Prevention of the decline of marital satisfaction during the transition to parenthood: A pilot test of a marital skills training workshop

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Prevention of the Decline of Marital Satisfaction during the Transition to Parenthood: A Pilot Test of a Marital Skills Training Workshop

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Arts

in

Psychology

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ABSTRACT

Previous research has indicated that couples typically experience a decline in marital adjustment during the year after their first baby is born. This study was designed to investigate the effectiveness of the Prevention Relationship Enhancement Program (PREP\textsuperscript{TM}), a research-based marital skills workshop, in preventing this decline in marital adjustment.

Participants were 70 married couples expecting their first child. All participants completed the Dyadic Adjustment Scale (DAS), Marital Instability Index (MII), and the Communication Patterns Questionnaire (CPQ). The couples were randomly assigned to one of two groups: Workshop or control. Couples in the workshop group were invited to attend a modified format of the PREP\textsuperscript{TM} program.

Control and workshop couples were given follow-up administrations of the DAS, MII, and CPQ three months postpartum. Results indicate that sample couples did evidence a decline in marital adjustment. There was no difference between groups on the DAS, MII, or the CPQ at the follow-up.
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Chapter 1

INTRODUCTION

The United States has the highest divorce rate among major industrialized countries: between four and five of every ten marriages end in divorce (US Bureau of the Census, 1990). Moreover, many couples remaining married are unhappy with their marriages. Since most Americans marry, this puts nearly every American at risk for marital distress and its consequences.

Effects of Marital Distress and Divorce

Marital distress and divorce are correlated with psychological and physical disease and distress. Several studies have shown that the incidence of psychological disturbance is highest for the divorced, separated, and widowed (Seagraves, 1985). For example, marital disruption is associated with higher rates of major depression for both men and women and is associated with onset of major depression for men (Bruce & Kim, 1992). Divorced individuals are eight times more likely to be admitted to an inpatient unit for alcoholism than nondivorced individuals (Seagraves, 1985).

Divorced and separated individuals have a mortality rate two to three times higher than their married peers and divorced people are more likely to die from suicide, homicide, accidents, and alcoholism (Jacobson, Holtzworth-Munroe, & Schmaling, 1989). Diabetes, mellitus, and tuberculosis also show
higher death rates among divorced individuals (Seagraves, 1985). It is not just divorce, however, that is associated with health and psychological problems. As Seagraves (1985) suggests, remaining married is not what is associated with better health, but the quality of the marriage. In his study, the health of the unhappily married subjects was similar to that of the divorced group.

Numerous studies have illustrated the negative impact of divorce and marital discord on the couple’s children. Emery (1982) for example, found that the best predictor of children’s behavior problems is marital discord. Marital discord is also associated with problems such as negative peer interactions, poor physical health, low self concept, depression, and problems with sex role learning (Bishop & Ingersoll, 1989; Gottman & Katz, 1989). Wallerstein (1991) speculates that children of divorced parents experience “heightened anxiety in forming enduring attachments” in adolescence and adulthood. Dadds, Sheffield, and Holbeck (1990) found that parents with high levels of marital discord use more coercive parenting techniques. Perhaps most serious of all, depression and suicide among adolescents and young adults are at an all-time high in the United States, and one reason postulated for these increases is the change in family structure and high rates of marital dissolution (Klerman & Weissman, 1990).

Divorce also has prolonged economic effects, especially for women and children. Various studies which track economic well-being indicate that divorce is associated with economic decline for women and unless the women remarry, the economic deterioration they experience is likely to be prolonged (Holden & Smock, 1991).
**Prevention of Marital Distress**

Most mental health professionals concentrate on offering treatment to distressed couples and families (Markman & Floyd, 1980). However, as Markman and Hahlweg (1993) point out, "treatment programs are akin to closing the proverbial barn door after the horse has left" (p. 29). Research on the long term efficacy of marital and family intervention has left many arguing that even the best intervention programs make distressed couples less distressed rather than truly happy (Hahlweg & Markman, 1988). Therefore, increasing attention has been given to developing preventative interventions that can benefit couples before problems begin, thereby attempting to prevent marital distress, divorce, and accompanying problems. Prevention has the goal of "starting with happy couples (even though they may be at risk for future distress) and helping them maintain their relatively high level of functioning" (Markman & Hahlweg, 1993, p. 30).

Prevention is conceptualized as preventing problems before they develop by modifying the external conditions that cause problems or by helping people cope with these conditions (Duncan & Markman, 1988). Bloom in his 1984 book, *Community Mental Health: A General Introduction*, stresses the importance of intervening during the milestone or transition periods. These are times when stress is potentially high, new skills are often required, and people are generally considered to be unusually receptive to interventions. In other words, motivation for learning new skills is often particularly high during transition periods. Motivation to participate in prevention programs is critical because, unlike targets for treatment programs, candidates for prevention programs, by definition, are not experiencing current distress (Duncan & Markman, 1988).
Studies of relationship development have indicated that factors such as poor communication, lack of problem-solving skills, and dissatisfaction with interactions present premaritally or early in the marriage can predict the development of relationship distress later in marriage (Markman, Blumberg, & Stanley, 1993). For example, longitudinal studies have indicated that dysfunctional communication patterns precede the development of marital problems and that early signs of future distress are potentially identifiable in premarital relationship satisfaction (Markman et al., 1993). Furthermore, once dysfunctional interaction patterns form, they are hard to modify (Rausch, Barry, Hertel, & Swain, 1974).

Unfortunately, many popular approaches to preventing marital distress have generally ignored this research on the predictors of marital problems. Pastoral premarital counseling, for example, examines religious values and personality compatibility by using the results of inventories or interviews (Markman, Floyd, & Dickson-Markman, 1982). Popular belief is that compatibility between couples underlies marital success. Attempts to predict marital discord from questionnaires addressing issues such as marital status of parents, educational compatibility and religious compatibility have been made since the 1940’s (O'Leary & Smith, 1991). However, research has not shown that compatibility accounts for a great deal of the variance in present or future marital satisfaction or stability (Gottman, 1979). Quality of communication seems to be a better predictor of future marital satisfaction (Markman, Blumberg, & Stanley, 1993). In fact, it seems that the presence or absence of problems is not as important as the way that differences or disagreements are handled by the couple (Markman & Hahlweg, 1993).

