of 2 treatment settings. The duration of the treatment was 10 weekly sessions each lasting 1 hr, and couples were followed up 6 mo after termination. Outcome evaluations included marital satisfaction, sexual adjustment, and an assessment of target problems. Results show no significant difference between groups at the posttreatment and follow-up assessments. There was, however, a significant difference in the rates of change between experimental groups, with couples in the conjoint treatment condition achieving a faster rate of change than the other 2 groups. Issues dealing with dyadic interaction in marital therapy, the efficacy of individual therapy, and the cost effectiveness of marital therapy are discussed. (23 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Brooks, L. W. (1997). "An investigation of Relationship Enhancement Therapy in a group format with rural, southern couples." <u>Dissertation Abstracts International Section A: Humanities and Social Sciences</u> 58(6-A): 2391.	This study determined if one treatment, Relationship Enhancement Therapy (RE), would increase marital adjustment, trust and intimacy, marital communication, and perceived ability to handle problems in distressed marital relationships. The research was conducted in a private practice in Southwestern Georgia and used experienced therapists to colead small groups of couples who met weekly for 12 weeks. Twenty-two couples (N = 44) completed the communication therapy and ten (N = 20) were in the wait control group. The average treatment husband and wife were middle-aged, with established careers, well off financially, and involved in religious activities. Dependent variables were measured with the Dyadic Adjustment Scale (DAS), the Interpersonal Relationship Scale (IRS), the Marital Communication Inventory (MCI), and the Handling Problems Change Scale (HPCS). Clinical and statistically significant results in a positive direction were found on the DAS in marital adjustment using Relationship Enhancement Therapy (RE) for the treatment group when compared to the control group. After three months, results continued to be statistically and clinically significant. Statistically significant results in a positive direction were also found on measures of trust and intimacy and marital communication. Results were mixed as to RE's effect on the couples' perceived ability to handle problems. Overall, the study demonstrated that RE is a time efficient, effective, brief treatment with rural, southern couples. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Bryan, A. A. M. (1995). Effect of com-	Using a transition theory framework, this study tested the effect of a three-session psychoeducational, community-based intervention on relationship quality in expectant parent couples. The intervention included content on roles, support systems,	Kontrollert studie

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<p>community based intervention on relationship quality in expectant parent couples, UNIVERSITY OF MINNESOTA. PH.D.: 235 p.</p>	<p>sexuality, and the newborn, and skills training in communication and conflict resolution. A nonrandomized convenience sample of expectant couples recruited from childbirth classes, clinics and community advertising (n = 49) was compared to couples in hospital childbirth preparation classes (n = 55) with pre and post class measures of relationship quality using the ENRICH Inventory (Olson, Fournier, & Druckman, 1989). Comparison of groups using analysis of covariance, with the pretest entered as the covariate, found no significant treatment effects, but both groups showed gains in relationship quality. Paired t-tests showed significant gains within the Treatment Group in the Children and Parenting subscale (p = .002) and in the Total ENRICH average score (p = .02). An analysis of change using the Reliable Change Index (Jacobson & Truax, 1991) found significant positive gains in 53.1% of Treatment Group couples and in 65.5% of Comparison Group couples. In both Treatment and Comparison Groups, higher percentages of couples experienced positive change than a previous study of marital enrichment with newlyweds had shown, suggesting that the transition to parenthood may be a time of increased sensitivity to change in relationship quality. When Treatment Group couple gains were examined within Circumplex Model (Olson, 1989) family functioning typologies, couples classified as midrange showed the most gains, involving both the Total ENRICH score and the Children and Parenting subscale. Balanced couples showed significant gains only in the Children and Parenting subscale, and extreme-nonbalanced couples showed no gains. Interpretation of the effect of treatment was confounded by significant pretest differences between groups. There were more single couples, couples with previous divorce, and parenting concerns in couples who selected the Treatment Group. Though there were no between group treatment effects, this study supports the transition to parenthood as a time of heightened awareness and potential for change in relationship quality. It further supports the gearing intervention to family typologies. The examination of couple relationship quality in future family health nursing studies of expectant parents is emphasized.</p>	
<p>cho hyun, j. and L. S. Moon (2013). "The Development and Verification of the Marital Satisfaction Enhancement Program for Wives Based on Integrative Behavioral Couple Therapy." <u>Korean Journal Of Counseling And Psychotherapy</u> 25(3): 449-476.</p>	<p>This study was aimed to develop a marital satisfaction enhancement program for wives based on Integrative Behavioral Couple Therapy and verify its effectiveness. Couple relationship, communications, original family relationship, self-differentiation were selected as influential factors on marital satisfaction based on the magnitudes of correlations of marital satisfaction with the others. The program was developed, which included the four factors as therapeutic ones, and was 3-hour per one session, 8 weekly sessions. To investigate the effects of the program, three groups (i.e., experimental, comparative, and control groups) were compared. Among three groups, the experimental group was significantly higher in self-differentiation and marital satisfaction after treatment, and in self-differentiation, couple relationship, communications, marital satisfaction at one month after treatment. Wives in the experimental group reported significant improvements in couple relationship, communications, self-differentiation, marital satisfaction after treatment and further improvements in one-month follow-up. These results suggest the new program could enhance wives' marital satisfaction.</p>	<p>Kontrollert studie</p>

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Cleaver, G. (1987). "Marriage enrichment by means of a structured communication programme." <u>Family Relations: An Interdisciplinary Journal of Applied Family Studies</u> 36(1): 49-54.	Investigated the effectiveness of teaching communication skills to 22 married couples (divided into 2 groups) by means of a structured videotape. The videotape contained a short explanation of the principles underlying communication, depicted models demonstrating the skills to be learned, and provided practice exercises for participants. The experimental group was taught the skills using the videotape, while the control group was taught the skills without the use of the videotape. A significant improvement for both groups in the use of the skills was found, although follow-up measures indicate that the effect of the videotape was more lasting over a period of 2 mo. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Cookerly, J. (1980). "Does marital therapy do any lasting good?" <u>Journal of Marital and Family Therapy</u> 6(4): 393-397.	Data from a 5-yr follow-up of 320 former marital therapy clients were compared to divorce rates. 56.4% of those primarily treated with a conjoint form of marital therapy remained married 5 yrs after therapy. Ss treated with nonconjoint therapy had only 29% remaining married. Judging outcomes as "good," "moderate," and "poor," "poor" outcomes were in a significant minority in both conjoint and nonconjoint forms of therapy. (13 ref) (PsycINFO Database Record (c) 2013 APA, all rights reserved).	Kontrollert studie
Cordova, J. V., et al. (1998) Acceptance versus change interventions in behavioral couple therapy: impact on couples' in-session communication. <u>Journal of Marital and Family Therapy</u> 24, 437-455	Integrative Behavioral Couple Therapy (IBCT) attempts to improve Traditional Behavioral Couple Therapy (TBCT) by incorporating an emphasis on promoting acceptance into TBCT's emphasis on behavioral change. This study examined changes in couples' communication over the course of IBCT and TBCT. Early, middle, and late sessions were coded to measure couples' communication of acceptance. Results showed that IBCT couples expressed more nonblaming descriptions of problems and more soft emotions than TBCT couples during late stages of therapy. IBCT couples significantly increased their nonblaming description of problems and significantly decreased their expressions of hard emotions and their problematic communication over time. Results support the hypothesis that structural differences between the therapies affect initial levels of emotional expression in session. Increases in nonblaming descriptions of problems were significantly correlated with increases in marital satisfaction.	Kontrollert studie
Ebrahimi, P., et al. (2011). "Sment of the effectiveness of training relationship enhancement program on increasing intimacy in dual-career couples." <u>Scientific Journal of Kurdistan University of Medical Sciences</u> 16(4): 37-43.	Background and aim: Intimacy in couples has beneficial effects on physical and psychological health. This study investigated the effectiveness of training relationship enhancement program on increasing intimacy in dual-career couples. Material and Method: This was a quasi-experimental study with pretest, posttest and control group. The research population included female elementary school teachers who had married for 5 to 10 years, in Sanandaj City. 30 women were selected randomly from eligible volunteers and were randomly assigned to experimental and control groups. The experimental group used the relationship enhancement program for ten 1.5 hour sessions (one session/week) while the control group did not do any training. Marital intimacy questionnaire was used as a measurement tool and the groups completed it three times in pretest, posttest and follow up test. Data were introduced in to SPSS software and analyzed by covariance analysis. Results: Our results	Kontrollert studie

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	showed that training relationship enhancement program led to increased intimacy and all intimacy subscales (emotional, intellectual, physical, social-recreational, relational, spritual, psychological, sexual and general) between dual-career couples significantly ($p < 0/05$). Conclusion: The training relationship enhancement program can be used to increase intimacy in dual-career couples.	
Gambrel, L. E. and F. P. Piercy (2015). "Mindfulness-based relationship education for couples expecting their first child-part 1: a randomized mixed-methods program evaluation." <u>Journal of Marital & Family Therapy</u> 41(1): 5-24.	This article is Part 1 of a two-part series, in which we report on our evaluation of a mindfulness-based relationship enhancement program for couples who are expecting their first child. In this mixed-methods randomized clinical trial, we assigned 33 couples to the 4-week Mindful Transition to Parenthood Program treatment group (n = 16 couples) or to a waitlist control condition (n = 17 couples). Men in the treatment group significantly improved in relationship satisfaction, mindfulness, and negative affect; women had no significant treatment effects. Small to large effect sizes were present for treatment group men and women in multiple areas. Mixed-methods analyses demonstrated that this intervention may be especially helpful for men because of differences in social support needs, effects of program enrollment, and relational processes in the prenatal period. Copyright 2014 American Association for Marriage and Family Therapy.	Kontrollert studie
Hahlweg, K. and D. Richter (2010). "Prevention of marital instability and distress. Results of an 11-year longitudinal follow-up study." <u>Behaviour Research & Therapy</u> 48(5): 377-383.	Divorce and destructive couple conflict are major risk factors for many forms of dysfunction and psychopathology in the family. Couple relationship education has been offered in an attempt to reduce those risks and enhance couple outcomes. The current effectiveness study had two aims: to assess (a) the long-term effects of relationship education and (b) the ability of partners to remember the skills typically taught during the communication skills training. One hundred and one couples from two studies, in which the effectiveness of the EPL (Ein Partnerschaftliches Lernprogramm für Paare [A Learning Program for Married Couples]) was investigated, were followed-up 11 years after the training. In the first study, EPL-takers had a significantly lower divorce and separation rate (27.5%) than non-EPL-takers (52.6%). This finding was replicated in a second study, showing a 20% dissolution rate in EPL-takers. For those couples still together, the rate of happy relationships was 80% at the eleven-year follow-up - thus, there is optimism for longer married couples who are willing to focus on improving their relationships. Only about 55% of the partners could remember at least one speaker skill whereas 70% remembered at least one listening skill taught during EPL. Consequences for prevention programs in the couple domain are discussed. Copyright 2009 Elsevier Ltd. All rights reserved.	Kontrollert studie
Hahlweg, K., et al. (1982). "Treatment of marital distress: Comparing formats and modalities." <u>Advances in Behaviour Research & Therapy</u> 4(2): 57-74.	Behavioral marital therapy (BMT) and communication training (CT), applied in 2 modalities (conjoint and conjoint-group), were compared with each other and with a waiting-list control group. The length of therapy including behavioral analysis was 15 sessions, with follow-ups conducted after 6 and 12 mo. 85 25-40 yr old couples served as Ss. To evaluate treatment outcome, a multiple assessment battery was used, including self-report questionnaires and observational measures. Both BMT	Kontrollert studie

