Dismantling Study of Prevention and Relationship Education Program: The Effects of a Structured Communication Intervention

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Couple relationship education (CRE) programs have been shown to improve many facets of relationship functioning; however, less is known about the specific effects of various components of CRE programs. The current study examined two versions of the Prevention and Relationship Education Program (PREP), one where a structured communication intervention was taught and one where it was not. Outcome variables included couples’ communication behaviors, communication patterns, and overall relationship adjustment. Twenty-six couples (52 participants) completed a 4-week, 12-hr PREP workshop. Generally, the couples reported low to moderate relationship distress. Study measures were completed preintervention, 4–6 weeks post, and 6 months post. Couples in the structured communication condition reported more positive and fewer negative communication behaviors at 6-month follow up and they reported faster gains in positive communication behaviors compared with the no structured communication group. Both groups reported decreased negative communication patterns and no change in relationship adjustment; these changes were statistically similar for both groups. Implications for couples’ communications and relationship education programs are discussed.

Keywords: couple relationship education, PREP, communication, common factors, specific factors

Couple relationship education (CRE) programs are a meaningful way to help couples enhance their relationship functioning and prevent future discord (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). Notably, CRE programs tend to demonstrate large-size effects for enhancing couples’ communication quality (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Butler & Wampler, 1999), which may be key as improvements in communication are often associated with greater gains in relationship satisfaction for couples therapy and CREs (e.g., Owen et al., 2012; Sevier et al., 2008; see Bradbury & Lavner, 2011). Notwithstanding the positive short- and long-term effects of CRE programs, questions regarding the active ingredients for CRE programs remain unanswered (Wadsworth & Markman, 2012).

CRE programs typically include lessons that (a) promote healthy relationships via discussions about commitment, expectations, and friendship/intimacy, and (b) enhance communication and problem solving skills (Fincham, Stanley, & Beach, 2007). Many theoretical models of relationship functioning have identified communication as a critical component of romantic relationships (see Fincham, 2004 for review), and for some CRE programs communication skills training has been a primary ingredient (Markman, Stanley, & Blumberg, 2010). Theoretically, couples’ ability to manage negative communications as well as enact positive communications can enhance the health and viability of the relationship. Negative communication between partners can tear away at psychological vulnerabilities, which in turn can inhibit positive sentiments, affects, and connections within the relationship (Markman et al., 2010). Accordingly, interventions aimed at reducing these patterns/behaviors may be vital for couples to stop negative cycles and write new narratives for their relationship. Additionally, positive communication behaviors and patterns also need to be encouraged and enhanced as support and validation is key for couples, especially in times of stress (Bodemann, Bradbury, & Pihet, 2009). Interventions intended to increase positive communication cycles should result in affective responses that affirm partners’ sense of security within the relationship.

Although communication is widely supported as an important facet in relationships, there is less consensus on the ways to promote healthy couple communication. Specifically, structured communication interventions are a common component of CRE programs, but the need for these techniques has been called into question (Bradbury & Lavner, 2012). Gottman et al. (1998, 2000) noted that structured communication activities are unnatural for couples to do, and empirically the evidence is not conclusive to support its inclusion. Alternatively, Stanley, Bradbury, and Markman (2000) commented that structured communication is taught in a manner that emphasizes the goals of effective communication (e.g., validation, support), especially during intense disagreement. As couples are able to communicate more effectively, the use of structure is reduced (i.e., scaffolding method); these interventions...
are thus not intended to be natural in the moment or continued in their more rigidly structured forms.

There are no known direct tests of the effects of structured communication interventions in CRE programs; however, there are several related studies. Notably, the Couples Communication (CC) CRE program (Miller, 1971; Numannly, 1971) teaches couples specific communication skills such as active listening, problem-solving skills, and awareness about communication patterns; however, it does not include specific modules focused on healthy relationships such as forgiveness and/or commitment. In a meta-analysis, the CC program was more effective than control groups (small- to medium-sized effects), and compared with other CRE programs the CC program generally outperformed other CRE programs (small-sized effects; Butler & Wampler, 1999). Yet, other CRE programs typically included some form of structured communication skills training, and it may be that some of the positive effects favoring the CC program over other CRE programs were attributable to researcher allegiance effects (Wampold, 2001).