Marital enrichment is another method of attempting to prevent
marital distress. Typically a marital enrichment seminar would take place on a weekend "retreat." A small group of couples would meet under the leadership of another couple. The couples talk together about their marriage experiences and the leadership couple uses a "show and tell" method of encouraging adaptive marital behaviors (Mace, 1987). According to a meta-analysis of marital enrichment programs, effect sizes are moderate (about half as powerful as effect sizes for psychotherapy) and vary from program to program (Giblin, Sprenkle, & Sheehan, 1985). Since pastoral premarital counseling and marital enrichment seminars make up the bulk of available prevention opportunities available for most couples, it is evident that there is a lack of prevention programs for couples that are based on the marital research and empirically proven to be useful.

As noted above, transition periods may be a good time for preventative interventions. The transition to marriage has been the most common period for preventative interventions to take place (i.e., marriage encounter). The transition to first-time parenthood is another major transition in the marital life cycle. The birth of the first baby causes major changes in nearly every aspect of the lives of the new parents. The couple will be forced to develop new roles, they will need to renegotiate the division of household tasks as they add childcare to their workload, they will need to adjust financially to accommodate the new expenses, their employment status may change, etc. The couple will have to make decisions and bring up topics that can be extremely emotional. Issues, such as religion and spirituality, that have not seemed crucial in the past now may need to be discussed and reevaluated. In short, the transition to first-time parenthood is likely to be a time during which couples will be particularly receptive to
preventative interventions because of the broad array of changes and stresses that are involved in this major life change. Furthermore, interventions currently available for couples expecting a child include only educational groups for couples planning for pregnancy, childbirth preparation classes, and parenting classes (Duncan & Markman, 1988). These types of interventions are aimed at preparing for and dealing with the birth and infancy of the baby and not at stabilizing or increasing marital quality.

Transition to Parenthood Research

Extensive research has been done on the effects of the transition to parenthood on marriage. The research can be viewed as having occurred in three phases: early, less methodologically sound research, cross-sectional studies, and more recent longitudinal investigations.

The study of marital satisfaction during the transition to parenthood began with Reuban Hill’s discussion and conceptualization of “crisis” in Families Under Stress (1949). Hill thought of the transition to parenthood as a time of crisis, defining crisis as “any sharp or decisive change for which old patterns are inadequate” (p. 150). For Hill, a crisis was a situation in which the “usual behavior patterns are found unrewarding and new ones are called for immediately” (cited in Russell, 1974). He hypothesized that crisis could have two outcomes: growth or dysfunction. Whether couples experience growth or dysfunction would depend on several characteristics of the family, including the state of organization or disorganization of the family when the crisis occurred, the resources of the family to adapt to change, and the family members’ interpretations of the stressful event (Cowan & Cowan, 1988). Whether or not the transition to parenthood constituted a crisis was a
controversy which was debated for the next 30 years.

LeMasters (1957) was the next to address the issue of marital distress during the transition to parenthood. LeMasters interviewed 57 married couples who had become parents during the previous five years. In his retrospective unstructured interview-based study, 83% of the middle-class, college-educated couples surveyed characterized the birth of their first child as an extensive or severe stress on their marriage, thus supporting Hill’s contention that this time of transition was indeed a crisis.

Dyer (1963) used a Likert-type questionnaire and found that 53% of his urban middle-class sample characterized the period after the birth of their first baby as an extensive or severe crisis and 47% reported slight to moderate crisis. Dyer also noted several variables which seemed to influence the severity of the crisis, including the level of preparation for parenthood, marital adjustment prior to and after the birth, and planfulness of the pregnancy (Lane, Wilcoxon, & Cecil, 1988).

Based on the results of LeMaster’s and Dyer’s research, Hobbs (1965) developed a 23-item crisis checklist. In his study, each partner indicated on the checklist whether an item was a “bothersome event” and the responses were summed to obtain a single global index of crisis for the individual. Scores were then averaged to obtain an “index of crisis” for the couple. The index of crisis was operationalized by dividing the scale into three sections. Every 9.5 points was a new level. Hobbs labeled the sections “slight,” “moderate” and “severe.” Eighty-seven percent of Hobbs’ 1965 sample fell into the “slight” crisis category. Thirteen percent had scores that put them into the “moderate” crisis category. None of his sample had scores high enough to put them into the “severe” crisis category. However, it is difficult
to know what to make of these results given the arbitrary nature of the categories used. There is no empirical evidence to suppose that the dividing lines between “slight,” “moderate,” and “severe” crisis occur every 9.5 points on Hobbs’ scale (Cowan & Cowan, 1988). Hobbs’ (1968) second study used an interview as well as a checklist. While the results from the checklist replicated his earlier findings, the results of the interview indicated that 18.5% of wives and 3.7% of husbands characterized the transition to parenthood as a severe crisis in their marriage, 37% of wives and 22.2% of husbands characterized the crisis as moderate, and 22.2% of wives and 40.7% of husbands saw the crisis as slight.

These findings highlight one problem with early research, namely that method of assessment seemed to effect the outcome of the research (Cowan & Cowan, 1988; Jacoby, 1969). One example of this is the Hobbs (1965, 1968) checklist mentioned above. Hobbs’ arbitrary division of the categories of his checklist seems to have biased his outcome: his checklist data (1968) indicated that no couples were in the “severe” or “extensive crisis” categories, but interviews of the same couples described 4% of the men and 19% of the women as experiencing severe crisis when their babies were about 24 weeks old. After reviewing 20 years of research on the transition to parenthood, Hobbs and Cole (1976) concluded that while initiating parenthood is difficult, it is not sufficiently difficult to “warrant calling it a crisis experience” (p. 729). Additionally, most of the early studies of the transition to parenthood were retrospective and thus subject to biases of recall and attribution. That is, parents were asked to remember what had happened in the past and they may not have remembered accurately. Or the parents may have viewed the birth of their child as the cause of their marital
distress whether or not it actually was. Cowan and Cowan (1988) state that parents often attribute much of their marital distress to the birth of their baby. Without studies that assess the marital satisfaction of the couple before birth, it is impossible to infer that the baby is the cause of a couples’ marital distress.