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	modalities and conjoint CT showed substantial improvement after therapy when compared to the control group, whereas Ss in conjoint-group CT improved on only 1 of 7 comparisons. When considering the long-term effectiveness, BMT seems to be moderately more effective in stabilizing change than a CT format. (36 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	
Hahlweg, K., et al. (1983). "The Munich marital therapy study: Practical implications." <u>Partnerberatung</u> 1: 13-25.	85 couples (mean age 33.7 yrs) in marital distress received behavioral marital therapy (BMT) or communication training (CT) in either conjoint or conjoint/group formats or served in a waiting-list control condition. Ss received 15 1-hr sessions of therapy, and follow-ups were conducted at 6 and 12 mo. On the basis of several self-report questionnaires and observational measures, both BMT groups and the conjoint CT group showed substantial improvement relative to the control group, whereas the conjoint CT group showed improvement on only 1 of 7 outcome measures. BMT appeared to be moderately more effective than CT in stabilizing positive change. (41 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Hahlweg, K., et al. (1984). "Effects of behavioral marital therapy on couples' communication and problem-solving skills." <u>Journal of Consulting and Clinical Psychology</u> 52(4): 553-566.	Videotaped 55 couples' (mean age 33.5 yrs) interacting and coded discussions of problem areas. 29 couples were being treated with behavioral marital therapy, 14 couples were in a waiting-control group, and 12 were nondistressed couples. Analysis showed that treated couples had significantly more positive and less negative behaviors than the control couples. The interaction patterns of treated Ss resembled the pattern exhibited by the nondistressed couples. However, it was also found that treated Ss appeared to react to aversive stimuli from their spouses. It is suggested that behavioral observation is valuable in improving therapeutic interventions on an empirical basis. (43 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Hajian, A. and S. Mohammadi (2013). "The effect of training solution-focused couples therapy on dimensions of marital intimacy." <u>Pakistan Journal of Medical Sciences</u> 29(1 SUPPL.): 321-324.	Objective: To determine the effect of training solution-focused couples therapy on dimensions of marital intimacy in Isfahan, Iran. Methodology: This experimental study was conducted on a control and a case group using a pretest and a post-test. The case group and the control group both consisted of seven couples who were selected through convenience random sampling. The measurement instruments included a 32-item questionnaire with 8 dimensions on marital intimacy and a 44-item questionnaire with three dimensions on marital commitment. The data were analyzed using ANCOVA (analysis of covariance) method. In this respect, the pretest and the post-test were conducted on both the case and the control groups; however, the independent variable (the solution-focused therapy) was only performed on the case group. Results: The results showed that training the solution-focused couples therapy affected the emotional intimacy, intellectual intimacy, physical intimacy, psychological intimacy, relationship intimacy, and sexual intimacy. Conclusion: It is concluded that solution-focused therapy which leads to a positive attitude toward life can be applied for couples who suffer from marital conflicts and cannot achieve intimacy in their marriage.	Kontrollert studie

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Halford, W. K., et al. (1993). "A comparison of the generalization of behavioral marital therapy and enhanced behavioral marital therapy." <u>Journal of Consulting & Clinical Psychology</u> 61(1): 51-60.	This study examined the generalization of behavioral marital therapy (BMT) and enhanced behavioral marital therapy (EBMT), which added cognitive restructuring, affect exploration, and generalization training to BMT. Couples' communication and cognitions were assessed in the clinic and at home. Both BMT and EBMT were effective in decreasing negative communication behaviors and cognition across settings, but there was little evidence of differential generalization or change between the treatments. A series of regression equations showed no significant association between the extent of change in communication or cognitions and change in frequency of marital disagreements or marital satisfaction. It is concluded that BMT results in impressive generalization of communication and cognitive change, but it remains to be demonstrated that these changes are crucial to improvements in marital satisfaction.	Kontrollert studie
Halford, W., et al. (1996). "Brief behavioural couples therapy: A preliminary evaluation." <u>Behavioural and Cognitive Psychotherapy</u> 24(3): 263-273.	The marital satisfaction of 16 maritally distressed couples who received 3 sessions of Brief Behavioural Couples Therapy (BBCT), and 24 couples who received 12 to 15 sessions of Traditional Behavioral Couples Therapy (TBCT), were compared before and after treatment in a quasi-experimental design. A 2-way ANOVA of treatment by time showed both conditions produced significant increased in marital satisfaction, but there were not significant differences between the effects of the 2 treatments. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Hammonds, T. and E. L. Worthington (1985). "The effect of facilitator utterances on participant responses in a brief ACME-type marriage enrichment group." <u>American Journal of Family Therapy</u> 13(2): 39-49.	16 married couples volunteered for either an Association of Couples for Marriage Enrichment (ACME)-type discussion group (n = 6) or an assessment-only control group (n = 10). Participants in the enrichment group increased their level of marital adjustment and improved their communication more than those in the assessment group. Both groups maintained their post-treatment level at a 1-mo follow-up. Marriage enrichment sessions were videotaped and coded. Facilitator statement-participant response pairs of utterances were analyzed using 2 coding systems: the Heckel Classification System (HCS) and the Hill Interaction Matrix (HIM). The hypothesis that therapists' statements and participants' responses would be significantly related across time was supported. On the HCS, participants tended to follow the focus, action, intent, and function of the previous facilitator statement. On the HIM, participants tended to follow both the style and content of therapists' statements. Across time, participants decreased the depth of their responses to therapists' statements as coded on both the HCS and HIM. The power of the facilitator in discussion-oriented enrichment groups is discussed. (27 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Hedlund, M. G. (1995). "Efficacy of a relationship enhancement program on changing distress-maintaining attribu-	The purpose of this study was to examine whether individuals with better communication skills are more likely to make relationship enhancing attributions for negative events involving their partners than those who have poorer communication skills. A related objective of this study was to examine whether those with better communication skills would show more variability in attributions for negative events involving their partners than poorer communicators. Additionally, the study investigated	Kontrollert studie

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<p>tions for negative events." <u>Dissertation Abstracts International: Section B: The Sciences and Engineering</u> 56(4-B): 2328.</p>	<p>whether teaching communication skills to engaged couples would lead to more relationship enhancing and more variable attributions for negative events about their partners six months later. Subjects were 74 engaged couples ranging from 20 to 46 years of age, who were participating in required pre-marital workshops through the Catholic church. Couples were assigned to two groups, an experimental group and a control group. The 38 couples in the experimental group took part in a program which incorporated communication training and traditional topics in marital preparation programs (e.g. religious issues, budgeting and sexuality). The remaining 36 couples took part in a program which addressed the traditional topics, but did not offer communication training. There were three data collection times: immediately before their respective programs, immediately after, and six months later. The Relationship Attribution Measure measured attributions for negative events. Communication was measured with the Communication Rapid Assessment Scale, a self-report questionnaire, and Impact-ratings. Data for men and women were analyzed separately. The findings in this study were mixed, with support found for a relationship between self-assessed communication and attributions, but less support for a relationship between observer ratings of communication and attributions. Furthermore, there was no support for a relationship in this population between better communication and more variable attributions. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	
<p>Hooper, D. and A. Sheldon (1970). "A study of group psychotherapy with married couples: II. Evaluating the changes." <u>International Journal of Social Psychiatry</u> 16(4): 299-305.</p>	<p>Compared 5 married couples in group psychotherapy with 5 control couples on 2 instruments measuring marital relationships. The Fundamental Interpersonal Relations Orientation test and a semantic differential instrument were administered to the therapy couples before and after therapy and to controls at a single administration. While therapy resulted in noticeable clinical changes, no significant changes were detected by the objective instruments. Differences were found, however, between experimental and control couples. Sex roles were less differentiated in the therapy couples, e.g., lack of acceptance by the husband of the role of organizer and controller. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	Kontrollert studie
<p>James, P. S. (1991). "Effects of a communication training component added to an emotionally focused couples therapy." <u>Journal of Marital and Family Therapy</u> 17(3): 263-275.</p>	<p>A 4-session communication skills training (CST) component was added to an 8-session emotionally focused therapy (EFT) package. This treatment (EFT + CST) was compared with 12 sessions of EFT to investigate whether the communication training component enhanced the effectiveness of EFT. Both treatments were compared to a wait-list control. 42 couples, married 2-31 yrs, participated, with 14 couples assigned to each condition. Both treatments achieved superior gains at post-test compared with the control group on measures of marital adjustment and target complaint improvement (but not on intimacy and passionate love), with EFT + CST being superior on communication. The only differential treatment effect was EFT's superiority on target (presenting) complaints at follow-up. (PsycINFO Database Record (c) 2013 APA, all rights reserved).</p>	Kontrollert studie

