

Intervening Early

Helping couples manage relationship issues when they first arise

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This story starts nearly forty years ago, in the department of psychological medicine of a large London teaching hospital where Dr Jack Dominian was working as a senior psychiatrist. Among his patients in an area of London with high social deprivation, he found a high incidence of maternal postnatal depression, clear links between depression and relationship problems, and the detrimental effects of parental conflict on children; he concluded that marital discord and family breakdown were prominent features of the distress he encountered on a daily basis with families. Eager to deepen understanding of the reasons for the “unremitting increase” in divorce (Dominian, 1980), he founded a small non-governmental research organisation to conduct research into the causes of family breakdown. From the outset, the organisation (which in the 1990s became One Plus One) has been committed to putting research into practice – using evidence as the basis for developing effective ways of providing support for couples and their families when it is first needed.

Today One Plus One plays a significant role in promoting understanding about how to build and sustain strong family relationships in modern times. Its interdisciplinary team of researchers, practitioners and information specialists collaborate across four strategic activities: monitoring and evaluating evidence, developing good practice, sharing learning and information, and delivering quality training and resources. One of the major achievements of the organisation has been the development of a brief intervention model Brief Encounters®, which forms the basis of a number of innovative projects to support couple relationships, especially in the perinatal period.

The early years of marriage

The first study commissioned by Dominian explored the characteristics of those who divorced in England in the 1970s (Thornes and Collard, 1979). Childhood, adolescent, premarital and marital characteristics and experiences of a random sample of men and women who divorced were considered and compared with characteristics and experiences of a random sample of men and women whose marriages were still intact. This study showed that more than a third of the divorcees believed that the serious marital difficulties that led to divorce had started by their first wedding anniversary and almost three quarters of them said these difficulties had started by their fifth anniversary. There were marked gender differences in perceptions of when the marriage began to break down, with 44% of women and 23% of men reporting the start of marital problems within a year of their wedding. These findings indicated that for many couples whose relationship eventually ended, the early years of their marriage had been a critical time. Would it be possible to offer help to such couples in the early years, and if so, what kind of help and how should it be delivered?

Help seeking when a marriage is in trouble

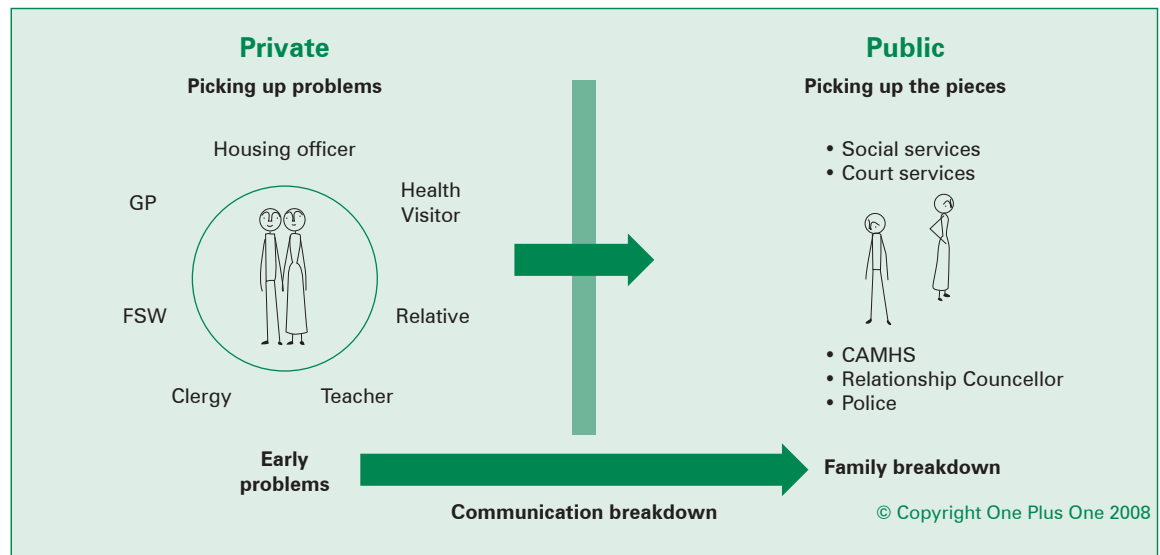
A further study, *Marriages in Trouble* (Brannen & Collard, 1982) was undertaken to discover more about the processes that lead people to seek help and about their expectations and experiences of the help they received. In the 1980s marriage counselling was, as now, the predominant service on offer. For respondents to this study going to a marriage counsellor was considered a last resort. Consequently, by the time help was sought the marriage was at the brink of separation. The study identified barriers to the disclosure of marital problems: a sense of failure, insecurity, fear of being the subject of gossip, a feeling that others can't help if you are unable to help yourself, and difficulties in approaching anyone. That said, respondents in this qualitative study had often turned to someone in the early stages of relationship difficulties; those turned to included family, friends, and practitioners with whom they were in routine contact such as the family doctor or the health visitor – who see parents (mainly mothers) in the post natal period and in the child's preschool years.