The next phase of research involved a series of cross-sectional studies comparing the marital satisfaction of spouses at different stages of the family life cycle. Findings indicate that marital satisfaction decreases over the first 15 years of marriage for both parents and non-parents (Blood & Wolfe, 1960; Lewis & Spanier, 1979; Spanier & Lewis, 1980). Couples with young children, however, tend to have lower levels of marital satisfaction than couples without children (e.g., Glenn & McLanahan, 1982; Miller, 1976).

Questions regarding the research design of these cross-sectional studies have been raised. It is not possible to infer change over time by comparing groups at different points in the life cycle because many distressed couples have divorced and are not, therefore, included in studies of intact marriages. Another issue, as Hemming (1985) pointed out, is that parent samples tend to be older and to have been married longer which could account for some of the difference in satisfaction (Cowan & Cowan, 1988). One solution to these research problems is longitudinal research.

Studies designed to follow couples from before to after the birth of the first child resolve some of the problems inherent in cross-sectional studies. In the numerous longitudinal studies of the transition to parenthood, marital satisfaction was assessed by observer ratings (Shereshefsky & Yarrow, 1974), researcher-created marital quality questionnaires (Feldman, 1971; Feldman & Nash, 1984; McHale & Huston, 1985; Miller & Sollie, 1980), and by the
Locke-Wallace or Dyadic Adjustment Scale (Belsky, Lang, & Rovine, 1985; Belsky, Spanier, & Rovine, 1983; Cowan et al., 1985; Grossman, Eichler, & Winickoff, 1980; Waldron & Routh, 1981).

White and Booth (1985) surveyed 220 individuals first in 1980 and again in 1983. Comparison of those who became parents (n = 107) between the two data collections and those who did not (n = 113) revealed no differences. Regardless of parental status, overall marital happiness and frequency of marital interaction declined, whereas marital problems and disagreements increased. The method of data collection in this study was telephone survey. White and Booth (1985) did state that the data indicated that “the presence of a new baby does seem to result in slightly greater increases in problems and disagreements than one would expect otherwise.”

A more intensive questionnaire-based study was carried out by Cowan et al. (1985). This study utilized a childless-couple comparison group and discerned consistent and highly reliable effects of the transition to parenthood. In their study, while the levels of marital satisfaction in the childless comparison group remained relatively constant across the 21 months of the study, there was a decline in the marital satisfaction of spouses who had their first child during this period. Terry, McHugh, and Noller (1991) found that new parents reported increases in their levels of conflict over time, while the childless comparison couples reported a decrease in levels of conflict. Belsky et al.'s study reported similar findings (1983). Ryder (1973) reported that women who became mothers were more likely to report dissatisfaction with the amount of attention they received from their spouse than women who did not have children. In general, the current consensus is that an average decrease of one-third to one standard deviation

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(measured by the Locke-Wallace Marital Adjustment Test or the Spanier Dyadic Adjustment Scale) occurs from the prenatal point up to 18 months postbirth (Belsky et al., 1983; Cowan et al., 1985; Grossman et al., 1980; Tomlinson, 1987; Waldron & Routh, 1981; Wright, Henggler, and Craig, 1986) with some couples experiencing a much more severe crisis than others (Klinnert et al., 1992). This change in satisfaction which occurs after the birth of the first baby, while significant, is not, however, extreme. A minority of couples actually experience an increase in marital satisfaction (e.g., Moss, Bolland, Foxman, and Owen, 1986; Wright et al., 1986). The majority of couples, however, experience a decline in marital satisfaction which varies in severity from couple to couple. Some couples (about 10%) experience extreme long-term distress (Wright et al., 1986).

Predictors of a successful transition.

How well couples fare after the baby is born is predicted most reliably by their prenatal marital adjustment. Belsky, Spanier, and Rovine (1983) found that while the overall level of marital quality declines, the ranking of individual spouses and couples remains virtually unchanged by the transition to parenthood. That is, individuals and couples who scored generally high or low in self-reported and observed marital functioning in the last trimester of pregnancy and following the first postpartum month performed similarly after three and nine months of experience as parents.

Moss, Bolland, Foxman, and Owen (1986) found that the two most significant predictors of a severe decline in marital satisfaction were age of parents and the length of the marriage, with younger parents and shorter marriages placing the couple at risk for more of a decline in marital
satisfaction.

Wright et al. (1986) found that the husband's prebirth marital adjustment score, temperament of the child, as well as the wife's prebirth marital adjustment score predicted the wife's postbirth marital adjustment score. The same study found that the husband's postbirth marital adjustment was predicted not only by the couple's prebirth marital adjustment score, but also by the husband's social conformity (flexibility), anxiety, age of the wife, and wife's perceptions of prebirth marital cohesion. This study supports the idea that prebirth marital adjustment is the most important factor in predicting a successful transition to parenthood, but it also draws attention to the importance of factors such as difficulty of child, flexibility and anxiety level.

Possible causes of the decline of marital satisfaction.

Several behavioral components have been postulated to account for the decline in marital satisfaction during the transition to parenthood: division of labor, leisure activities, and positive affectively-toned interactions (Belsky & Pensky, 1988).

After the baby is born, couples tend to divide their household tasks more traditionally (Belsky et al., 1985; LaRossa & LaRossa, 1981). That is, women tend to do more of the traditionally female tasks such as doing laundry, cooking, cleaning etc. than before the baby was born. Evidence indicates that wives assume more of these household tasks after the baby is born even when not taking child care tasks into consideration. Similarly, McHale and Huston (1985) noted that sex-role patterns at home became more traditional with parenthood. Both husbands and wives had increased
work loads, but the increase was considerably more for wives. Wives who did not become parents did not increase their household responsibilities, but wives who became mothers increased their responsibilities significantly (from 67% of the total to 79%). If wives are not happy with this division of labor, it could account for some of the change in their happiness with the marriage.

The decrease in leisure activities has also been postulated to account for some of the decrease in marital satisfaction. Newborn infants require considerable investments of time and money by the parents. It might be expected that the transition to parenthood decreases the amount of time couples have to spend alone together and alters the way in which they spend their recreational time. Belsky et al. (1985) found a significant decline in frequency of time the couple spent together from the last trimester of pregnancy through the third month postpartum. McHale and Huston (1985) found a significant change in the types of activities that the couples engaged in before and after the birth of the baby. Couples who became parents increased the amount of household work that they did together and decreased the amount of leisure time they spent together. Whether or not the amount of time a couple spends together is changed, it appears that having a child decreases the proportion of time spent together that is spent in recreational activities. It is unclear whether rates of joint leisure activity ever return to prechild levels (Belsky & Pensky, 1988).