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<p>Kim, S. and 이 화자 (2010). "The Development and Verification of an Experiential Couple Group Therapy Program -Integration of the Satir Growth Model and Non-Violent Communication." <u>Korea Journal of Counseling</u> 11(2): 831-854.</p>	<p>This study is to develop an Experiential Couple Group Therapy Program by integrating the Satir Growth Model and the NVC Model, and to verify the effects of the developed program quantitatively. This study has two research questions: First, to develop an Experiential Couple Group Therapy Program by finding the ground and the content of integrating the Satir Growth Model and NVC Model. Second, to analyze quantitatively and suggest the effects of the couple group therapy program by changing the levels of self-esteem, fury, emotional communication, communication for problem-solving, and sexual intimacy of couples with deepened marital discord. To verify the effects of the program, a group of ten couples believed to have serious marital discord was selected as a result of measuring the level of discord by the marital satisfaction test (K-MSI). This group was divided into two subgroups: testing group and controlling group. The pre and post tests were conducted against these two subgroups, and the levels of self-esteem, fury, emotional communication, communication for problem-solving, and sexual intimacy were used as measuring instrument. Afterwards, an experiential couple group therapy program was conducted against five couples before analyzing its effects quantitatively. Identical analyses criteria were applied to qualitative analyses in all research questions, and the analyses were based on the levels of changes in self-esteem, fury, emotional communication, communication for problem-solving, and sexual intimacy. The study findings led to the following conclusions: First, the quantitative analyses by the experiential couple group therapy program developed by this study showed a positive result in improving self-esteem, inner feeling, and self-cognition. Second, as a result of conducting this program, revealed that the effect in alleviating the accumulated fury of couples with chronic marital discord was insignificant, Third, the emotional communication between couples improved with the change in individual's intrapsychic system, the communication ability for the solution of problem significantly enhanced, and meaningful change in the sexual intimacy was observed.</p>	<p>Kontrollert studie</p>
<p>Liberman, R. P., et al. (1976). "Marital therapy in groups. A comparative evaluation of behavioral and interactional formats." <u>Acta Psychiatrica Scandinavica</u> 54(sup266).</p>	<p>A comparative evaluation was conducted in a community mental health center between two types of brief, marital therapy in groups. The experimental group of four couples was exposed to behavioral methods based on social learning principles. The primary interventions were training the spouses in discriminating and monitoring the occurrence of pleasing events and behaviors; behavioral rehearsal of communication skills using prompting, modelling, feedback, and 'homework' assignments; and contingency contracting. The comparison group of five couples was led in an interactional format with the leaders encouraging ventilation of feelings, problem solving through discussion, and mutual support and feedback. Both groups were led by the same three clinicians. Outcome was measured on multiple levels before, during and immediately after treatment. Follow up assessments were conducted at one, two, and six months after treatment. Response measures included the self report by clients on marital satisfaction; on consumer satisfaction with the treatment experience; on their observations of pleasing behaviors given and received as recorded on wrist counters; and direct observation of client via 'live' time sampling and coding of videotapes of problem solving discussions before and after treatment. Results showed few differences between groups on</p>	<p>Kontrollert studie</p>

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	<p>the self report measures; however, there were significant improvements by both groups on these measures after treatment which were maintained into the follow up evaluation. The direct observational data indicated that the members in the behavioral group displayed significantly more positive and mutually supportive verbal and nonverbal behaviors in their interaction as a result of treatment.</p>	
<p>Liverpool, E. E. (2001). "The effects of premarital counseling on marital satisfaction." <u>Dissertation Abstracts International Section A: Humanities and Social Sciences</u> 62(3-A): 924.</p>	<p>The study investigated the effectiveness of premarital counseling on marital satisfaction. More specifically, this investigation examined the effectiveness of a specific premarital counseling program that was developed and used by the researcher over the last fifteen years. Marital satisfaction was measured by the Marital Satisfaction Inventory-Revised scale. Forty five couples who sought and attended the 9 session premarital counseling program were compared to 43 randomly selected couples who neither sought, nor received premarital counseling. All couples were married for no less than one year, and no more than ten years. The nature of the study was post facto, and analysis of variance, independent t-tests and regression analysis were use to test the seven hypotheses. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>Kontrollert studie</p>
<p>Livingston, T. M. (2007). "A comparison of marriage education and brief couples counseling." <u>Dissertation Abstracts International Section A: Humanities and Social Sciences</u> 67(9-A): 3312.</p>	<p>This study investigated marital adjustment for couples participating in one of two treatment groups; the Brief Integrative Couples Counseling model (Young & Long, 1998, 2007); and the PREPARE/ENRICH Empowering Couples marriage education weekend workshop (Olson & Olson, 2000). This study examined the following research questions: Do couples show a different level of marital adjustment following Brief Integrative Couples Counseling compared to those who receive a marriage education treatment? Do couples show greater marital adjustment following Brief Integrative Couples Counseling compared to those who participated in a Marriage Education weekend workshop treatment over time? This article presents an exploration of mean marital adjustment scores following participation in a Brief Integrative Couples Counseling treatment or a marriage education weekend workshop protocol. This study was a quasi-experimental design because participants were placed in preexisting groups by self-selection. Following statistical analyses using repeated measures analysis of variance (ANOVA), the data suggest there is no difference in the level of change in marital adjustment scores between the two treatment groups. In addition, follow up analysis of covariance (ANCOVA's) was conducted on marital adjustment, using demographics as covariates. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>Kontrollert studie</p>
<p>Lucier-Greer, M., et al. (2014). "Relationship education for stepcouples reporting relationship instability-Evaluation of the Smart Steps: Embrace the</p>	<p>Smart Steps: Embrace the Journey is a research-based educational curriculum for stepfamily couples ("stepcouples"). The curriculum is designed to build couple strengths while addressing the unique challenges of repartnering with a child or children from a previous relationship. This study evaluated the effectiveness of this curriculum with 151 individuals in relationally less stable stepcouple relationships who either engaged in the Smart Steps curriculum (n = 97) or were part of the comparison group (n = 54). This study represents methodological and conceptual advances in the study of stepfamily programs with</p>	<p>Kontrollert studie</p>

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Journey curriculum." <u>Journal of Marital and Family Therapy</u> 40(4): 454-469.	the use of a comparison group, a racially and economically diverse sample, and a relationally at-risk population. Results indicated that those who participated in Smart Steps reported significant increases in individual empowerment, couple quality, family harmony, and parenting efficacy while these measures were unchanged for those who did not receive the program. Implications for future research and for practitioners are provided. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).	
Markman, H. J., et al. (1993). "Preventing marital distress through communication and conflict management training: A 4- and 5-year follow-up." <u>Journal of Consulting and Clinical Psychology</u> 61(1): 70-77.	Reports the 4- and 5-yr follow-up results of evaluating the effects of a marital distress prevention program. The Prevention and Relationship Enhancement Program (PREP) is a 5-session program designed to teach couples effective communication and conflict management skills. At the 5-yr follow-up, intervention (as compared with control) couples had higher levels of positive and lower levels of negative communication skills and lower levels of marital violence. Data are also presented on couples who declined the program. Issues are discussed concerning selection effects, change mechanisms, and future directions for prevention research. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
O'Leary, K. D. and H. Turkewitz (1981) A comparative outcome study of behavioral marital therapy and communication therapy. <u>Journal of Marital and Family Therapy</u> 7, 159-169	Distressed couples were assigned to Behavioral Marital Therapy, Communication Therapy, or a Wait-List. Treated couples demonstrated more change than controls in marital problems and general communication patterns, but not in feelings toward spouse or communication during conflict resolution discussions. Wives in treatment reported more positive change in personal, nonmarital problems than control wives. There were no overall differences between treatment groups; treated couples reported increases in marital satisfaction and communication from pretreatment to the 4-month follow-up. There was an interaction between age and response to treatment: young couples changed more in Behavioral Marital Therapy, while older couples responded better to Communication Therapy. Results are discussed in terms of the need for developing client-tailored treatment programs.	Kontrollert studie
Pierce, R. M. (1973). "Training in interpersonal communication skills with the partners of deteriorated marriages." <u>The Family Coordinator</u> 22(2): 223-227.	In cases of poor marital communication, insight counseling is most traditionally used with the counselor as model. However, behaviorists try to change communication behavior by didactic teaching. The possibility is discussed of combining the 2 approaches into a training method using the experiential sources and self-exploration of the insight counselor with the didactic process and action goals of the behaviorist. It is hypothesized that this training will greatly improve interpersonal communication skills in problem marriages and lead to deeper self-exploration. The training Ss were 5 couples. 8 couples in 2 insight treatment groups served as controls, and 4 couples served as a time control group. The training group showed improvement in interpersonal communication and self-exploration, indicating that training is more effective than insight therapy in increasing interpersonal skills in marriages when communication is a problem. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie

Referanse	Sammendrag	Design
Ridley, C. A. and I. E. Sladeczek (1992). "PREMARITAL RELATIONSHIP ENHANCEMENT - ITS EFFECTS ON NEEDS TO RELATE TO OTHERS." <u>Family Relations</u> 41(2): 148-153.	The purpose of this study is to determine if premarital couples training in a relationship enhancement program changed characteristic needs in ways of relating to others. The study was designed to evaluate the effects on the interpersonal needs of control, affection, and inclusion in a group trained in Guerney's Relationship Enhancement Program, in contrast to a lecture/discussion control group. Both groups participated in 24 hours of training. Comparisons indicate significant group and gender differences. Discussion focuses on changes in needs for inclusion, control, and affection. Implications for family life educators and counselors are identified.	Kontrollert studie
Ridley, C. A. and I. E. Sladeczek (1992). "Premarital relationship enhancement: Its effects on needs to relate to others." <u>Family Relations: An Interdisciplinary Journal of Applied Family Studies</u> 41(2): 148-153.	Determined if premarital couples training in a relationship enhancement program changed characteristic needs in ways of relating to others. The study was designed to evaluate the effects on the interpersonal needs of control, affection, and inclusion in a group trained in B. G. Guerney's Relationship Enhancement Program, in contrast to a lecture/discussion control group. Premarital couples (aged 18-24 yrs) were recruited from an undergraduate population at a southwestern university. 27 couples participated in the relationship enhancement group and 30 couples participated in the lecture/discussion group. Both groups participated in 24 hours of training. Comparisons indicate significant group and gender differences. Discussion focuses on changes in needs for inclusion, control, and affection. Implications for family life educators and counselors are identified (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Ridley, C. A., et al. (1982). "Relationship enhancement with premarital couples: An assessment of effects on relationship quality." <u>American Journal of Family Therapy</u> 10(3): 41-48.	Assessed the effects of a relationship enhancement program on the relationship adjustment; trust and intimacy; empathy, warmth and genuineness; and communication of premarital couples. 25 couples were given the Guerney Relationship Enhancement program over an 8-wk period, while 29 couples participated in a relationship discussion group during the same period. Experimental and control groups were administered pre- and posttest self-report measures (e.g., the Relationship Change Scale, the Interpersonal Relationship Scale, and the Primary Communication Inventory), to assess the dependent variables. Results show that following training the experimental group, relative to the control group, reported significant improvements in their relationship adjustment, empathy, warmth, genuineness, trust, and couple communication. Viewed in the context of process theories of premarital interpersonal relationship development, these findings suggest that self-disclosure and empathy training would have positive implications for maintaining a satisfying marriage. (19 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
Ripley, J. S. and E. L. Worthington, Jr. (2002). "Hope-focused and forgiveness-based group interventions to promote marital enrichment." <u>Journal</u>	The authors report a clinical trial (N = 43 couples) that compares a hope-focused marital enrichment (E. L. Worthington et al., 1997) with empathy-centered forgiveness-based marital enrichment (M. E. McCullough, 1997, E. L. Worthington, 1998) and a wait-list control. Treatment group couples improved relative to the wait-list control group in observational measures of communication. Hope-focused marital enrichment produced clinically relevant changes in marital communication, increasing the	Kontrollert studie