Some related evidence about the role of structured communication interventions can also be gleaned from the psychotherapy literature. Sevier et al. (2008) found that couples who received traditional behavioral couple therapy, which emphasizes structured communication interventions, reported greater improvements in communication behaviors as compared with couples who received integrative behavioral couple therapy, which has less of an emphasis on structured communication interventions. Still, changes in couples’ communication have also been evidenced in other therapies, such as emotion-focused therapy, where there is less emphasis on structured communication interventions. Still, changes in couples’ communication have also been evidenced in other therapies, such as emotion-focused therapy, where there is less emphasis on structured communication interventions (Johnson & Greenberg, 1985). No known studies have tested the effects of CRE programs in the context of their use of structured communication.

For the current study, we focus on the role of structured communication skills training in the Prevention and Relationship Education Program (PREP). We are primarily interested in structured communication interventions as compared with problem-solving activities or awareness of negative communication patterns. One commonly used structured communication intervention is the Speaker–Listener technique, where (a) one partner is chosen to be “the speaker” and conveys his or her concerns; (b) the other partner, as “the listener” reflects back what the speaker is saying; (c) both partners share the speaker and listener roles; and (d) they are instructed to avoid “mind reading” and rebutting (Markman, Stanley, & Blumberg, 2010). We decided to use PREP because this program has a specific module for the Speaker–Listener technique, and support for its efficacy and effectiveness has been established (e.g., Halford, Sanders, & Behrens, 2001; Stanley et al., 2001).

Accordingly, we examined the effects of PREP when the speaker–listener technique was taught and when it was not. Three relationship outcomes—communication behaviors, communication patterns, and relationship adjustment—were assessed at pre-, post-, and 6-month follow-up. We expected couples assigned to the PREP condition where the speaker–listener technique was taught would report greater change in their communication behaviors as compared with couples who were assigned to the PREP condition where the speaker–listener technique was not taught.

Method

Participants

The initial sample included 30 couples (60 individuals); however, four couples did not complete the entire protocol. Two couples completed the preassessment but did not start the actual intervention and two couples dropped out after the first session (one noted time conflicts with their child’s after school activities; the other did not provide a reason). Given their lack of involvement in the intervention they were excluded from the analyses. The final sample included 26 couples (52 individuals); 14 couples were in the PREP-Speaker–Listener condition (PREP-SL), and 12 couples were in the PREP-No Speaker–Listener condition (PREP-NL).

More than 95% of the couples identified as White/Caucasian. The average age was 35.29 years old (SD = 9.60, range 25 to 55 years old), with an average combined income of $50,000 to $60,000. The average number of children for the couples was fewer than one child (M = 0.59, SD = .88). All couples were married or in an exclusive long-term committed relationship, with a mean duration of 5 years. Twenty-four couples identified as heterosexual, and two couples were same-sex couples (both partners identified as female; each condition included one same-sex couple). There were no significant differences for the demographics between the conditions (ps > .19).

Measures

We have two measures of communication: communication behaviors (i.e., intensity) and communication patterns (i.e., frequency). Communication behaviors describe the degree to which arguments, when they occur, are typified by positive or negative attributes (Fincham, 2004). In contrast, communication patterns in this study describe the frequency at which negative communication interactions exist within the relationship in a predictable and repeated pattern.

Communication skills test: Communication intensity (Saiz & Jenkins, 1996). We used six items to assess positive communication behaviors and five items to assess negative communication behaviors from the CST (Saiz & Jenkins, 1996). The items were rated on a 7-point scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). Example items for positive and negative communication include: “When our talks begin to get out of hand, we agree to stop them and talk later” and “We have arguments that erupt over minor events,” respectively. Previous studies have supported the reliability (α = .83 to .92) and validity with significant associations with measures of communication, relationship adjustment, and commitment of the shortened version of the CST (e.g., Einhorn et al., 2008; Owen et al., 2012). In the current study, the Cronbach alphas for positive at pre, post, and follow-up were .65, .76, and .72 and for negative communication the alphas at pre, post, and follow-up were .62, .75, and .73, respectively.