The transition to parenthood – opportunities for offering help

In order to get a sense of how relationship troubles emerge in the early years of marriage a longitudinal study was initiated. A group of newly wed couples were interviewed (both spouses separately and simultaneously) three months after their weddings and again six years later (Mansfield & Collard, 1988; Mansfield, 1993). Comparisons of their interviews over two periods of transition – from single to married life, and into parenthood – provides insight into how couples manage change, especially the impact of becoming parents. Most of the couples found the transition to parenthood unsettling with a rise in the level of discord and a drop in marital satisfaction; this is now well established in the literature (One Plus One, 2006). Another key finding was the attitudes of these young couples to seeking help – while most would not consider going to marital counselling many had “turned to” someone and spoken about their marital difficulties.

Early intervention

These studies provided an evidence base for developing early interventions with couples and individual spouses/partners. They showed that the early years of a marriage are a time when relationship difficulties first arise; the transition to parenthood is both a vulnerable time and an opportunity to intervene; there is a reluctance to seek formal help through marriage counselling and a preference for receiving informal help from a known circle of support – family friends and those who are routinely encountered and turned to for support such as health practitioners.



Understanding the “turned to moment”

Dr Deirdre Morrod joined One Plus One as Head of Practice Development in the early 1990s with a background in medicine and counselling. She started to gather more information from “turned to” practitioners in health, education and social services about their experience of being turned to. While most agreed it was a common experience, many said they were unsure about whether and how to respond on such occasions. Was it appropriate for them? Surely marital issues were best left to marriage counsellors? Many however admitted that it was difficult to meet the needs of a client who is distressed without acknowledging the source of their distress, and that relationship problems were often the source of distress. A general consensus emerged; if *their* needs as helpers were met, then they would be more confident about meeting the needs of their clients.

These practitioners sought knowledge about relationships – how they work, why they go wrong and how to cope when they do – plus the skills to build a relationship with the client within a short time frame. After all, the nature of a “turned to moment” is that it is usually unexpected and requires working opportunistically. The brief intervention model *Brief Encounters*® was designed to meet the needs of helpers in working with couple relationships.

Brief Encounters® model

The training model builds on existing skills but aims to greatly enhance listening skills, for it is these skills that lie at the heart of a good encounter. Listening well requires the listener to put on hold their own ideas and anxieties in order to become fully focused on the client and able to reflect back whatever the client discloses. For some practitioners who are trained to fix their clients' problems, this can be challenging. The model provides a framework for managing time and clarity about personal and professional boundaries.

There are three stages to the model:

Firstly, the "turned to moment" – when the helper recognises and acknowledges the signal given by the client. This may not be clear as the client may be tentative, perhaps testing out whether this is a person who can be turned to. The helper then chooses whether to make an offer of help taking into account the time available and the limit of their competence. If an offer is made it constitutes a working agreement that states the purpose of the encounter and the boundaries necessary to allow both parties to make efficient use of the time available.

If the offer of help is accepted then Stage 2 of the model begins with the practitioner using their listening skills to help the client explore *what's going on* for them. As the practitioner listens and encourages their client, both gain deeper understanding of *what's really going on*. This part of the encounter creates rapport, bringing a sense of relief to the client and encouraging cooperation. As the client's story unfolds and the underlying issues become clearer, both client and practitioner gain insight into how things could be better and to make plans for how to use that understanding.