Referanse	Sammendrag	Design
<u>of Counseling & Development</u> 80(4): 452-463.	ratio by 3 to 5 positive to negative interaction ratio units. Hope-focused marital enrichment is discussed in comparison with previous research, which was conducted with couples meeting conjointly. The forgiveness-based marital enrichment psychoeducational group is one of the 1st studies of forgiveness interventions in couples research. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).	
Snyder, D. K., et al. (1991). "Long-term effectiveness of behavioral versus insight-oriented marital therapy: a 4-year follow-up study." <u>Journal of Consulting & Clinical Psychology</u> 59(1): 138-141.	Four-year follow-up data regarding marital status and marital accord were obtained for 59 couples receiving either behavioral (BMT) or insight-oriented (IOMT) marital therapy in a controlled outcome study. Although no significant group differences had been observed between the 2 treatment conditions at either termination or 6-month follow-up, by 4-year follow-up a significantly higher percentage of BMT couples had experienced divorce (38% for BMT couples compared with 3% for IOMT couples). Results are compared with previous outcome research in this area, and recommendations are made for further research.	Kontrollert studie
Trillingsgaard, T., et al. (2012). "Relationship Interventions During the Transition to Parenthood: Issues of Timing and Efficacy." <u>Family Relations</u> 61(5): 770-783.	This study evaluated the efficacy of the Prevention and Relationship Enhancement Program (PREP) adapted for Danish couples expecting their first child. Couples were recruited consecutively through a public maternity ward (N = 290). On the basis of due dates, they were allocated to (a) PREP, (b) an information-based control group (INFO), or (c) naturally occurring care. Approximately half of the couples accepted program invitations. Across 24 months, all 3 groups declined in relationship satisfaction, and no significant differences were found between PREP and INFO or between PREP and the natural condition. Negativity decreased from pre- to posttest for women in the PREP condition, but this was not significantly different from the women in the INFO condition. Findings revealed that communication skills training was not effective during pregnancy, and no intervention was successful at preventing the decline in satisfaction during the transition to parenthood. This study suggests that pregnancy may not be an optimal time for relational interventions like PREP.	Kontrollert studie
Vansteenwegen, A. (1979). "Residential marital therapy: An evaluation study. [Dutch]." <u>Tijdschrift voor Psychiatrie</u> 21(7-8): 426-440.	The outcome of an intensive residential form of couples therapy was evaluated on a relational and an individual dimension. In a controlled study the changes in a treated group (N=101) were compared with the changes of a control group of waiting-list patients (N=36). Evaluating all variables together a significant positive change in the treated group was found in comparison with the control group. By a detailed analysis, significant positive changes were found on Positive Regard, Empathy and Transparency of the Partner and on the 'own' Transparency, and also on the Autonomy. In a follow-up study, 97 patients out of 53 couples were 'measured' before treatment, after 3 wk, after 6 mth and after 2 yr. After 2 yr significant positive changes were found on 7 of the 10 variables. This research demonstrates for the first time the (long term) effectiveness of a form of residential marital therapy).	Kontrollert studie
Waring, E. M., et al. (1991). "Waiting	41 couples (mean age 37.29 yrs; married an average of 13 yrs) with severe marital discord participated in a controlled trial	Kontrollert

Referanse	Sammendrag	Design
list controlled trial of cognitive marital therapy in severe marital discord." <u>Journal of Marital and Family Therapy</u> 17(3): 243-256.	conducted to evaluate whether cognitive marital therapy (CMT), designed to enhance marital intimacy through facilitating self-disclosure of personal constructs, was effective. No spontaneous remission in marital discord was found in couples (controls) on a 10-wk waiting list. Couples subjectively reported improvement as a consequence of participating in CMT; couples in therapy and on the waiting list showed a significant reduction in symptoms of nonpsychotic emotional illness. There was a significant pattern of improvement for wives in the therapy group. (PsycINFO Database Record (c) 2013 APA, all rights reserved).	studie
Wilde, J. L. and W. J. Doherty (2013). "Outcomes of an intensive couple relationship education program with fragile families." <u>Family Process</u> 52(3): 455-464.	Couple relationship education (CRE) has been proposed as one means to help fragile families stabilize their relationships. The current research is one of the first studies to look at the outcomes of a CRE program with fragile families in the areas of couple stability and marriage formation. Data were from the Family Formation Project, a federal and state funded program working with fragile family couples (n = 96) in a metropolitan area. A historical cohort control group quasi-experimental research design was used with a matched control group from the Fragile Family and Child Well-being Study. The intervention consisted of in-home education and support, group educational events, and social service referrals. Findings showed that couples had the same rate of couple stability as the control group but an increased rate of marriage. These findings suggest that CRE can help fragile families achieve marriage when that is their goal, but that some fragile families may need more than CRE to help them stabilize their relationship, or they may be better off separating. Copyright FPI, Inc.	Kontrollert studie
Worthington, E. L., et al. (1997). "Strategic hope-focused relationship-enrichment counseling with individual couples." <u>Journal of Counseling Psychology</u> 44(4): 381-389.	Strategic hope-focused relationship enrichment is a brief, eclectic, research-based program to enhance couples' relationships. Couples (N = 51; 16 married, 24 cohabiting, 11 engaged) completed 5 sessions of enrichment counseling (n = 26) or 3 written assessments (n = 25) from 1 of 12 counselors. Couples receiving enrichment counseling had higher relationship satisfaction and quality-of-couple skills at posttest and at the 3-week follow-up than did written-assessment-only (control) couples. Conditions did not differ in terms of quality of overall attraction or 2 measures of commitment. We concluded that relationship enrichment using this program was effective, powerful, and cost-effective. Future research should focus on testing the effectiveness of the program presented in a group format.	Kontrollert studie
Yilmaz, T. and M. Kalkan (2010). "The effects of a premarital relationship enrichment program on relationship satisfaction." <u>Kuram ve Uygulamada Eğitim Bilimleri</u> 10(3): 1911-1919.	The aim of this study is to investigate the effects of a premarital relationship enrichment program on relationship satisfaction among couples. The experimental and control groups were totally composed of 20 individuals. In order to test whether there are any significant differences between the scores of pre-test and post-test within the control and experimental groups, Mann-Whitney U test and Wilcoxon signed-rank test were used. It was found that this premarital relationship enrichment program had positive effects on relationship satisfaction. Premarital relationship development program can be included in the preventive studies in mental health organizations. By cooperating with local government, it can be provided that couples who apply	Kontrollert studie

Referanse	Sammendrag	Design
	for marriage benefit from "Marriage Preparation Education." (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).	
Zimmerman, T. S., et al. (1997). "Solution-focused couples therapy groups: An empirical study." <u>Journal of Family Therapy</u> 19(2): 125-144.	Examined the effectiveness of a 6 wk solution-focused therapy group for married couples by comparing it and the psychoeducational group to a comparable no-treatment group. Ss were 23 married treatment group couples and 13 married comparison group couples, aged 30-50 yrs old. Pre-test comparisons of treatment and comparison groups were utilized, and pre- to post-test changes in the scores of the treatment group couples were examined. The Dyadic Adjustment Scale was used to assess changes in the couples' relationships and the Marital Status Inventory, which was used as a pre-test measure indicating the couples' likelihood of divorce, indicated no significant differences between groups. Results showed that the self-reports from the couples involved indicated improvement in a variety of areas after completing the 6-wk solution-focused couples group therapy process. (PsycINFO Database Record (c) 2012 APA, all rights reserved).	Kontrollert studie
최규련 (2009). "Study on the Development and Effectiveness of Marital Counseling Program: Applied Integrated Approach for Marital Conflict Solution." <u>J. of Korean Home Management Association</u> 27(3): 181-200.	The purpose of this study was to develop Marital Counseling Program for marital conflict solution and to verify the effects of the developed program both quantitatively and qualitatively. This marital counseling program consisted of conjoint marital counseling(5 session) and group marital counseling(6 sessions). Each 13 couples of the experiment group and the control group were analysed. The effectiveness of this program was evaluated by pretest, post test, and follow-up after 3 months. It was analyzed by Mann-Whitney U Test and Wilcoxon Matched Pairs Signed-Rank Test. Also, as for the experiment group, the level of objective change perception, qualitative evaluation, and program evaluation were investigated. The major results were as follows : This marital counseling program for conflict solution was effective to decrease the level of marital conflict and explosive conflict coping and to increase the level of emotional interaction, communication skill, marital satisfaction, and self-esteem among experiment group. These positive effects maintained at follow-up. Additionally, participants(experiment group) reported positive changes of psycho-emotional state, spouse interaction behavior, marital communication and marital relationships. However, in the control group, there were no change according to the time. Future research and practical implications were added.	Kontrollert studie

Tabell 5: Primærstudier hvor populasjonen er eksponert for en somatisk/psykisk lidelse