Communication patterns: Frequency of negative communication. We used the 9-item Communication Danger Signs Scale (Stanley & Markman, 1997) to assess the frequency of negative communication patterns, including escalation, invalidation, and withdrawal. An example item is: “My partner criticizes or belittles my opinions, feelings, or desires.” Respondents rate each
item on a 1 (Almost never) to 3 (Frequently) scale with higher scores indicating more frequent negative interactions. In a variety of samples, the measure has demonstrated adequate reliability and validity (Kline et al., 2004; Markman et al., 2010). Cronbach alphas were .87, .78, and .84 at pre, post-, and follow-up, respectively.

**Dyadic adjustment scale.** The four-item Dyadic Adjustment Scale (DAS-4; Sabourin, Valois, & Lussier, 2005) is a measure of relationship adjustment that was developed from the 32-item Dyadic Adjustment Scale. The reliability and validity for the DAS-4 has been supported in previous studies. The DAS-4 has been shown to predict couples satisfaction and dissolution and demonstrate high internal consistency (> .80; Sabourin et al., 2005). In the current study, α = .61, .75, .75 at pre, post, and 6-month follow-up, respectively. The DAS-4 has a clinical cut-off of 13, which reliably distinguishes between nondistressed and clinically distressed couples (Sabourin et al., 2005). The current sample had pre-DAS scores near the clinical cut-off (see Table 1).

**Procedure**

PREP is a research-based and empirically supported psycho-educational curriculum for couples, designed to teach communication and conflict management skills as well as ways to increase positive connections and deepen the level of commitment to the relationship. Teaching PREP involves using lectures, discussions, activities, and videotaped examples of real couples showing negative and positive patterns of interactions. All participants receive workbooks to accompany the lectures and for homework. All couples participated in 12 hours of PREP, which was conducted weekly for four weeks (3 hours per week).

Couples in the PREP-SL condition participated in the standard 12-hr PREP curriculum. The couples in the PREP-NSL condition participated in a similar 12-hr PREP curriculum; however, they were not taught the Speaker-Listener technique (all information about the Speaker-Listener technique was removed from this condition, including the workbook and demonstration videos). All other information about healthy communication (e.g., awareness of warning signs in communication, problem solving skills) was taught in the PREP-NSL condition. To keep the length of time equal for both conditions, we replaced the Speaker-Listener instruction with more time devoted to the Hidden Issues module that focused on the underlying feelings and patterns that may be associated with ongoing stressors in the relationship (e.g., identifying need for acceptance or control). The couples in the PREP-NSL condition engaged in nonstructured communication instead of the structured discussions that were part of the other condition.

Fidelity checks for the treatment conditions were conducted via leader report, using a check-list of topics covered each week, with a high level of fidelity (95% of the material, discussions, video sessions, and break-out times were completed in both conditions across the 12 hours; the adherence measure was adapted from Antle et al., in press). The progress of the sessions was also discussed in weekly supervision meetings (conducted by the primary author, who is a licensed psychologist and trained in PREP, has conducted PREP trainings, has developed other CRE programs, and has published studies on CRE programs). The weekly PREP sessions were not videotaped because of logistical constraints. The leaders reported no use, teaching, or coaching of the Speaker–Listener technique in the PREP-NSL.

Couples were recruited through local advertisements (e.g., Craigslist, University community electronic flyers). The majority of couples informally reported that they participated in the study to enhance their relationship, adjust current difficulties, or prevent future distress. Couples were assessed before the intervention (pre), 4 to 6 weeks after the intervention (post), and 6 months after the intervention (follow-up). Only one couple in the PREP-SL condition did not complete the follow-up assessment. At each 1.5-hr assessment, they completed questionnaires and a videotaped interaction (not analyzed here). Individuals were paid $20 for pre, $25 for post, and $30 for follow-up assessment. We conducted a block random assignment via a random number generator. CRE programs are typically conducted within groups, and we followed this precedent. The couples were able to select one of two nights to participate in the CRE, and we applied our a priori randomization to the groups for each round of the intervention. The groups ranged in size from 3 to 6 couples. We found no statistical or clinically meaningful differences between the two conditions for demographics or preintervention variables (ps > .10).