Additionally, the frequency, nature, and/or quality of positively-toned interactions between husband and wife seem to change during the transition to parenthood. Belsky et al. (1983) found a significant decline in the expression of positive affection from the last trimester of pregnancy through
nine months postpartum. This was reported by both husbands and wives. In their second study, Belsky et al. (1985) found similar results. Other studies have shown that marital conflict increases during this transition period. Cowan et al. (1985) found that while couples with children increased their levels of conflict over the longitudinal study, couples without children actually decreased their levels of conflict. Belsky and Pensky (1988) contend that it is the division of labor that is the "greatest source of conflict" (p. 146) in the marriage during this time and that it is the violation of parent's expectations regarding the division of labor which accounts for a large proportion of the decrease in marital satisfaction.

The Present Study

Research indicates that the transition to parenthood is a critical phase in the life cycle of families. It would seem to be in the best interest of couples and their children to offer an intervention to attempt to help couples adjust during this stressful period. An intervention needed to be selected that was practical, was proven effective, and that targeted areas identified by research to be the most important to marriage. The Prevention and Relationship Enhancement Program or PREP™ fit these criteria.

The Prevention and Relationship Enhancement Program (PREP™). Markman (1981) saw the need for well-designed and empirically validated interventions that address the known predictors of marital distress such as communication and problem-solving skill deficits. His Prevention and Relationship Enhancement Program (PREP™) is based on eighteen years of research in the causes of marital distress and correlates of marital
satisfaction. PREPTM is a formal, manualized workshop that is being used throughout the United States and in several European countries.

PREPTM is designed to teach couples communication skills and basic guidelines for handling conflict and promoting intimacy. PREPTM workshops consist of lectures, group discussions, interactive sessions, and homework. The majority of the couples’ time is spent working away from the group, practicing skills or discussing various topics. Each couple is assigned a trained facilitator, a “consultant,” who serves as a coach for the couple during the interactive sessions or “consultant meetings.” The lecturer, who must attend training sessions given by Markman at the University of Denver, gives short, twenty to thirty minute lectures on a particular topic and then directs the couples to discuss the topic or practice the skill just covered with the guidance of their consultant. Couples are also given homework based on the material covered in a given session.

PREPTM covers a range of topics. The most emphasized aspect of PREPTM is communication. The communication section of the workshop includes topics such as recognition and avoidance of destructive communication patterns like the demand/withdraw pattern, and identification of filters which interfere with communication. Video tapes of couples arguing are shown during the workshop to illustrate the symptoms of negative communication patterns such as escalation. The couples are taught a communication technique known as the “speaker/listener” technique which is introduced as a way of avoiding escalation and promoting positive communication. The speaker-listener technique involves one partner taking the role of “speaker” while the other partner listens and paraphrases what his or her spouse is saying without adding any additional
content. The couple then switches roles and continues the exercise until both agree that they have been heard and understood by their partner. Couples are given several opportunities to practice the speaker/listener technique as it is considered to be the core of the workshop.

A method of problem solving is introduced to the workshop participants. The lecturer briefly delineates five steps of problem solving: problem discussion, agenda building, brainstorming, compromise, and contracting, and emphasizes the importance of assuring that a problem has been adequately discussed (using the speaker/listener technique) before problem solution is attempted. The couple is then given an opportunity to practice this model under the guidance of their consultant.

Discussion of expectations is another key ingredient of PREPTM. The lecturer discusses the role of expectations in relationships and how discrepancies between expectations and reality can cause dissatisfaction and disappointment. Couples are given time to discuss their own expectations on a variety of issues.

The concept of hidden issues is introduced to the workshop participants. Hidden issues are defined as expectations about the relationship that are not fully discussed or explained, but nevertheless affect the relationship. Couples are encouraged to separate discussion of underlying issues from discussion of daily life events. For example, if a couple has an discussion about the fact that the husband does not like wife coming home late, that would be considered an event. The “hidden issue” that the husband feels abandoned when his wife comes home late should be discussed separately. Regularly scheduled “Couple Meetings” are suggested as a forum for discussing issues. The couple is given an opportunity to talk
about hidden issues in their relationship. Each couple is asked to have a Couple Meeting as a homework assignment.

Relationship enhancement is also discussed during the workshop. The lecturer stresses the importance of fun and friendship in relationships and gives ideas about keeping this aspect of the relationship strong. The couple is given a homework assignment called the "Fun Book." Each partner writes down three fun things he/she would like to do. The couple exchanges lists and each picks one activity off of his/her partner's list. The couple is instructed to do one thing off of each list as homework.

The importance of commitment is discussed in the workshop. The workshop participants discuss in a group setting the different aspects of commitment. The couples then discuss with their consultants the importance of commitment in their own relationship.

Spiritual values and expectations are an additional component of the workshop. The lecture on spiritual values consists of a brief discussion of the research that indicates that couples who share some kind of spiritual or religious beliefs or practices tend to be more satisfied than couples who do not share this type of belief. Values such as honor, respect, intimacy, and forgiveness are discussed. During the consultant meeting, couples are encouraged to discuss these values and to assess how spirituality effects their relationship.

The sexual/sensual enhancement segment of the workshop has the goal of improving the couples' communication skills regarding their physical relationship. Issues such as performance anxiety are discussed and Masters and Johnson's sensate focus or giver/receiver exercise is used as a model for developing communication skills in this area. The giver/receiver exercise
involves one partner giving the other a non-sexual massage. The receiver is responsible for verbally directing the giver. Then the couple switches roles. Couples are given a homework assignment to practice this exercise.

The final section of the workshop involves a brief review of all of the topics discussed. The couples have one last meeting with their consultant during which they read over a page of suggested ground rules and discuss which of these rules they would like to commit to using in their relationship.