Referanse	Sammendrag	Design	Tilstand
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<p>Bouma, R., et al. (2004). "Evaluation of the Controlling Alcohol and Relationship Enhancement (CARE) Program With Hazardous Drinkers." <u>Behaviour Change</u> 21(4): 229-250.</p>	<p>We assessed the effects of the Controlling Alcohol and Relationship Enhancement (CARE) program, an early intervention combining reduction of hazardous alcohol consumption and enhancement of couple relationships. Thirty-seven hazardous drinking couples were randomly allocated to either the CARE program or to a control condition. CARE couples improved their communication more than controls, but couples in both conditions reduced hazardous drinking to a similar extent. CARE is a potentially useful means of promoting positive relationship communication in hazardous drinking couples. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).</p>	<p>RCT</p>	<p>Alkoholmisbruk</p>
<p>Fals-Stewart, W., et al. (2006). "Learning sobriety together: A randomized clinical trial examining behavioral couples therapy with alcoholic female patients." <u>Journal of Consulting & Clinical Psychology</u> 74(3): 579-591.</p>	<p>Married or cohabiting female alcoholic patients (n = 138) and their non-substance-abusing male partners were randomly assigned to 1 of 3 equally intensive interventions: (a) behavioral couples therapy plus individual-based treatment (BCT; n = 46), (b) individual-based treatment only (IBT; n = 46), or (c) psychoeducational attention control treatment (PACT; n = 46). During treatment, participants in BCT showed significantly greater improvement in dyadic adjustment than those in IBT or PACT; drinking frequency was not significantly different among participants in the different conditions. During the 1-year posttreatment follow-up, compared with participants who received IBT or PACT, participants who received BCT reported (a) fewer days of drinking, (b) fewer drinking-related negative consequences, (c) higher dyadic adjustment, and (d) reduced partner violence. Copyright 2006 APA, all rights reserved.</p>	<p>RCT</p>	<p>Alkoholmisbruk</p>
<p>Fals-Stewart, W., et al. (2009). "Behavioral couple therapy for gay and lesbian couples with alcohol use disorders." <u>Journal of Substance Abuse Treatment</u> 37(4): 379-387.</p>	<p>Gay (n = 52) and lesbian (n = 48) patients with alcohol use disorder (AUD) and their non-substance-abusing same-sex relationship partners were randomly assigned to equally intensive interventions consisting of (a) behavioral couples therapy (BCT) plus individual-based treatment (IBT) or (b) IBT only. This study reports two separate trials, one with gay male participants and one with lesbian female participants. For both gay and lesbian patients with AUD, those who received BCT had a significantly lower percentage of days of heavy drinking during the year after treatment than patients who received IBT only. In addition, both gay and lesbian couples who received BCT reported higher levels of relationship adjustment at the end of treatment and in the year after treatment than those who received IBT only. Thus, the response of gay and lesbian couples with an alcoholic member to BCT was consistent with what has been observed with heterosexual couples.</p>	<p>RCT</p>	<p>Alkoholmisbruk</p>
<p>O'Farrell, T. J., et al. (1985). "Evaluating behavioral marital therapy for male alcoholics: Effects on marital adjustment and communi-</p>	<p>34 married couples (ages 19-60 yrs), in which the husband had recently begun alcoholism counseling, were randomly assigned to a no-marital-treatment control group or to 10 weekly sessions of either a behavioral or an interactional couples therapy group. Couples who received the behavioral marital therapy (BMT) improved significantly from before to after treatment (as assessed on the Marital Adjustment Test) on overall adjustment, extent of desired relationship change, marital stability, and positiveness of communication when discussing a current marital</p>	<p>RCT</p>	<p>Alkoholmisbruk</p>

<p>cation from before to after treatment." <u>Behavior Therapy</u> 16(2): 147-167.</p>	<p>problem. Interactionally treated couples improved on extent of desired relationship change and positive communication. BMT produced better results than no marital therapy on marital adjustment and stability and on positive communication behaviors for those couples who displayed at least moderate levels of positive communication at the outset. Although alcoholics in all 3 treatments showed substantial short-term improvements in their drinking, those in the BMT group spent fewer alcohol-involved days during treatment than their interactional group counterparts. Findings indicate that adding BMT to outpatient alcoholism treatment produced significant improvements in the marriage relationships of male alcoholics, and BMT was superior to no marital treatment and equal or superior to a frequently used alternative marital treatment. (44 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>		
<p>O'farrell, T. J., et al. (1992). "BEHAVIORAL MARITAL-THERAPY FOR MALE ALCOHOLICS - MARITAL AND DRINKING ADJUSTMENT DURING THE 2 YEARS AFTER TREATMENT." <u>Behavior Therapy</u> 23(4): 529-549.</p>	<p>Follow-up results are presented for a study in which posttreatment results were reported earlier (Behavior Therapy, 1985, 16, 147-167). Married male alcoholics, who had recently begun individual outpatient alcoholism counseling, were randomly assigned to a no-marital-treatment control group or to 10 weekly sessions of either a behavioral marital therapy (BMT) or an interactional couples therapy group. Couples who received BMT in addition to the husbands' alcoholism counseling had better marital outcomes on both more positive wives' marital adjustment and less time separated than couples in which the husband received individual alcoholism counseling only, although the strength and the consistency of marital relationship findings favoring BMT diminished over time after treatment. In terms of drinking outcomes, the advantage for BMT over control noted during treatment was no longer apparent after treatment. Although BMT and interactional couples group did not differ on drinking or marital adjustment, both types of marital therapy had fewer days separated than controls suggesting that the common effects of both types of marital therapy may be to promote relationship stability during the long and arduous period of recovery from alcoholism. Finally, alcoholics with the most severe marital and drinking problems prior to treatment had the worst outcomes in the two years after treatment. Future studies should give more attention to maintaining gains produced by BMT with a special focus on preventing or minimizing relapses and strengthening sobriety, especially among cases with more severe problems.</p>	<p>RCT</p>	<p>Alkoholmisbruk</p>
<p>Schumm, J. A., et al. (2014). "A randomized clinical trial of behavioral couples therapy versus individually based treatment for women with alcohol dependence." <u>Journal of Consulting & Clinical</u></p>	<p>OBJECTIVE: Multiple studies show that behavioral couples therapy (BCT) is more efficacious than individually based therapy (IBT) for substance use and relationship outcomes among men with alcohol use disorder (AUD). The present study compared BCT with IBT for women with AUD. METHOD: Participants were women with AUD (N = 105) and their male partners without substance use disorder. Participants were mostly White and in their 40s. Women were randomized to equally intensive treatments consisting of either BCT plus 12-step-oriented IBT or IBT only. Primary outcomes included time line follow-back interview</p>	<p>RCT</p>	<p>Alkoholmisbruk</p>

<p><u>Psychology</u> 82(6): 993-1004.</p>	<p>percentage days abstinent (PDA) and Inventory of Drug Use Consequences measure of substance-related problems. Secondary outcomes included the Dyadic Adjustment Scale (DAS), Relationship Happiness Scale (RHS), and Revised Conflict Tactics Scales measure of intimate partner violence (IPV). Outcome data were collected at baseline, posttreatment, and quarterly for 1-year follow-up.</p> <p>RESULTS: Compared with IBT only, BCT plus IBT had significantly better primary outcomes of higher PDA and fewer substance-related problems during the 1-year follow-up period. Compared with IBT only, BCT had significantly higher male RHS during the 1-year follow-up. Women with lower pretreatment DAS had significantly higher DAS following BCT versus IBT, and there was an increasing advantage for BCT on female DAS over the follow-up. IPV was significantly reduced from pretreatment to follow-up, with no differences between treatment conditions.</p> <p>CONCLUSION: RESULTS showed that BCT for women with AUD was more efficacious than IBT in reducing substance use and substance-related problems and improving partner relationships.</p>		<p>Alkoholmis- bruk</p>
<p>Walitzer, K., et al. (2013). "Couple communication among problem drinking males and their spouses: A randomized controlled trial." <u>Journal of Family Therapy</u> 35(3): 229-251.</p>	<p>This study evaluated the effects of alcohol-focused spouse involvement and behavioural couple therapy (BCT) on couple communication in the context of group drinking reduction treatment for male problem drinkers. Sixty-four male clients and their female partners were randomly assigned to one of three conditions: (i) treatment for problem drinkers only (PDO), (ii) couple alcohol-focused treatment or (iii) couple alcohol-focused treatment combined with BCT. Couples whose partners participated in the treatment made fewer negative statements during a couple conflict communication task following treatment than PDO couples. The beneficial effect of spouse involvement on negative couple communication was partially mediated by a reduction in the frequency of clients' heavy drinking during treatment. There was also evidence that BCT reduced couples' negative communication and increased problem-solving communication. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).</p>	<p>RCT</p>	<p>Alkoholmis- bruk</p>
<p>Baucom, D. H., et al. (2009). "A couple-based intervention for female breast cancer." <u>Psycho-Oncology</u> 18(3): 276-283.</p>	<p>OBJECTIVE: Although women's breast cancer affects both women and their male partners, as well as their relationships, few interventions have been developed to work with couples confronting breast cancer. The current investigation presents the pilot results from a new couple-based intervention program for breast cancer that teaches couples how to minimize negative effects and maximize positive functioning during this difficult time.</p> <p>METHOD: In this pilot study, 14 couples in which the wife had early stage breast cancer were randomly assigned to one of the two treatment conditions: Couple-based relationship enhancement (RE) or treatment-as-usual (TAU).</p> <p>RESULTS: The results from this study suggest that compared with couples receiving treatment-as-usual, both women and men in the RE condition experienced improved functioning on individual psychological variables as well as relationship functioning at posttest and 1-year follow-up. In addition, women in RE show fewer medical symptoms at both time periods.</p>	<p>RCT</p>	<p>Brystkreft</p>

	CONCLUSIONS: In this pilot study, the couple-based intervention, RE, has shown promise in improving individual, medical, and relationship functioning for couples in which the woman is facing breast cancer, and therefore merits further investigation on a larger scale.		
Christensen, D. N. (1983). "Post-mastectomy couple counseling: an outcome study of a structured treatment protocol." <u>Journal of Sex & Marital Therapy</u> 9(4): 266-275.	The evidence suggests that medical treatment of breast cancer produces psychosocial trauma in both the patient and her husband due to the loss of the breast and/or physical disfigurement. This study evaluated the effects of a structured couples treatment program on the psychosocial discomfort following a mastectomy. Twenty couples were randomly assigned to experimental and control conditions and were administered an assessment battery before and after treatment that measured change in marital happiness, sexual satisfaction, depression, self-esteem, helplessness, anxiety, alienation, and emotional discomfort. An analysis of variance yielded no significant difference between experimental and control conditions on any of the dependent variables. A supplemental analysis of covariance using the pretest as a covariate found that the treatment reduced emotional discomfort in both partners, reduced depression in the patient, and increased sexual satisfaction for both spouses. Recommendations were made for further study of the treatment, controlling for the subject's level of distress prior to treatment.	RCT	Brystkreft
Jacobson, N. S., et al. (1991). "Marital therapy as a treatment for depression." <u>Journal of Consulting & Clinical Psychology</u> 59(4): 547-557.	The purpose of this study was to compare cognitive-behavioral therapy (CT; n = 20), behavioral marital therapy (BMT; n = 19), and a treatment combining BMT and CT (CO; n = 21) in the alleviation of wives' depression and the enhancement of marital satisfaction. BMT was less effective than CT for depression in maritally nondistressed couples, whereas for maritally distressed couples the two treatments were equally effective. BMT was the only treatment to have a significant positive impact on relationship satisfaction in distressed couples, whereas CO was the only treatment to enhance the marital satisfaction of nondistressed couples. On marital interaction measures CO was the only treatment to significantly reduce both husband and wife aversive behavior and to significantly increase wife facilitative behavior.	Kontrollert studie	Depresjon
Jacobson, N. S., et al. (1993) Couple therapy as a treatment for depression: II. The effects of relationship quality and therapy on depressive relapse. <u>Journal of Consulting and Clinical Psychology</u> 61, 516-519	This study investigated the effects of behavioral couple therapy, cognitive-behavioral therapy, and their combination on female depression 6 and 12 months after therapy ended. We predicted that couples receiving a behavioral couple treatment would be less likely to relapse than those receiving a cognitive-behavioral treatment for the depressed spouse alone. Relapse rates, however, did not discriminate between treatments at any follow-up point. Reductions in husband and wife dysphoria and increases in wife facilitative behavior during therapy predicted recovery. Moreover, high rates of husbands' facilitative behavior at posttest were associated with wife recovery and predicted low levels of depression at the 1-year follow-up.	Kontrollert studie	Depresjon
Emanuel-Zuurveen, L. and P. M.	BACKGROUND: Depressed patients are often characterised by marital distress, but few studies investigate the	RCT	Depresjon