**Leaders.** Both PREP conditions were led by two doctoral students in counseling psychology (both female and White/Caucasian, with an average age of 29 years old). They were trained in PREP by Drs. Markman and Stanley via the PREP Institute. The leaders conducted both the PREP-SL and PREP-NSL, thus they served as their own controls.

**Allegiance effects.** One of the common issues in studies that compare one intervention with another is the role of researcher

### Table 1

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<tr>
<th></th>
<th>PREP-NSL</th>
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<th>PREP-SL</th>
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<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>FU</td>
<td>Pre</td>
<td>Post</td>
<td>FU</td>
</tr>
<tr>
<td>Positive Com</td>
<td>4.09 (0.79)</td>
<td>5.10 (0.65)</td>
<td>4.97 (0.55)</td>
<td>4.01 (0.79)</td>
<td>5.53 (0.66)</td>
<td>5.34 (0.74)</td>
</tr>
<tr>
<td>Negative Com</td>
<td>3.71 (1.13)</td>
<td>2.89 (1.03)</td>
<td>2.93 (1.13)</td>
<td>3.36 (1.16)</td>
<td>2.22 (0.81)</td>
<td>2.42 (1.04)</td>
</tr>
<tr>
<td>Danger</td>
<td>1.73 (0.43)</td>
<td>1.46 (0.56)</td>
<td>1.46 (0.29)</td>
<td>1.63 (0.45)</td>
<td>1.35 (0.28)</td>
<td>1.41 (0.40)</td>
</tr>
<tr>
<td>DAS-4</td>
<td>12.31 (2.37)</td>
<td>12.25 (1.67)</td>
<td>12.40 (1.70)</td>
<td>12.64 (1.19)</td>
<td>13.08 (0.93)</td>
<td>12.77 (0.97)</td>
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**Note.** Standard Deviations are in parentheses. 1 = 40% of the sample scored below the clinical cut-off (< 12), 40% of the sample scored at the clinical cut-off (≥ 13), and 20% of the sample scored above the clinical cut-off (> 13) on the DAS-4. There are three PREP-NSL and two PREP-SL couples where both partners were above the clinical cut-off (≥ 13). FU, 6-month follow-up; PREP-NSL, PREP without Speaker–Listener Technique; PREP-SL, PREP with Speaker–Listener Technique; Positive Com, Positive Communication Behaviors; Negative Com, Negative Communication Behaviors; Danger, Negative Communication Patterns; DAS-4, Dyadic Adjustment Scale-4.
allegiance (Wampold, 2001). We feel that it is important to comment on our allegiance. The primary author was trained in PREP by Dr. Markman (but was not a graduate student of Dr. Markman). He has published several studies with Drs. Markman, Stanley, and Rhoades (e.g., Owen, Rhoades, Stanley, & Markman, 2011a, 2011b). At the same time he has published several studies with Drs. Wampold and Hilsenroth, who study common factors and allegiance effects (e.g., Owen & Hilsenroth, 2011; Owen, Leach, Wampold, & Rodolfa, 2011). Within psychotherapy and relationship education, he has studied both specific and common factors (e.g., Owen, Chapman et al., 2012; Owen & Hilsenroth, 2011; Owen, Rhoades et al., 2011b). Through an informal assessment before beginning the study, both workshop leaders reported uncertainty as to whether or not the inclusion of the SL technique would influence outcomes. The primary author was the supervisor of the intervention, and the coauthors were the leaders of the interventions. Ultimately, it will be left to other researchers to define our allegiance, but in the spirit of transparency we feel that this study was conducted in the pursuit of knowledge.