The PREP™ program has been found effective in preventing problems associated with declines in marital quality and divorce (Markman, Floyd, Stanley, & Storaasli, 1988; Markman, Renick, Floyd, Stanley, & Clements, 1993). Markman's sample of 114 couples planning marriage was divided into three groups, those who were randomly assigned to a control group, those who were offered the workshop and declined, and those who went through the workshop. At the 1.5 year follow-up, more of the workshop couples had gotten married than the control group and the mean marital adjustment scores of those who attended PREP™ were higher than either the control or the decline group (Markman et al., 1988). This was also true at the 3 year follow-up (Markman et al., 1988). Up to four years after the program, the PREP™ couples demonstrated greater relationship satisfaction and lower problem intensity than the control couples (Markman, et al., 1993). At the five year follow-up assessment, males from the PREP™ group continued to show higher satisfaction than control group males. Through four years following the workshop, PREP™ couples showed significantly better communication skills than the control group. PREP™ couples also showed less withdrawal, less denial, less dominance, less negative affect and less overall negative communication than controls. The above differences

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Weakened after the four year point because of a loss of statistical power due to the attrition problems inherent in longitudinal studies (Markman et al., 1993). Thus, PREP™ has been found to be effective in preventing some of the problems known to negatively affect marital satisfaction.

The present study investigated the effectiveness of PREP™ in preventing the decline in marital satisfaction that often occurs during the transition to parenthood. Subjects were couples expecting their first child. Each couple was assigned to either a control group or a workshop group. The workshop group was invited to participate in PREP™ with modifications to tailor the program to the needs of expectant parents. Marital satisfaction was assessed with the Dyadic Adjustment Scale (Spanier, 1976), and marital stability was assessed by using the Marital Instability Index (Booth, Johnson, & Edwards, 1983). Constructive communication (Christensen, 1987) was assessed with the Constructive Communication Subscale of the Communication Patterns Questionnaire. Assessments were conducted prenatally and three months postpartum. It was expected that couples who participated in the workshop would experience less of a decline in marital quality and less of an increase in marital instability in the first three months postpartum as compared to control group couples. Couples who participated in the workshop were also expected to evidence more constructive communication patterns than control group couples.

**Hypothesis I**: Couples who attend the PREP™ workshop will have higher constructive communication scores as measured by the Communication Patterns Questionnaire at the three month postnatal follow-up than control group couples.
**Hypothesis II:** Couples who attend the PREP™ seminar will have higher marital adjustment as measured by the Dyadic Adjustment Scale at the three month postnatal follow-up than control group couples.

**Hypothesis III:** Couples who attend the PREP™ seminar will have lower marital instability as measured by the Marital Instability Index at the three month postnatal follow-up than control group couples.
Chapter 2

Method

Participants

Seventy Las Vegas couples who were expecting their first child were recruited for this experiment. Recruitment was through childbirth classes and through advertising in various local papers and newsletters. The participant couples had been married an average of 2.8 years ($SD = 2.17$). The average age of the wives was 28.5 years ($SD = 4.36$). The average age of the husbands was 30.8 years ($SD = 5.15$). The median family income was $53,063 per year ($SD = $29,977). The sample was 88% Caucasian and 12% minority. The average educational level for both husbands and wives was three years of college.

Control group couples were paid $75.00 for filling out the initial questionnaires. Intervention couples were offered the workshop free of charge. All couples were paid $50.00 for filling out the follow-up questionnaires.

Measures

Communication

The Communication Patterns Questionnaire (CPQ; Christensen, 1987, Christensen & Shenk, 1991) is a self-report inventory designed to assess the
perceptions of each spouse regarding communication in their relationship. The questionnaire asks about communication behaviors at each of three stages: when a problem arises, during problem discussion, and after problem discussion. All items are rated on a 9-point scale that ranges from “unlikely” to “likely.” For the purposes of this study, a subscale called the Constructive Communication Subscale (CCS; Heavey, Larson, Christensen, & Zumtobel, 1995) will be used. A higher score on the CCS indicates more constructive communication.

Marital Adjustment

The Dyadic Adjustment Scale (DAS) was developed by Spanier (1976) for assessing marital quality. The 32-item scale is designed for use with married couples and also for couples who live together in a primary and committed relationship. Spanier defined the construct of marital adjustment as “a process, the outcome of which is determined by the degree of troublesome dyadic differences, interpersonal tensions and personal anxiety, dyadic satisfaction, dyadic cohesion, and consensus on matters of importance” (1976, p. 17).

Internal consistency of the DAS was found by Spanier & Thompson (1982) to be .91 and by Cohen (1985) to be .96. Content validity was achieved by having three judges include items only if they considered the items “relevant measures of dyadic adjustment for contemporary relationships, consistent with definitions for adjustment, satisfaction, cohesion and consensus, and well worded with appropriate fixed choice responses” (Cohen, 1985, p. 69). Construct validity was achieved by correlating the DAS with the Locke-Wallace scale. The correlation between these scales was .86.
among married respondents and .88 among divorced respondents (Spanier, 1976). The mean for married couples is 114.8 with a standard deviation of 17.8. A higher score on the DAS indicates more marital adjustment.

Marital Stability
The attempt to measure marital stability is the attempt to measure how close a couple is to divorce. The Marital Instability Index (MII; Booth, Johnson, & Edwards, 1983) has been shown to predict divorce. The MII detects different levels of marital instability and it reliably predicts who is likely to separate from a spouse (Booth et al., 1983). The MII consists of questions regarding the respondent’s marriage, its current state, and steps toward divorce the individual has taken. A higher score on the MII indicates more instability. Internal consistency of the MII has been reported at .93 (Booth et al., 1983). Predictive validity has been established by looking at the question of whether high scorers have a higher probability of divorcing. Twenty-seven percent of the extreme high scorers had divorced three years after the original sample was taken, whereas only three percent of those who showed no sign of marital instability in the original sample had divorced three years later (Booth et al., 1983).

Procedure
The couples who responded to solicitation were screened to insure that they were expecting their first child and that the wife was in her second trimester. The initial assessment measures were mailed or handed out to the volunteering participants. After the questionnaire packets were returned, couples were randomly assigned to either the control or workshop group.
Random assignment was done so that each couple had a 70% chance of being assigned to the workshop group. Forty-three of the 70 couples were assigned to the workshop group. A series of independent samples t-test was performed to ensure that the two groups were equivalent on demographic variables. There was no significant difference between the control and intervention groups on wives’ or husbands’ ages, wives’ or husbands’ educational level, or family income. There was however a significant difference in the length of marriage. Control couples had been married an average of 3 years 10 months and intervention group couples had been married an average of only 2 years 3 months, \( t(67) = 2.35, p < .01 \).