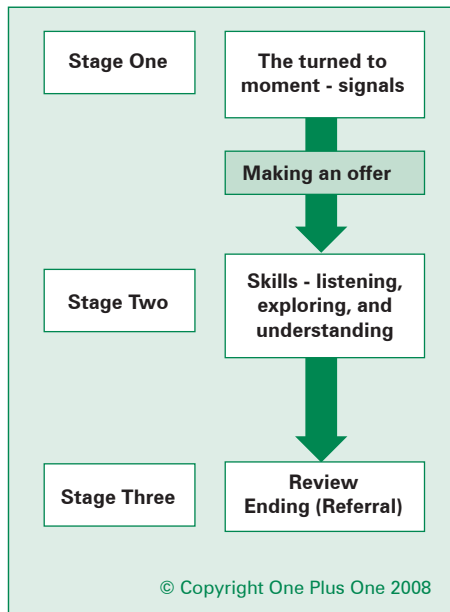
The third stage of the *Brief Encounter*® comes as the time limit agreed at the beginning is near to being reached. The client and helper review any change or progress made in the encounter and assess how the client is feeling. Many clients are able to move on with little or no further help but there is the option of a further encounter or a referral to a more specialised service.

The outcomes of a successful *Brief Encounter*® can be summarised as the 5 R's:

- **Recognition** – by the helper and the client of the concerns/problem
- **Relief** – by the client at being listened to and expressing feelings
- **Rapport** – a sense of sharing, trust, cooperation and motivation for change
- **Response** – the opportunity to explore concerns, gain deeper understanding of those concerns, consider desired change and plan action
- **Relevant referral** – access to more specialist help as necessary

Evaluating Brief Encounters®

Over 3,500 practitioners have been trained in the model with outreach to over a million



families. The training, accredited by the Royal College of Nursing's Institute of Advanced Nursing, was independently evaluated in the late 1990s and found to be "a remarkable success". After training, 97% of participants felt more confident in their ability to support people with relationship problems and six months later 94% were using the model, over half daily or weekly, and 88% had learned to manage their time more effectively.

In 1999 we undertook a cluster randomised controlled trial with colleagues from the London School of Hygiene and Tropical Medicine to evaluate the primary healthcare team's ability to identify and respond to relationship problems among 1000 mothers and their partners in the postnatal period (Simons et al, 2001, 2003). Health visitors in nine intervention clinics in an outer London borough were trained in *Brief encounters*® and each clinic was matched with a 'control' clinic. When mothers attended the intervention clinics for their baby's six to eight week developmental check, the health visitors asked them to complete a screening scale for relationship problems – a slightly amended version of the one developed by Stanley and Markman and used by them in a national telephone survey in the US (Stanley and Markman, 1997) – and offered help if needed. At the 12-week immunisation visit, mothers at both the intervention and control clinics were asked to complete a self-report questionnaire. At the end of the trial a small qualitative study of mothers and health visitors engaged in the intervention took place.

Screening led to striking differences between intervention and control clinics in the percentage of mothers identified as potentially in need of support (21% versus 5%, $P=0.007$) and in the percentage who were offered help (18% versus 3%, $P=0.014$). Almost half of those mothers were also identified as experiencing postnatal depression. At the 12 week visit for immunisations the intervention group was twice as likely ($P=0.006$) as the control group to report having discussed relationship problems with the health visitor and 75% more likely ($P=0.046$) to report having received help from their health visitor. In the qualitative study, mothers revealed the value of the health visitor as a sympathetic listener "*just being there – there was no one else for me to talk to*", and health visitors reported that the mothers were happy with the screening procedure and that it had prompted mothers to reveal problems that would otherwise not have been revealed.

Adapting the brief intervention model for community volunteers

A specially adapted version of the *Brief Encounters*® training was offered to the Community Mothers Programme. These mothers are volunteers, supported by a health visitor, who befriend new mothers in their community and through regular home visits they share information on child development using cartoon resources. This form of peer support has been successful in reaching new mothers, usually living in areas of high social deprivation, who do not access mainstream services. The health visitor coordinating the programme found that relationship problems were common among new mothers and wanted to provide the volunteers with a working knowledge of common relationship problems, enhanced 'diagnostic' sensitivity to relationship difficulties, skills to provide relationship support to clients and confidence to deal with relationship issues.

A revised *Brief Encounters*® course, adapted to suit the training patterns of the Community Mothers Programme, comprised five short sessions plus a listening skills day rather than the full

4 day *Brief Encounters*® training course. To complement the child development cartoons already used by the Community Parents a book of 17 relationship cartoons was created, each cartoon based on research findings relevant to selected topics: choosing a partner, the transition to parenthood, managing conflict, tensions around bringing up children and difficult issues for stepfamilies.