**Data Analyses**

We conducted four multilevel models; wherein time (pre, post, and 6-month follow-up) was nested within individuals, which was nested within couples. At level 1, the outcome variables (intensity of positive communication, intensity of negative communication, frequency of negative communication, and DAS-4) were predicted by time (pre = -2, post = -1, 6-month follow-up = 0). Thus, the intercept reflects the predicted follow-up score and the coefficient for time reflects the rate of change. At level 2, the individual level, the only variable we entered was person (person represents 1 = men and 0 = women for heterosexual couples, and we randomly selected the assignment of person for the same-sex couples). At level 3, the couple level, the predictor variable was PREP-SL = 1 and PREP-NSL = 0. The models were estimated with Hierarchical Linear Modeling Version 6 (Raudenbush, Bryk, Cheong, & Congdon, 2005).

**Results**

The means and standard deviations for the variables are presented in Table 1. There were no statistically significant differences between the PREP-SL and PREP-NSL conditions on pre-intervention scores for any of the variables (ps > .15). The results from the multilevel modeling are presented in Table 2 (note the coefficients reflect the unstandardized effects). The effect sizes were calculated by dividing the coefficient by the pooled standard deviation of the variable at preintervention (Raudenbush & Bryk, 2002). The correlations between the communication measures ranged from 1.09 to 1.75, with higher correlations between negative communication behaviors (intensity) and negative communication patterns (frequency).

**Intensity of Communication**

Couples in the PREP-SL condition reported significantly more positive communication at 6-month follow-up as compared with couples in the PREP-NSL (d = 0.58). Consistently, couples in the PREP-SL condition reported significantly less negative communication as compared with the couples in the PREP-NSL condition at 6-month follow-up (d = -0.59). The couples in the PREP-SL condition reported faster gains (i.e., slope × Treatment effect) in their positive communication as compared with couples in the PREP-NSL (d = 0.30). Negative communication significantly declined over the course of the study for both conditions (PREP-SL d = 0.83, PREP-NSL d = 0.71), and there were no differences between conditions in the rate of change.

**Frequency of Negative Communication**

The results revealed no statistically significant difference between couples’ frequency of negative communication scores in the PREP-SL condition and the PREP-NSL condition at 6-month follow-up (d = -0.25). Couples in both conditions reported a significant decrease in the frequency of negative communication over the course of the study (PREP-SL d = 0.53, PREP-NSL d = 0.64); however, there were no differences between the treatment conditions in the rate of change.

**Relationship Adjustment**

There was no statistically significant difference between couples’ relationship adjustment in the PREP-SL and PREP-NSL conditions at 6-month follow-up (d = 0.35). The effect size at 6-month follow-up mirrors the difference at preintervention (d = 0.34). This finding is not surprising given that couples’ relation-

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<th>Table 2</th>
<th>Summary of Multilevel Modeling Fixed Effects</th>
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<tr>
<td></td>
<td>Pos Com Coefficient (SE)</td>
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<tr>
<td>Intercept: 6-FU</td>
<td>5.25 (.18)**</td>
</tr>
<tr>
<td>SL vs NSL</td>
<td>0.46 (.21)*</td>
</tr>
<tr>
<td>Person</td>
<td>-0.10 (.16)</td>
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<tr>
<td>Slope</td>
<td>0.49 (.12)**</td>
</tr>
<tr>
<td>SL vs NSL</td>
<td>0.24 (.12)*</td>
</tr>
<tr>
<td>Person</td>
<td>-0.06 (.12)</td>
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</tbody>
</table>

*Note.* NSL, PREP without Speaker–Listener Technique; SL, PREP with Speaker–Listener Technique; Pos Com, Positive Communication Behaviors; Neg Com, Negative Communication Behaviors; Danger, Negative Communication Patterns; DAS-4, Dyadic Adjustment Scale-4; Coefficient, unstandardized effect; SE = Standard Error.

*p < .05, **p < .01, ***p < .001
relationship adjustment did not significantly change over the course of the study.

Discussion

We explored whether a structured communication intervention—the speaker–listener technique—would affect couples’ communication and relationship adjustment. Couples who participated in PREP where the SL technique was taught reported better communication behaviors (more positive communication; medium-sized effects) at 6-month follow-up as compared with couples who participated in PREP where the SL technique was not taught. Changes in positive communication are indeed meaningful, as positive communications between partners are investments in foundational components of love and commitment that are associated with relationship stability (Gottman et al., 1998; Markman et al., 2010).