<p>Emmelkamp (1996). "Individual behavioural-cognitive therapy v. marital therapy for depression in maritally distressed couples." <u>British Journal of Psychiatry</u> 169(2): 181-188.</p>	<p>effects of marital therapy on depressed mood and relationship dysfunction.</p> <p>METHOD: Twenty-seven depressed patients experiencing marital distress were randomly assigned to either individual behavioural-cognitive therapy or marital therapy. The individual treatment condition focused on depressed mood, behavioural activity and dysfunctional cognitions, whereas in the marital condition the partner was involved in the treatment and the focus was on the communication process in the marital relationship. MANOVAs revealed that treatment led to statistically significant improvements in depressed mood, behavioural activity and dysfunctional cognitions, an increase in relationship satisfaction and improvement of communication in patients and spouses. A significant interaction effect was found, showing that marital therapy had more impact on relationship variables than the individual treatment.</p> <p>CONCLUSION: Both individual cognitive-behaviour therapy and marital therapy lead to less depressive complaints, and both treatment conditions have a positive effect on the relationship, although the effect on the relationship is significantly stronger in couples who were tested by marital therapy compared with patients who were treated individually.</p>		
<p>O'Leary, K. D. and S. R. Beach (1990). "Marital therapy: a viable treatment for depression and marital discord." <u>American Journal of Psychiatry</u> 147(2): 183-186.</p>	<p>Thirty-six maritally discordant couples with depressed wives were randomly assigned to marital therapy, cognitive therapy, or a waiting-list control condition. The women given marital or cognitive therapy showed significant and clinically meaningful reductions in their depression. The women given marital therapy showed greater increases in marital satisfaction than did those given cognitive therapy or no therapy; these differences were maintained at 1-year follow-up. These findings suggest that marital therapy may be the most effective and appropriate treatment for clinically significant marital discord with coexisting clinically significant depression.</p>	RCT	Depresjon
<p>Vizheh, M., et al. (2013). "Effect of counseling on quality of marital relationship of infertile couples: A randomized, controlled trial (RCT) study." <u>Archives of Gynecology and Obstetrics</u> 287(3): 583-589.</p>	<p>Background: Infertility is a major cause of marital problems and sexual dissatisfaction. This study was conducted to determine the effects of counseling on infertile couple's marital relationship and sexual satisfaction. Materials and methods: This study was performed as a randomized controlled trial (RCT) in which 100 infertile couples (200 participants) who visited Reproductive Health Research Center Tehran, Iran were randomly assigned into two groups: intervention (n = 50 couples, 50 wives and 50 husbands) and control (n = 50 couples, 50 wives and 50 husbands). Intervention was defined as three counseling sessions per week, each lasting 60-90 min. Counseling in the intervention group was conducted separately for each couple. Demographic characteristics and marital and sexual satisfaction were investigated using three questionnaires through interviews. The outcomes, including changes in marital satisfaction and sexual satisfaction, were compared between the two groups 3 months later. Results: Based on the data collected 3 months after the intervention period, the mean scores of marital and sexual satisfaction in intervention and control groups for wives were 49.62 +/- 11.09 versus 54.97 +/- 12.64 (P = 0.036) and 36.00 +/-</p>	RCT	Infertilitet

	8.37 versus 40.04 +/- 7.69 (P = 0.019), respectively. Respective scores for husbands were 45.48 +/- 9.55 versus 50.08 +/- 11.43 (P = 0.042) and 33.37 +/- 7.09 versus 36.63 +/- 6.52 (P = 0.025), respectively. It should be noted that higher scores in questionnaires inspecting marital and sexual satisfaction indicate lower satisfaction. Conclusions: Infertility counseling improves marital and sexual satisfaction in infertile couples. 2012 Springer-Verlag Berlin Heidelberg.		
Kuijer, R. G., et al. (2004). "Effects of a brief intervention program for patients with cancer and their partners on feelings of inequity, relationship quality and psychological distress." <u>Psycho-Oncology</u> 13(5): 321-334.	When one member of a couple develops a serious illness, the lives of both partners are likely to be affected. Interventions directed at both partners are generally lacking, however. In the present study, a brief counseling program directed at couples confronted with cancer was evaluated. The intervention focused mainly on the exchange of social support and help between both partners and was aimed at restoring perceptions of equity. Couples were randomly assigned to an experimental group or a waiting-list group. After the intervention, both patients and their partners reported lower levels of perceptions of underinvestment and overbenefit, and higher levels of relationship quality. Moreover, among patients psychological distress decreased after the intervention. These effects were generally maintained until follow-up three months later. Associations between perceptions of equity and relationship quality and psychological distress were also examined. Copyright 2003 John Wiley & Sons, Ltd.	RCT	Kreft
McLean, L. M., et al. (2013). "A couple-based intervention for patients and caregivers facing end-stage cancer: outcomes of a randomized controlled trial." <u>Psycho-Oncology</u> 22(1): 28-38.	BACKGROUND: We evaluated the effect of Emotionally Focused Therapy (EFT) [intervention (INT)], modified for the advanced cancer population versus standard care [control (CTL)], on marital functioning and psychosocial outcomes among distressed couples. EFT examines the ways couples process patterns of interaction, facilitating change. METHODS: Forty-two patients with metastatic cancer and their caregivers were assigned randomly to receive eight sessions of EFT delivered by one EFT-trained psychologist or standard care provided by multidisciplinary clinicians. Partners completed measures of marital functioning, depression, hopelessness, empathic caregiving (patient), and caregiver burden (caregiver) before randomization at baseline (T0), post-intervention (T1), and 3-month post-intervention (T2). Data were analyzed using three-way analyses of covariance; main effects were treatment, patient status, and sex. Multilevel modeling was also employed. RESULTS: At T1, INT group led to significant improvement in marital functioning (p < 0.0001) and patients' experience of caregiver empathic care (p = 0.02) versus CTL group. Effect sizes for these differences were in the large range (d = 1.00). In both groups, patients showed a marginally higher mean score for marital functioning compared with caregivers [INT: M = 56.3, standard deviation (SD) = 4.6 vs M = 54.3, SD = 4.5; CTL group: M = 43.4, SD = 10.3 vs M = 42.4, SD = 6.8, respectively]. At T2, results were maintained. CONCLUSIONS: The effectiveness of and adherence to the EFT couple intervention for patients facing advanced	RCT	Kreft

	cancer were demonstrated in this study. Larger randomized control trials are needed to confirm these findings. Qualitative studies may help to further understand the mechanism by which such an intervention may act. Copyright 2011 John Wiley & Sons, Ltd.		
Saarijarvi, S., et al. (1992). "Couple therapy improves mental well-being in chronic low back pain patients. A controlled, five year follow-up study." <u>Journal of Psychosomatic Research</u> 36(7): 651-656.	Fifty-six chronic low back pain (CLBP) patients participated in a controlled, prospective 5-yr follow-up study evaluating the long-term effects of five-session couple therapy. Twenty-eight patients were included both in the treatment group and in the control group. Outcome measures were self-reported psychological distress, marital satisfaction, health locus of control, pain and disability as well as clinical examinations. The reliability of the outcome measures was statistically analysed and found acceptable. At the 5-yr follow-up assessments, psychological distress was found to be decreased in the treatment group and increased in controls. The difference between the groups was significant. No difference was found in the other self-reported or clinical outcome measures. We conclude that couple therapy has a prolonged beneficial effect on the mental well-being of CLBP patients.	Kontrollerat studie	Kronisk ryggsmerte
Saarijarvi, S. (1991). "A CONTROLLED-STUDY OF COUPLE THERAPY IN CHRONIC LOW-BACK-PAIN PATIENTS - EFFECTS ON MARITAL SATISFACTION, PSYCHOLOGICAL DISTRESS AND HEALTH ATTITUDES." <u>Journal of Psychosomatic Research</u> 35(2-3): 265-272.	This was a controlled, prospective study on the effectiveness of couple therapy in 63 chronic low back pain patients (CLBP) from primary health care centers. They were randomly allocated to a couple therapy (T) group, N = 33, and to a control (C) group, N = 30. Couple therapy consisting of five monthly sessions was conducted by two family therapists. All patients and their spouses participated in a 12-month follow-up. Marital communication improved in CLBP patients of the T-group, whereas it worsened in the C-group. Psychological distress decreased in male patients of the T-group, whereas it increased in male patients of the C-group. However, due to high initial levels of distress in male patients of the T-group no firm conclusion of therapy effect can be done. The trends in health attitudes of the patients were similar during the study year. No significant differences in any of the measures were found in spouses. It is concluded that couple therapy improves the quality of life in CLBP patients by enhancing marital communication.	RCT	Kronisk ryggsmerte
Rasoli, R., et al. (2008). "Comparing effectiveness of individual and marital emotionally focused intervention based on decreasing relationship distress of couples with chronically ill children." <u>Journal of Family Research</u> 3(3): 683-696.	The purpose of this study was to investigate the effectiveness of emotionally focused therapy (EFT) with marital and individual method in decreasing relationship distress of couples with chronically ill children. Participants were parents 60 (36 females) who had at least a child suffering from chronic illness. They were selected randomly and assigned in 3 groups. Two experimental groups received EFT in two forms of marital or individual; control group remained with no intervention. All participants completed Dyadic Adjustment Scale (DAS). Analysis of variance followed by t-tests revealed significant difference between control and experimental groups, indicating effectiveness of EFT in experimental groups. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).	RCT	Kronisk sykdom hos barn