The evaluation of this interesting small study (Reynolds, 2000) revealed how knowledge about relationships can be imparted according to recipients' level of engagement. The community mother first established a relationship with the mother using active listening skills to discover the mother's needs. A sequence of six aspects of the support were identified: getting the mothers to talk, providing information through the medium of the cartoons, setting goals, encouraging pursuit of those goals, and providing access to further resources.

The new mothers and the volunteers described the impact of the support in the following ways:

- **Emotional relief** – just talking about their relationship problems helped: *"I felt I'd poured everything out ...and she'd heard every word."*
- **Normalisation** – seeing problems described in the cartoons helped to put things in perspective: *"there's other people out there with problems like mine."*
- **Better understanding** – they felt enabled to understand relationships in general and their relationship better: *"it helps, seeing it...like talking it through again, it's seeing another side."*
- **Strategies for dealing with problems** – the opportunity to think how things might be better, ways of turning plans into action: *"she suggested certain ways of talking your problems out... like turning the TV off, sitting there quietly and having a talk with him... about how his day was and how my day was."*
- **Minor changes in attitudes and behaviour** – most mothers reported some change in their behaviour or attitude and in some cases the outlook of their partner: *"I'm actually learning not to bottle things up and to actually talk, which is what me and Dave do now."*
- **Reconnecting with other sources of support** – mothers were encouraged to join groups with other parents and to build friendships.

Relationship education and support – the missing link in UK family policy

In recent years the main focus of family policy in Britain has been on improving support for children and their parents (Every Child Matters, 2003). While this significant policy document recognised that parenting, and support for it, is pivotal to the physical and emotional health and wellbeing of children it does not acknowledge the importance of the parental relationship to children's wellbeing, both through its impact on the individual's ability to parent and through a direct impact on children's development and emotional security (Mansfield, 2005).

There is compelling evidence that children whose parents get on well (whether they are living together or apart) benefit from more effective parenting and experience better physical and mental health compared with children from families where strain and conflict are a feature of the parental relationship (Stronschein, 2005; Dunn, 2008). With the aim of raising awareness among policy makers and practitioners of the importance of parental couple relationships to parenting, One Plus One published a review of the literature *Not in front of the children?* providing a non-technical summary of the findings from research into the impact of conflict between parents on children (Reynolds, 2001).

The growing interest in parenting led to the promotion of parent training. Most parent training programmes do not take account of the parental relationship, yet Webster-Stratton has shown that some of the children who failed to benefit from her generally successful programme belonged to high-conflict families or those with an absent or unsupportive partner (Webster-Stratton 1994). Webster-Stratton concludes that “parent training programmes need to be broadened to emphasise partner involvement, parent support, marital communication, problem solving and coping skills” (Webster-Stratton & Hammond, 1999).

In 2004, One Plus One created *My Mum and Dad Argue a Lot*, a resource designed to bring the key messages from the research review *Not in front of the children?* to practitioners who deliver parenting programmes; it comprises three modules that can be added to parenting courses. Although the resource is focused on managing parental conflict there is material on what makes relationships work and in particular on the protective factors such as friendship building activities, time together and emotional and physical support. Feedback from practitioners using the resource suggests that while understanding more about the impact of parental conflict on children motivated parents, the emphasis on protective factors and how to build and maintain them, was particularly engaging.

Changing Families

In the past quarter of a century family life in Britain has been transformed; the numbers of marriages have halved, divorces doubled and extramarital births quadrupled. Today the common sequence of family formation is cohabitation – marriage – parenthood. However other sequences are emerging: cohabitation – parenthood – marriage, and most recently, parenthood – cohabitation – marriage. The Millennium Cohort Study gives further insight into how families are forming in 21st century Britain. Two out of three of the 18,500 babies followed in this study were born to married couples, one in four to cohabiting couples and the remaining 15% had mothers who were not living with a partner when they were born (4% ‘not in a relationship,’ 1% ‘separated or divorced from the baby’s father,’ 2% ‘just friends with the father,’ and 7% ‘closely involved’ with him). Nine months later, a quarter of the ‘closely involved’ parents had moved in together (Kiernan, 2003).