At the same time, both conditions demonstrated significant reductions (large-sized effects) in the frequency and intensity of negative communication and there were only small differences between PREP-SL and PREP-NSL conditions. It was expected that an intervention that affects changes in positive communication may also affect changes in negative communication. Indeed, the SL technique is designed to reduce the intensity of negative communication behaviors (e.g., decrease escalation), while increasing positive protective factors (e.g., validation). There may be other ways to adjust couples’ negative communication, such as the other interventions within PREP or other process factors, such as the working alliance (e.g., Owen, Rhoades, Stanley, & Markman, 2011b), may contribute to this outcome. For instance, several PREP modules are designed to help couples identify underlying patterns of core issues in their relationship, which may be associated with the changes in negative communication; and these modules were consistent between both treatment conditions. However, further research is needed to better understand what specific mechanisms or common factors within CRE programs are associated with changes in couples’ negative communication. Consequently, this study provides evidence that the SL technique had a unique benefit in adjusting couples’ positive communication behaviors.

Couples’ relationship adjustment scores did not change over the course of the study in either condition. This finding is consistent with previous relationship education studies (e.g., Stanley et al., 2001) and the relative stability of relationship adjustment for many couples (Anderson, Van Ryzin, & Doherty, 2010). In contrast to our findings regarding changes in communication, the lack of change in relationship adjustment may provide evidence that couples were not uniformly endorsing positive changes for all variables (e.g., halo-effects). The degree to which enhanced communication quality is important when there is an absence of changes in relationship adjustment is debatable. For instance, historically couples’ communication has been infused in other measures of relationship adjustment and satisfaction; however, over the years there has been a movement to disentangle these constructs. Yet, most of these constructs have significant overlap conceptually and statistically. Nonetheless, we suggest that both communication and relationship adjustment are important as they both are associated with relationship dissolution (Amato, 2010; Gottman, 1998).

Limitations

Although we were not able to perform traditional randomization (e.g., randomize couples per condition), we opted to compromise by accommodating couples who requested our services (i.e., group randomization). Although these processes are comparable, and generally worked to produce approximately equivalent groups, this method is limited in its approach to assure equivalence across groups, especially with small sample sizes. Consistently, our small sample size, which consisted of primarily heterosexual and White/Caucasian couples, affects our ability to generalize our findings. Our small sample size impacted our ability to detect significant findings; thus, some caution should be taken in interpreting null findings. Second, the communication behaviors and the DAS-4 at preintervention had lower than expected internal consistency estimates, although the post- and 6-month follow up assessments were more consistent with estimates in previous studies. Relatedly, all of the measures were self-report; thus, future studies may want to include observational or external reporting on the couples’ functioning. As Blanchard et al. noted “self report [communication] measures . . . may be better at tapping into a personal schema of how well couples are able to interact, communicate, and resolve problems in daily life.” Third, although we had short-term follow-up assessments of couples, the lack of longer term follow-up assessments prohibits our understanding of the effects of structured communication interventions in the long run. Consistently, we do not know whether couples continued to use the communication skills in the PREP-SL condition. The use of communication skills taught in relationship education programs has been associated with better relationship outcomes (Bodenmann et al., 2009). Fourth, two same-sex couples participated in our study, which is a step toward inclusion in CRE studies. Yet, we were not able to compare the effects of the SL technique for same-sex and heterosexual couples. The inclusion of primarily relatively well-adjusted couples in this sample is also a limitation to understanding whether these effects would generalize to couples who report more relationship distress and attend CRE programs. Although there is limited empirical support for specific techniques within relationship education, this study provides some initial evidence that the SL technique can be effective for assisting couples to increase their positive communication. In perspective, the SL technique is not a panacea for resolving all communication issues within relationships. Thus, other interventions may be necessary to influence a broader range of elements in couples’ relationship functioning. Yet, clinicians may benefit from having more tools to assist their couples manage their communication. Ultimately, our hope is that this study will advance discussions about the specific and common factors in relationship education in order to enhance the effectiveness of these programs.

References

STRUCTURED COMMUNICATION IN CRE

Reach relationship training on relationship skills and outcomes for low-income individuals. *Journal of Marital and Family Therapy.*


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