<p>Walker, J. G. (2008). "A marital intervention program for couples with chronically ill children." <u>Disertation Abstracts International: Section B: The Sciences and Engineering</u> 68(7-B): 4851.</p>	<p>Research indicates that parents of chronically ill children are more likely than the norm to experience marital distress as well as depressive symptomatology. It is important to address these issues because chronic illness in children, unlike acute illness; necessitates that parents become the major caregivers of the child's day to day health care needs. The present study was a randomized control trial that evaluated a marital intervention program for these parents. Emotionally Focused Therapy, a demonstrated efficacious marital intervention for couples in other populations, was modified for couples with chronically ill children. Thirty-two couples with a chronically ill child attending clinics at a tertiary care children's hospital participated in the study and were randomly assigned to either individual marital therapy (n=16) or to a waiting-list control group (n =16). Multi-method assessment of marital functioning was done at pretreatment, posttreatment, and at a 5-month follow-up. Results indicated that self-reported marital adjustment significantly improved for treatment couples as compared to control couples. A similar pattern was observed for couples' reported intimacy. These gains in marital adjustment and intimacy were also reflected in an objective assessment of the couples' communication patterns with treatment couples demonstrating a significant decrease in their negative interactions compared to control couples'. In addition, parents' psychological functioning improved after receiving the marital intervention: the proportion of depressed treatment parents decreased significantly at posttreatment and follow-up while proportions of depressed control couples slightly increased at both time periods. Results also indicated that after receiving the marital intervention, parenting stress decreased significantly for treatment parents as compared to controls. Moreover, the subgroup of parents who experienced co-occurring depression and marital distress at pretreatment moved from the clinical range into the non-clinical range in the degree of parenting stress they experienced in relation to their ill child. It is concluded that Emotionally Focused Therapy is an effective marital intervention for maritally distressed couples with chronically ill children, that not only impacts on marital functioning, but also on the parents' psychological functioning and the parent-child relationship. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	<p>RCT</p>	<p>Kronisk sykdom hos barn</p>
<p>Tompkins, S. A., et al. (2013). "Effectiveness of a relationship enrichment program for couples living with multiple sclerosis." <u>International Journal of Ms Care</u> 15(1): 27-34.</p>	<p>Living with a chronic illness such as multiple sclerosis (MS) has significant psychosocial ramifications. In particular, the patient's relationship with a spouse or significant other is often negatively affected. Programs are needed to address the psychosocial challenges of the illness and help improve outcomes for both the person with MS and his or her romantic support partner. Relationship Matters (RM) is a relationship enrichment program that integrates information and resources of the National Multiple Sclerosis Society with empirically based marriage education. The purpose of this study was to examine the effectiveness of the RM program in increasing relationship satisfaction and aspects of health-related quality of life in couples living with MS over a 3-month follow-up period. Couples were given 8 hours of programming via in-person workshops disseminated across the country or teleconferences.</p>	<p>Kontrollert studie</p>	<p>MS</p>

A control group consisting of members of MS couples who did not receive the intervention was used for comparison. The results indicate that RM significantly improved relationship satisfaction over time compared with no intervention ($P < .05$). Additional findings include significant improvements in mental health-related quality of life as well as reported improvements in communication, conflict resolution, and ability to handle MS-specific relationship issues. Overall, these findings show that RM results in improved couple functioning and additional psychological health benefits for individuals with MS and their romantic support partners.

<p>Ma, L.-H., et al. (2007). "Effects of couples therapy on clinical treatment efficacy among married women with panic disorder." <u>Chinese Mental Health Journal</u> 21(4): 259-262.</p>	<p>Objectives: To determine the effect of marriage therapy among married women with panic disorder. Methods: 53 women with panic disorder were randomized into study group and control group. A stressful events survey and routine medication, together with cognitive therapy were carried out for six months in both groups. Couples in the study group received regular couples therapy additionally. The OLSON marriage quality questionnaire was carried out before and after treatment. Results: Among the study group, 89.2% suffered from marriage and family stress events one year before, and the rate was 92% in the control group. There was no significant difference in the scores of all factors between the two groups before treatment ($P > 0.05$). The study group had higher scores than controls in marriage satisfaction ($34.7 \pm 6.1/31.3 \pm 5.6$, $t = 2.19$), communication between husband and wife ($31.9 \pm 5.2/29.0 \pm 5.0$, $t = 2.06$), methods to solve problems ($33.2 \pm 4.4/30.1 \pm 3.2$, $t = 2.90$), sexual life ($32.9 \pm 4.8/30.1 \pm 5.3$, $t = 2.02$, all with $P < 0.05$). Six months after treatment, clinical efficacy was 85.7% in the study group and 76% in the control group ($P < 0.05$). Conclusion: Among the married women with panic disorder, stress life events are mainly marriage and family problems. Routine treatment combined with couples therapy can improve the efficacy and marriage quality. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).</p>	<p>RCT</p>	<p>Pan- ikkildelse</p>
<p>Collins, A., et al. (2013). "The efficacy of cognitive existential couple therapy (CECT) for men with early stage prostate cancer and their partners: Longitudinal findings from a randomised controlled trial." <u>Psycho-Oncology</u> 22: 17-18.</p>	<p>BACKGROUND: CECT is a manualised six-session couple therapy program tailored to support men with localised prostate cancer (PCa) and their partners to cope effectively with diagnosis and treatment and prevent psychological distress. This study reports the results of a two arm randomized controlled trial with patients and their partners comparing CECT with standard care at a comprehensive cancer centre in Australia. METHOD: Sixty-one men (16%) and their partners (N = 122) who were diagnosed with PCa in the previous 12 months were randomly assigned to receive CECT or standard care. CECT comprised private sessions conducted by clinical psychologists and psychiatrists and dealt with existential and functional themes. Participants were assessed at baseline, post intervention, and 9 months post recruitment. Three-way ANCOVA analyses investigating treatment, age and gender effects (controlling for baseline scores) were conducted on outcome measures including: coping, benefit find-</p>	<p>RCT</p>	<p>Prostatakreft</p>

ing, cancer specific distress, psychological well-being and marital function. RESULTS: Postintervention: (1) Treatment main effects demonstrated favourable coping for CECT participants, including greater use of adaptive coping strategies ($p = 0.026$, $p < 0.05$); greater use of problemfocused coping ($p = 0.002$, $p < 0.05$); greater sense of family ($p = 0.068$, $p < 0.05$). (2) Treatment by age interactions demonstrated favourable psychological well-being for younger CECT participants only, including less cancer specific distress ($p = 0.01$, $p < 0.05$); less avoidance ($p = 0.027$, $p < 0.05$); less hyperarousal ($p = 0.025$, $p < 0.05$); less intrusion ($p = 0.026$, $p < 0.05$); and less anxiety ($p = 0.043$, $p < 0.05$). CONCLUSIONS: Few specialist mental-health interventions have shown efficacy for men with early stage PCa and their partners. Findings from this study suggest: (1) CECT results in favourable coping for men and their partners across all ages immediately postintervention. (2) Younger men and their partners appear to benefit most from CECT and show favourable psychological outcomes immediately post-intervention. (3) This cohort of men and their partners each responded differently to the cancer experience. (4) CECT did not affect marital functioning outcomes. RESEARCH IMPLICATIONS: Low uptake rates in this study suggest further research is needed to develop creative approaches to enrol men in psychological interventions, and effectively capture psychological distress. CLINICAL IMPLICATIONS: Younger men and their partners appear to be more susceptible to psychological distress, but, are also amenable to change in a structured psychological intervention delivered by mental-health specialists. CECT has clinical relevance for men and their partners requiring support, and may provide a useful manualised approach for therapists in the setting of PCa.

Monson, C. M., et al. (2012). "Effect of cognitive-behavioral couple therapy for PTSD: a randomized controlled trial." *JAMA* 308(7): 700-709.

CONTEXT: Posttraumatic stress disorder (PTSD) is a prevalent condition associated with intimate relationship problems, and intimate relationship factors have been shown to affect individual PTSD treatment outcomes. OBJECTIVE: To compare cognitive-behavioral conjoint therapy for PTSD (a manualized couple therapy delivered to patients with PTSD and their significant others to simultaneously treat PTSD symptoms and enhance relationship satisfaction) with a wait-list condition. DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial of heterosexual and same-sex couples ($n = 40$ couples; $n = 80$ individuals) in which one partner met criteria for PTSD according to the Clinician-Administered PTSD Scale, conducted from 2008 to 2012 in a Department of Veterans Affairs outpatient hospital setting in Boston, Massachusetts, and a university-based research center in Toronto, Ontario, Canada. Symptoms of PTSD, comorbid conditions, and relationship satisfaction were collected by blinded assessors at baseline, at mid treatment (median, 8.00 weeks [range, 1.71-20.43 weeks] after baseline), and at posttreatment (median, 15.86 weeks [range, 7.14-38.57 weeks] after baseline). An uncontrolled 3-month follow-up (median, 38.21 weeks [range, 28.43-50.57 weeks] after baseline) was also completed.

RCT

PTSD

INTERVENTION: Couples were randomly assigned to take part in the 15-session cognitive-behavioral conjoint therapy for PTSD protocol immediately (n = 20) or were placed on a wait list for the therapy (n = 20).

MAIN OUTCOME MEASURES: Clinician-rated PTSD symptom severity was the primary outcome and was assessed with the Clinician-Administered PTSD Scale. Intimate relationship satisfaction, assessed with the Dyadic Adjustment Scale, patient- and partner-rated PTSD symptoms, and comorbid symptoms were secondary outcomes.

RESULTS: PTSD symptom severity (score range, 0-136) was significantly more improved in the couple therapy condition than in the wait-list condition (mean change difference, -23.21; 95% CI, -37.87 to -8.55). Similarly, patients' intimate relationship satisfaction (score range, 0-151) was significantly more improved in couple therapy than in the wait-list condition (mean change difference, 9.43; 95% CI, 0.04-18.83). The time x condition interaction effect in the multilevel model predicting PTSD symptoms ($t_{37.5} = -3.09$; $P = .004$) and patient-reported relationship satisfaction ($t_{68.5} = 2.00$; $P = .049$) revealed superiority of the couple therapy compared with the wait list. Treatment effects were maintained at 3-month follow-up.

CONCLUSION: Among couples in which one partner was diagnosed as having PTSD, a disorder-specific couple therapy, compared with a wait list for the therapy, resulted in decreased PTSD symptom severity and patient comorbid symptom severity and increased patient relationship satisfaction.

TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00669981.