A growing group of parents are experiencing the double jeopardy of coping with the transition to parenthood while at the same time managing the transition to living as a couple. The Fragile Families Study in the US reveals a similar picture and draws attention to the complexity of the network of family relationships within which many young children are growing up – their parents are becoming partners, separating and re-partnering. Professor Sara McLanahan, a principal investigator of this important study, commenting on the high level of relationship instability in these families, concluded, “Improving the couple’s relationship and keeping them more stable is likely to help children in the long run...based on what I have seen in the data about one third of these couples would benefit from the relationship skills programmes...and another one third of the couples probably would benefit from the relationship skills, but are going to need something else in addition...to make them more economically stable and lead to better mental health.” (One Plus One, 2006)

Meeting unmet needs – a new service supporting parental relationships

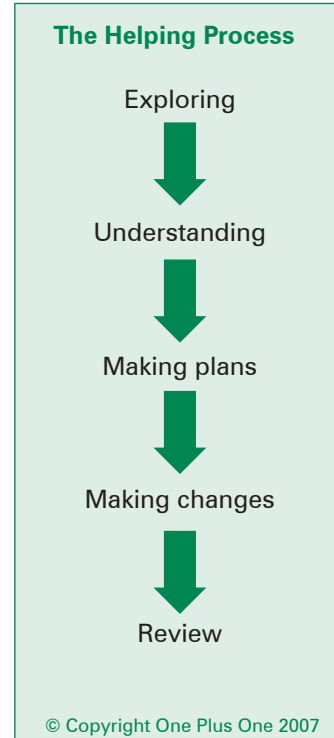
The very low take-up of current relationship support services by couples and parents, especially by fathers, black minority ethnic groups and parents of disabled children, reflects ingrained problems of availability, accessibility and acceptability. There is evidence that parents prefer approaches that help them to help themselves by creating opportunities for self assessment and self-direction (Green and Parker, 2006), offer information tailored to individual circumstances (Cragg, Ross and Dawson, 2000) and offer the chance to share and normalise their experiences. Furthermore, in the sensitive area of relationships, parents (particularly fathers) prefer information that can be accessed anonymously.

One Plus One's experience in creating and delivering *Brief Encounters*® provides insight in the ways in which people seek out and interact with information about relationships during the course of a brief intervention, in particular, the ways in which different options can be offered and managed and how key points during an interaction can influence outcomes. Through the examination of help seeking patterns as identified by the thousands of frontline practitioners and volunteers we have trained (see before), a working model of "information pathways" was identified which encapsulates the key points of a helping interaction

Web 2.0 technology offers opportunities for interconnectivity and interactivity and provided a novel solution to the problem of how to deliver personalised yet anonymous relationship support to men and women who are not currently accessing services.

As part of our commitment to intervening early we wanted to create a service that met a continuum of needs – from curiosity about relationships in general, through change, challenge and crisis when partners seek more specific information about how to cope with a transition such as becoming parents, or want to explore challenges to their relationships such as the impact of unemployment or need to manage a crisis such as infidelity – and that could be accessed at any time from anywhere. With a group of potential users and funded by the Parent Know How Innovation fund from the Department for Children, Schools and Families we developed a new interactive website, thecoupleconnection.net, which went live in 2007.

The site is designed to take the user through the five stages of the helping process (see above) via three sections. **Check it Out** gives articles, animated cartoons, and video clips to help with the first stages of exploring and understanding. In **Talk it Out** the user can find out what other members of thecoupleconnection.net community are saying, and respond and post their own thoughts. The forums are looked after by the Talk it Out Team who are all trained relationship counselors. Finally, in the **Work it Out** section registered users can make plan to use the understanding gained in the Check it Out and Talk it Out sections, by setting goals from which exercises can be accessed. Progress can be reviewed regularly on a private space



where users have a personal diary. As part of the registration process users are invited to assess their relationship satisfaction using a shortened version of the Golombok Rust Inventory of Marital Satisfaction GRIMS. When both partners register they each have a personal space and can create a couple space – an entirely private space in which to share goals, exercises and a couple planner.

This innovative service is being evaluated over 2008-9 by the funder, and One Plus One will be evaluating the content against criteria identified by DiBlassio and colleagues who have developed an index to assess the quality of psychological and healthcare information resource websites (DiBlassio, 1999).

Getting the most out of your baby and your partner – a new intervention based on Brief Encounters®

Family policy in the UK is beginning to take on board the significance of the parenting couple relationship. The Children's Plan (2007) states that "an effective family policy must start with supporting strong couple relationships". In Think Family (2008) the need for joined up work between adults' and children's services is highlighted and the Child Health Promotion Programme (2008) stresses the importance of early intervention with parents of infants and young children. The latter is particularly influenced by the new evidence that has emerged about neurological development and the importance of forming strong parent-child attachment in the first years of life; the document refers to "the specific impact that mothers and fathers have on their children" as well as their combined influence.