Twenty of the 43 workshop group couples attended one of the five PREP™ workshops. There are several possible explanations for less than 50% compliance in attending the workshop. These reasons include health problems of the women (many of them were late in their pregnancy), work schedules that did not permit weekend attendance, and the fact that some of the couples entered the study for the monetary incentive and were not interested in the workshop. The 23 couples who were invited to the workshop, but did not attend will be referred to as the “refusal” group. Most of the couples in the workshop group were given several opportunities to attend the workshop. The couples who attended the workshop were offered a follow-up booster session six weeks postpartum. Seventeen of the twenty workshop group couples had the booster session.

The PREP™ workshop sessions were audio-taped. A sample of the audio-taped lectures was rated to ensure that the lectures followed the guidelines in the PREP™ leader’s manual. The rater compared the audio-
taped lectures to an outline of the main points of each lecture. Each of the sample of lectures was found to contain 100% of the main points contained in the outline.

Follow-up questionnaires were sent out three months postpartum. At the time of this report, forty-eight of the 70 couples completed the follow-up questionnaires: 16 of the workshop group, 13 of the refusal group, and 19 of the control group.

Intervention

Workshop

In the present study, subjects were offered a weekend version of the PREP™ program. All of the sessions consisted of alternating lectures and interactive “consultant meetings.” During the consultant meetings each couple met with a trained facilitator to discuss the lecture material and practice the different skills taught during the course of the workshop. The facilitators, termed “consultants,” were graduate students in Psychology at the University of Nevada, Las Vegas who had been trained to teach the workshop skills.

Our version of PREP™ consisted of approximately six hours on a Saturday, five hours on a Sunday and two hours on the following Wednesday evening. The content of the workshop was identical to that reviewed earlier with the following additions. During the expectations sections, couples were given additional material about expectations regarding parental duties following the birth of the baby. The couples were asked to rate the amount of time each expected to spend on a variety of childcare tasks such as feeding and playing with the baby, and to discuss the
division of labor they expected after the birth. Couples were also asked to
discuss their expectations of how their lives would change in several other
areas including their sexual/sensual relationship, finances and work
schedules, and leisure activities. These expectations discussions were
designed to give couples a head start on discussing and solving problems
that commonly occur during the first few months after the birth of a first
baby. During the sexual/sensual enhancement session, couples were given
information regarding sexuality/sensuality after childbirth.

**Booster Session**

Couples who attended the workshop were contacted six weeks after
the birth of their baby and asked if they would be available for a follow-up
visit from their consultant. The consultant who worked with the couple
during the workshop and an additional member of the research team visited
each couple in their home. The purpose of this visit was to assess how well
the couple had integrated the workshop skills into their lives and to remind
the couple of the skills.

During the visit the consultants asked questions about the delivery,
the temperament of the baby, how each individual parent had adjusted, how
they had adjusted as a couple, and how their experiences had differed from
what they had expected. The couple was given an opportunity to discuss
any disagreements that had occurred since the workshop. The consultants
then had the couple review the ground rules contract that they signed at the
end of the workshop. Each couple was asked which of the skills they
remembered and which of the skills they had the used. (See Appendix II for
a list of Booster Session questions.)
Chapter 3

Results

Before addressing the specific hypotheses of this study, I looked at two issues: the participants' evaluations of the PREP™ workshop and the decline in marital satisfaction across the transition to parenthood in this sample. Apart from any changes in marital satisfaction and communication, I wanted to determine what the couples who attended the workshop thought about the experience and if they reported using any of the skills they were taught. Secondly, I wanted to determine if our sample experienced the decline in marital adjustment that had been found in previous research.

Finally, I investigated the specific hypotheses of this study. I looked for differences in constructive communication patterns, marital adjustment, and marital instability between the couples who attended the workshop, the refusal group, and the control group couples as reported at the three month post-birth follow-up.

Participants' evaluation of PREP™ workshop

Workshop group couples were asked to evaluate their experience of the workshop three times: immediately after the workshop, six weeks postpartum at the booster session, and at the three month post-birth follow-up.
Immediately after workshop, each individual was given an anonymous evaluation form. The evaluation form consisted of a series of questions regarding the helpfulness of the different aspects of the workshop. The participants were asked to rate each of their answers on a 1 to 5 scale with 1 indicating “not helpful” and 5 indicating “very helpful.” One of the questions on the evaluation form was, “Was the workshop helpful overall?” The mean of the forty respondents’ answers was 4.7. No individual gave an answer less than a 4.

Another question on the workshop evaluation form asked the participants to name the most helpful aspect of the workshop. Communication skills was the most prevalent answer. Other answers included opportunity for social interaction with other couples, time spent with spouse, the couple meeting exercise, and the expectations exercises.

During the booster session, the workshop group couples were verbally asked if they used any of the specific skills taught during the workshop. Whereas participants in general did not report using the skills in a formal way, many of them did report thinking about the core issues of what the skills were trying to teach. For example, although only a few of the couples reported using the speaker/listener technique in a formal way, most of them reported attempting to paraphrase their partner during a discussion.

As part of the three month follow-up questionnaire, intervention group participants were asked a series of open-ended questions regarding their opinion of the PREP™ workshop. The first question asked the participants if they considered the workshop to be helpful. Ninety-three percent of the 15 husbands from the intervention group who returned follow-up questionnaires said that they felt the workshop was helpful. One
hundred percent of the 15 wives who responded said that they thought the workshop was helpful.

The second question asked couples what they considered to be the most helpful aspect of the workshop. Husbands’ common answers included communication skills training (38%), conflict resolution skills training (23%), and the social aspects of the workshop (15%). Other answers included spending time with their spouse, general knowledge about marriage, and the expectations exercise. Ninety-three percent of wives responded that communication training was the most helpful aspect of the workshop. Other answers included learning more about marriage, the expectations exercise, and spending time with their spouse.

The participant couples were also asked if there had been anything not helpful or harmful about the workshop. None of the subjects reported anything not helpful or harmful about the workshop. Finally, the participants were asked if they would recommend this workshop to a friend. Ninety-six percent of participants responded that they would recommend it.