<p>Fals-Stewart, W. and M. Clinton-Sherrod (2009). "Treating intimate partner violence among substance-abusing dyads: The effect of couples therapy." <u>Professional Psychology: Research and Practice</u> 40(3): 257-263.</p>	<p>This study examined whether participation in couples therapy, compared with individual therapy, had a differential effect on the day-to-day relationship between substance use and occurrences of intimate partner violence (IPV) among married or cohabiting substance-abusing men. Patients (N = 207) were randomly assigned to either partner-involved behavioral couples therapy (BCT; included non-substance-abusing female partners in conjoint sessions) or individual-based treatment (IBT; male partners only). Couples in BCT reported lower levels of IPV and substance use at a 12-month posttreatment follow-up compared with couples with male partners in IBT. Moreover, treatment assignment was a significant moderator of the day-to-day relationship between substance use and IPV. Likelihood of nonsevere and severe male-to-female partner violence on days of male partners' substance use was lower among couples who received BCT compared with IBT. These findings indicate couples therapy may play an important role in the treatment of IPV among substance-abusing couples. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).</p>	<p>RCT</p>	<p>Rusavhengi ghet</p>
<p>Fals-Stewart, W., et al. (1996). "Behavioral couples therapy for</p>	<p>Married or cohabiting substance-abusing patients (N = 80) who were entering individual outpatient treatment, most of whom were referred by the criminal justice system (n = 68; 85%), were randomly assigned to a no-couples-</p>	<p>RCT</p>	<p>Rusavhengi ghet</p>

<p>male substance-abusing patients: effects on relationship adjustment and drug-using behavior." <u>Journal of Consulting & Clinical Psychology</u> 64(5): 959-972.</p>	<p>treatment control group (n = 40) or to 12 weekly sessions of adjunctive behavioral couples therapy (BCT; n = 40). Drug use and relationship adjustment measures were collected at pretreatment, posttreatment, and at 3-, 6-, 9-, and 12-month follow-ups. Couples who received BCT as part of individual-based treatment had better relationship outcomes, in terms of more positive dyadic adjustment and less time separated, than couples in which husbands received individual-based treatment only. Husbands in the BCT condition also reported fewer days of drug use, longer periods of abstinence, fewer drug-related arrests, and fewer drug-related hospitalizations through the 12-month follow-up period than husbands receiving individual-based treatment only. However, some of the drug use and relationship adjustment differences between these groups dissipated over the course of the follow-up period.</p>		Rusavhengi ghet
<p>Fals-Stewart, W., et al. (2001). "Behavioral couples therapy for male methadone maintenance patients: Effects on drug-using behavior and relationship adjustment." <u>Behavior Therapy</u> 32(2): 391-411.</p>	<p>36 married or cohabiting substance-abusing men (aged 21-60 yrs) who were entering methadone maintenance (MM) treatment were randomly assigned to receive either individual-based methadone maintenance (IBMM) services or an equally intensive behavioral couples therapy (BCT) treatment condition. Drug use and relationship satisfaction measures were collected at baseline, weekly during treatment, and at posttreatment. Male partners in the BCT condition had fewer opiate- and cocaine-positive urine samples during treatment than male partners in the IBMM condition. Couples who participated in BCT also reported higher levels of relationship happiness during treatment and higher dyadic adjustment at posttreatment than couples in which male partners participated in IBMM. Furthermore, patients in the BCT condition reported greater reductions in drug use severity and family and social problems from baseline to posttreatment than patients in the IBMM condition. These findings suggest BCT may improve treatment response for married or cohabiting MM patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved).</p>	RCT	Rusavhengi ghet
<p>Fals-Stewart, W., et al. (2002). "Behavioral couples therapy for drug-abusing patients: effects on partner violence." <u>Journal of Substance Abuse Treatment</u> 22(2): 87-96.</p>	<p>Using data from a previous investigation, the purpose of the present study was to examine the effect of Behavioral Couples Therapy (BCT) on the prevalence of partner violence among married or cohabiting substance-abusing men (N = 80). Participants were randomly assigned to receive either BCT or individual-based treatment (IBT). The proportion of couples who engaged in male-to-female physical aggression was not different during the year before treatment for dyads in BCT (n = 17, 43%) and IBT (n = 19, 48%). However, a smaller proportion of couples in the BCT condition reported male-to-female physical aggression during the year after treatment (n = 7, 18%) than those in the IBT condition (n = 17, 43%). Dyadic adjustment, frequency of heavy drinking, and frequency of drug use during the year after treatment mediated the relationship between type of treatment and the prevalence of male-to-female physical aggression. Copyright 2002 Elsevier Science Inc.</p>	RCT	Rusavhengi ghet
<p>Winters, J., et al. (2002). "Behavioral couples therapy for female</p>	<p>Married or cohabiting female drug-abusing patients (N = 75) were randomly assigned to either a behavioral couples therapy condition (BCT; n = 37), which consisted of group, individual, and behavioral couples therapy sessions, or</p>	RCT	Rusavhengi ghet

substance-abusing patients: effects on substance use and relationship adjustment." Journal of Consulting & Clinical Psychology **70**(2): 344-355.

to an equally intensive individual-based treatment condition (IBT; n = 38), which consisted of group and individual counseling. During most of the 1-year follow-up, compared with participants who received IBT, those who received BCT reported (a) fewer days of substance use, (b) longer periods of continuous abstinence, (c) lower levels of alcohol, drug, and family problems, and (d) higher relationship satisfaction. However, differences in relationship satisfaction and number of days of substance use dissipated over the course of the posttreatment follow-up period and were not significantly different by the end of 1 year.

Referanser

- 1) Borren, I. og S. Saugestad Helland (2013). «*Intervensjoner for å dempe foreldrekonflikt – en kunnskapsoversikt*». Rapport 2013:6, Folkehelseinstituttet.
- 2) Kittelsaa, A. M. m.fl. (2012). «*Hva med oss? Evaluering av parkurs for foreldre med barn med nedsatt funksjonsevne*», NTNU Samfunnsforskning AS.
- 3) Mortensen, Ø. og F. Thuen (2007) «*Kunnskapsstatus om forskning på modeller for samlivskurs*», HEMIL-rapportnr. 1-2007, Bergen.
- 4) Nilsen, W., A. Skipstein og K. Gustavson (2012). «*Foreldrekonflikt, samlivsbrudd og mekling: Konsekvenser for barn og unge*». Rapport 2012:2, Folkehelseinstituttet.

Vedlegg

Søkestrategier

Database: Embase <1974 to 2015 Week 06>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE(R) and Ovid OLDMEDLINE(R) <1946 to Present>, PsycINFO <1806 to February Week 1 2015>

Dato: 09.02.2015

Treff: 2618 (1910 etter intern dublikatsjekk)

- 1 Couples Therapy/
- 2 Marital Therapy/
- 3 Marriage Counseling/
- 4 ((couple* or marital* or marriage) adj1 (counsel* or therap*)).ti,ab.
- 5 ((couple* or marital* or marriage or relationship) adj (enhancement* or education* or counsel* or therap*)).ti,ab.
- 6 or/1-5
- 7 controlled clinical trial/ or multicenter study/ or observational study/ or randomized controlled trial/ or comparative study/ or evaluation studies/ or meta-analysis/
- 8 exp Experimental Design/ or exp Experimental Methods/ or exp Observation Methods/
- 9 exp controlled study/ or experimental study/
- 10 (quasi* or cluster* or experiment* or controlled or ((control* or compar*) adj (group* or area* or site*)) or random* or (repeated adj measur*) or (time adj series) or cohort* or (systematic* adj1 review*) or meta-anal*).ti,ab.
- 11 or/7-10
- 12 6 and 11
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Database: ISI Web of Science

Dato: 09.02.2015

Treff: 1330

4

(#2 OR #1) AND #3

Timespan=All years

Search language=Auto

3

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Timespan=All years

Search language=Auto

2

TOPIC: ("marital enhancement" or "marriage enhancement" or "relationship enhancement" or "couple enhancement" or "relationship education" or "marriage education" or "relationship counseling" or "relationship counselling" or "relationship therapy")

1

TOPIC: (((couple* or marital* or marriage) near/1 (counsel* or therap*)))

Timespan=All years

Search language=Auto

Database: Cochrane Library

Dato: 09.02.2015

Treff: 335

#1 MeSH descriptor: [Marital Therapy] explode all trees

#2 MeSH descriptor: [Couples Therapy] explode all trees

#3 ((couple* or marital* or marriage) near/1 (counsel* or therap*)):ti,ab

#4 ((couple* or marital* or marriage or relationship) next (enhancement* or education* or counsel* or therap*)):ti,ab

#5 #1 or #2 or #3 or #4

Database: EPPI-Centre evidence library

Dato: 09.02.2015

Treff: 0

Manuelt gjennomgått liste

Database: Cinahl (EBSCO)

Dato: 09.02.2015

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S9 S8 AND S7

S8 S2 OR S3 OR S4

S7 S1 OR S5 OR S6

TI (((couple* or marital* or marriage or relationship) n0 (enhancement* or education* or counseling* or counsel* or therap*))) OR AB (((couple* or marital* or marriage or relationship) n0 (enhancement* or education* or counsel* or therap*)))

S5 AB (((couple* or marital* or marriage) n1 (counsel* or therap*))) OR TI (((couple* or marital* or marriage) n1 (counsel* or therap*)))

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S3 (MH "Systematic Review")

S2 (MH "Experimental Studies+") OR (MH "Quasi-Experimental Studies+") OR (MH "Repeated Measures")

S1 (MH "Couples Counseling")

Database: Cambell Library

Dato: 09.02.2015

Treff: 0

couple* or marriage* or marital* in Title

Social Care Online

Dato: 09.02.2015

Treff: 211

marriage or marital or couple and therapy or counsel*

Database: Social Services Abstracts (1979 - current), Sociological Abstracts (1952 - current). Begge via ProQuest

Dato: 17.02.2015

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measur*) OR (time NEAR/1 series) OR cohort* OR (systematic* NEAR/1 re-view*) OR meta-anal*)) OR ti(((quasi* OR cluster* OR experiment* OR con-trolled OR ((control* OR compar*) NEAR/1 (group* OR area* OR site*)) OR random* OR (repeated NEAR/1 measur*) OR (time NEAR/1 series) OR cohort* OR (systematic* NEAR/1 review*) OR meta-anal*)))) AND (SU.EXACT.EXPLODE("Conjoint Therapy") OR (ab(((couple* OR marital* OR marriage) NEAR/1 (counsel* OR therap*))) OR ti(((couple* OR marital* OR marriage) NEAR/1 (counsel* OR therap*))))))

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Dato: 17.02.2015

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"relationship enhancement"

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"couple therapy"

"couples therapy"

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Dato: 17.02.2015

35 treff