One Plus One's work with health visitors led us to look at the possibility of combining our approach to supporting the parental relationship with one that aims to strengthen parent-child relationships. We were impressed with the early findings from Gottman and Shapiro's Bringing Baby Home project where they have developed a workshop with new parents which focuses on strengthening the couple relationship, getting to know the baby, regulating conflict and building strong parent-child interactions. Parents involved in the intervention showed better co-parenting abilities, greater father involvement, stable relationship quality, lower incidence of postnatal depression and their babies' overall development was better than in the control group (Gottman et al 2004; Shapiro and Gottman, 2005).

We are currently working with the UK Brazelton Centre whose training programmes are based on the neonatal behavioural assessment scale (NBAS), which is widely used in research and infant assessment as an intervention with parents to sensitise both parents and practitioners to the behavioural capabilities of infants. Two groups of health visitors who are NBAS trained have now been trained in *Brief Encounters®* and we are monitoring and evaluating the impact of the combined training on their practice with new parents. In early 2009 we will develop a prototype intervention with the aims of increasing the new parents' capacity to relate to each other in a positive supportive manner and manage conflict better, and to interact with their baby in a sensitive way.

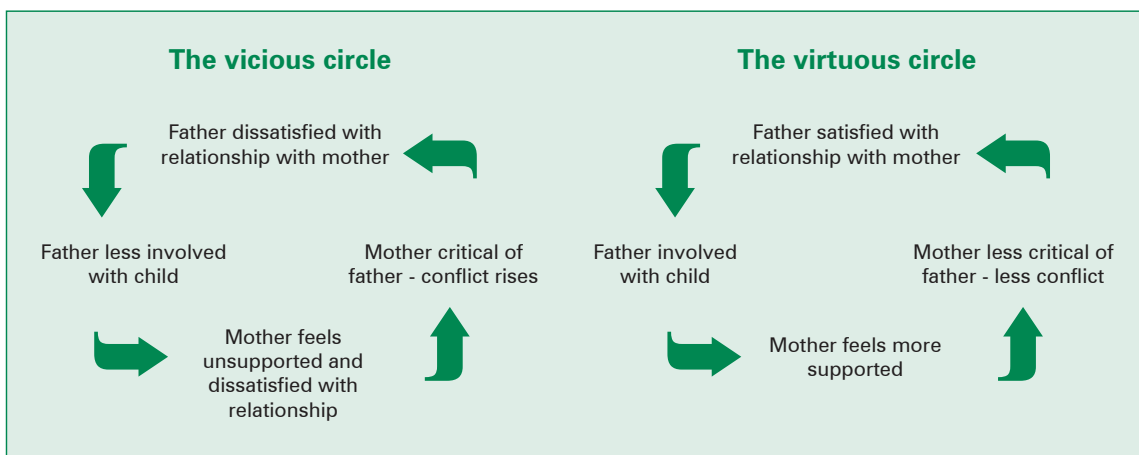
In the Fragile Families Study the birth of a baby is referred to as a "magic moment" for intervention, a time when parents are motivated and open to making changes in their lives. The evidence suggests that interventions designed to turn the vicious cycle that results from declining relationship satisfaction and raising conflict into a virtuous cycle could lead to more

family stability, more fathers being involved in their children's lives, lower incidence of postnatal depression and better child outcomes.

Intervening early: incorporating psycho-educative approaches in routine support

One Plus One's distinctive approach has been in early intervention rather than relationship education. The evidence outlined in this chapter suggests that while many couples could benefit from understanding more about relationships in general, and their own relationship in particular, there are several reasons why couples and individuals do not seek such support, and that these barriers to delivering support are not easy to overcome. One Plus One developed a brief intervention model that has proved successful in enhancing the skills and knowledge of those working routinely with families to offer relationship support opportunistically. Moreover we have taken that experience into further innovations, focusing on key transitions when there is motivation to change and using new technologies.

The last couple of decades have produced a wealth of knowledge about relationships and about what works in supporting them. The challenge now is to find ways of delivering this knowledge to contemporary populations in ways that are acceptable to them and at times when that knowledge could make a difference to the quality and stability of their relationships.



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