Overall Decline in Marital Adjustment Across the Transition to Parenthood

A dependent samples t-test was used to examine if couples in our sample experienced a decline in marital adjustment between the pre-birth assessment and the three month post-birth follow-up. Using the mean of each couple’s DAS score, the analysis showed that couples had significant declines in their marital adjustment between the second trimester of pregnancy and three months postpartum \( t(48) = 2.73, p < .01 \) with a mean decline of 3.83 points, \( SD = 12.69 \).
Primary Hypotheses

To evaluate the hypothesis that couples who attend the PREP™ workshop will have higher constructive communication scores than control or refusal group couples, an Analysis of Covariance (ANCOVA) was performed. The independent variable was group and had three levels: intervention, refusal, and control. The dependent variable was CCS scores at the three month postnatal follow-up. Pre-birth CCS scores were used as a covariate. The main effect for group was nonsignificant, $F_{(2,45)} = .021, ns$ and $F_{(2,43)} = .655, ns$ for husbands and wives, respectively. (See Table 1 for a list of means and standard deviations.) Thus, the hypothesis was not confirmed.

To evaluate the hypothesis that couples who attend the PREP™ seminar will have higher DAS scores in the three month follow-up assessment than the control or refusal group couples, an ANCOVA was performed. The independent variable was group and had three levels: intervention, refusal, and control. The dependent variable was DAS scores at the three month postnatal follow-up. The initial DAS score was used as covariate. The main effect for group was nonsignificant, $F_{(2,44)} = .376, ns$ and $F_{(2,45)} = .288, ns$ for husbands and wives, respectively. (See Table 2 for a list of means and standard deviations.) Thus, the hypothesis was not confirmed. Perceived stress and infant temperament were also investigated as possible covariates, but, although perceived stress was a significant covariate for wives, these covariates did not affect the results.

The hypothesis that couples who attend the PREP™ seminar will have lower scores on the MIQ than control or refusal group couples was evaluated using an ANCOVA. The independent variable was group and had three
levels: intervention, refusal, and control. The dependent variable was MII scores at the three month postnatal follow-up. The initial MII score was used as a covariate. The main effect for group was nonsignificant, $F,(2,43) = 1.888, \text{ns}$ and $F,(2,44) = .005, \text{ns}$ for husbands and wives respectively. (See Table 3 for a list of means and standard deviations.) Thus, the hypothesis was not confirmed.
Table 1: CCS

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Chapter 4

DISCUSSION

On the basis of previous literature, it was expected that there would be a decline in the mean levels of marital adjustment. Findings of the present study supported this hypothesis. In the current sample, there was a small but significant decline in marital adjustment scores from the second trimester of pregnancy to three months postpartum.

The analyses, however, did not give evidence for use of the PREP™ program as prevention of the negative effects of the transition to parenthood. There were no group differences in constructive communication, marital adjustment, or marital instability. These results seem to indicate that, although the couples that attended the PREP™ workshop found it a valuable experience, the workshop as presented in this study did not significantly prevent a decline in marital functioning. There are several possible explanations for this finding.

The first possible reason for the lack of significant differences between groups is the format in which the workshop was presented. In order to facilitate attendance, we chose to present the workshop in a weekend format rather than in the six week format for which PREP™ was originally designed. We expected that working couples would find it more feasible to
attend a workshop over a one-weekend period than over a six week period. In fact, because of wives' pregnancies, we would have lost several additional workshop couples due to early births had we utilized the original six week format. The extended format, however, gives more opportunities for the participants to complete homework assignments and to practice the communication and problem-solving skills between sessions. The couples have more time to assimilate the information given in each session before attending the next session. Individuals need to practice new response patterns in order to integrate new behaviors into their daily lives. They need to rehearse the new behavior in order to "change in an enduring way" (Craigie, 1985, p. 65). It seems possible that the original six week format of PREP™ may allow couples more opportunities to practice and integrate new behaviors into their daily lives.

Timing is another issue that could impact the efficacy of the workshop. Couples in our study went through the workshop between their sixth and ninth month of pregnancy. Some intervention group couples had less than a month between the end of the workshop and the birth of the baby. (One couple actually had their baby before they completed the workshop and one couple had their baby the day they were supposed to attend the first day of the workshop.) Research that has looked at altering behavior indicates that during stressful times, individuals are more likely to return to old behavior patterns. For example, participants attempting to change their eating habits in order to lose weight have been found to return to previous eating habits during stressful times (Sjorberg & Persson, 1979). The same sort of phenomenon has also been seen in individuals trying to change smoking habits (Sjorberg & Johnson, 1978). It is possible that the stress of the
birth interfered with learning and practicing the skills after the workshop. In fact, during the booster sessions, several couples mentioned that they had had one or two couple’s meetings before the birth of their baby, but that they had not had one since the birth. Giving the workshop earlier in pregnancy or giving the workshop to couples planning pregnancy and thus allowing the skills to be practiced and made a part of daily routine before the stress of the actual birth could be solutions to this problem.

PREP™ was designed to be given to couples early in their relationship. The first trials were with couples planning marriage, but not yet married. Our sample couples had been married an average of almost three years. Although no research has been done in the area of differences in changing communication patterns over the life cycle of a marriage, it is possible that communication patterns are more difficult to change at a later stage of marriage.

A fourth possible reason for our lack of significant findings could be the length of time between the birth and the follow-up assessment. It could be that the effect of the workshop will not be seen until later. In previous research evaluating PREP™, short-term effects measured by self-report questionnaires were not significant. Effects have been seen, however, at 18 month follow-ups, 3 year follow-ups, and at 4 year follow-ups (Markman, Floyd, Stanley & Storaasli, 1988; Markman, Renick, Floyd, Stanley & Clements, 1993). Results of the current study do show movement in the hypothesized direction. The intervention group did have lower marital instability scores for both husbands and wives, higher DAS scores for wives, and higher constructive communication scores for wives than the other two groups. Statistically significant differences between groups may be seen in
future assessments.

Although this sample did evidence a significant decline in marital adjustment, further declines may occur in the following months. The pattern of further declines may show differences between the groups. Belsky, Spanier, and Rovine (1983) found that not only did the marital adjustment of their sample decline significantly between the prenatal and three month follow-up, but marital adjustment declined significantly again between the three month and nine month follow-up. During the first few months after the birth of the baby, mothers may stay at home on maternity leave and fathers may assume more of the responsibilities in a sort of "honeymoon stage." Schuchts and Witkin (1989) found that, although husbands initially assumed responsibility for a greater proportion of household chores and baby care tasks after the birth, their proportion gradually decreased over time, although many of the wives returned to work. If marital adjustment continues to decline as expected, perhaps group differences will become more evident.

Methodological weaknesses of this study include a non-representative sample, a large refusal group, and the sole reliance on self-report measures. Our sample of couples was recruited in a variety of ways: from advertisements in local newspapers and newsletters for school district and university employees, to solicitation at childbirth preparation classes. We tried to target a wide variety of people by advertising in an African American and Asian American newspapers and classified papers aimed lower income families and recruiting from low-cost childbirth classes. Despite our attempts at recruiting a sample of couples representative of the population of Las Vegas in regards to ethnicity, socioeconomic status, age, and educational
level, our sample is well-educated (an average of 3 years of college), middle-
class (median family income of over $53,000), older (average age of first-time
parents 28-30 years), and 88% white.

Another weakness of the study is the large refusal group. We
designed the study to randomly assign 70% of participants to the
intervention group in order to facilitate attendance at the workshops.
Unfortunately, only 20 of the 43 couples assigned to the intervention group
attended the workshop. Thus, the workshop group is a self-selected group
of couples who may have had more of an interest in attending an education
marriage workshop. As Markman et al. (1988) pointed out, "couples who
decided to complete the intervention may have been more likely to function
better in the first place, despite random assignment." One solution to this
problem is to assign control group couples to another type of intervention.
In that instance, the two intervention groups would be comprised of
equivalent types of participants. However, the two intervention groups
would most likely be comprised of couples who probably function better
than most. Unfortunately, because this study and studies like it use
participants on a volunteer basis, it is unlikely that those couples who need
prevention most will participate (Markman et al., 1993).

A third methodological problem with this study is that only one
source of assessment was used. Self-report measures are widely used
because participants are able to complete them at their convenience and they
are less expensive than other types of assessment. In order to get a complete
picture of the couples communication, however, it may be necessary to use a
behavioral measure of communication. Video-taping a couple having a
discussion and having the discussion rated by trained observers may be a
better way to evaluate a couple's communication skills.

In summary, this study supports previous findings of a small but significant decline in marital adjustment during the transition to parenthood. Statistically significant effects of the PREP™ workshop were not found at the three month postnatal follow-up measures of constructive communication, marital adjustment, or marital instability, although some movement in the hypothesized direction was noted. Thus, while prevention remains a potential solution to the decline in marital adjustment that occurs during the transition to parenthood, the problem remains to develop interventions that are appealing to non-distressed individuals, not cost or time prohibitive, and empirically proven to be effective.
# Appendix I

**PREP™ WORKSHOP OUTLINE**

## Saturday

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<th>Time</th>
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<tr>
<td>10:00-10:30</td>
<td><strong>Lecture 1</strong>: Introduction &amp; Rationale (30 Min)</td>
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<tr>
<td>10:30-10:45</td>
<td><strong>Meeting #1</strong>: Couple goals and Expectations (15 Min)</td>
</tr>
<tr>
<td>10:45-11:10</td>
<td><strong>Lecture 2</strong>: Basic Communication Skills (25 Min)</td>
</tr>
<tr>
<td>11:10-11:35</td>
<td><strong>Meeting #2</strong>: Speaker-Listener Practice (25 Min)</td>
</tr>
<tr>
<td>11:35-11:55</td>
<td><strong>Lecture 3</strong>: Destructive Comm., Speaker &amp; Listener Skills (20 Min)</td>
</tr>
<tr>
<td>11:55-12:30</td>
<td><strong>Meeting #3</strong>: XYZ Practice; Speaker-Listener (35 Min)</td>
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<tr>
<td>12:30-1:45</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:45-2:05</td>
<td><strong>Lecture 4</strong>: Expectations (20 Min)</td>
</tr>
<tr>
<td>2:05-3:55</td>
<td><strong>Meeting #4</strong>: Expectations Workbook (50 Min)</td>
</tr>
<tr>
<td>3:00-3:25</td>
<td><strong>Lecture 6 &amp; 8</strong>: Relationship Enhancement and Friendship (25 Min)</td>
</tr>
<tr>
<td>3:25-3:40</td>
<td><strong>Meeting #5</strong>: Fun Exercise (20 Min)</td>
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## Sunday

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<tr>
<td>12:00-12:15</td>
<td>Agenda and Discussion of Homework (15 Min)</td>
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<tr>
<td>12:15-12:35</td>
<td><strong>Lecture 5</strong>: Issues &amp; Events (20 Min)</td>
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<tr>
<td>12:35-12:55</td>
<td><strong>Meeting #6</strong>: Hidden Issues Exercise (20 Min)</td>
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<td>12:55-1:15</td>
<td><strong>Lecture 7</strong>: Problem Solving (20 Min)</td>
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<tr>
<td>1:15-1:50</td>
<td><strong>Meeting #6</strong>: Couple Meeting Exercise (35 Min)</td>
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<td>1:50-2:05</td>
<td><strong>Break</strong></td>
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<td>2:05-2:40</td>
<td><strong>Lecture 9</strong>: Commitment (35 Min)</td>
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<tr>
<td>2:40-3:00</td>
<td><strong>Meeting #7</strong>: Discussion of Commitment in Relationship (20 Min)</td>
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<tr>
<td>3:00-3:20</td>
<td><strong>Lecture 11</strong>: Sexual/Sensual Enhancement (20 Min)</td>
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**Wednesday**

7:00-7:15  Agenda and Discussion of Homework (15 Min)
7:15-7:35  Lecture 10: Spirituality and Marriage (15 Min)
7:30-7:50  Meeting #7: Discussion of Spirituality in Relationship (20 Min)
7:50-8:15  Lecture 12: Ground Rules and Engaging Skills (25 Min)
8:15-8:45  Consultant Meeting #8: Review Skills & Goals, Agree on Ground Rules (30 Min)
Appendix II

Questions for Intervention Booster

General
- How did the birth go?
- How is the baby doing? (Health, sleep, eating, temperament, etc.)
- How have each of you adjusted?
- How are things going between the two of you?
- How do you feel about how the new responsibilities are being divided?
- How is it compared to what you expected?
- Have any issues come up that you have been able to successfully resolve?
- Have any issues come up that you have been unable to resolve?
- Are there any issues that you would like to discuss?

Review contract
- Do you remember the skills?
- Have you used the skills?
- Have you found them to be helpful?
- Do you have any questions or need any help with the skills learned in the workshop?


**BIBLIOGRAPHY**


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