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Prevention of marital distress by enhancing the coping skills of couples: 1-year follow-up-study

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This article presents a new preventive approach (Couples Coping Enhancement Training: CCET) aimed at expanding upon the scope of current prevention programs by focussing on stress issues and individual and dyadic coping skills. The cognitive behavioral prevention program is based on stress and coping research in couples and seeks to improve important skills with an 18-hour course. The effectiveness of the approach is examined with respect to 143 couples over a period of one year. The results show that couples participating in the program benefit in terms of a significant increase in marital quality and that intervention couples appraise their relationship even after one year as substantially improved in a number of domains (quality of marital communication, intimacy etc.). Our results support the importance of prevention for couples with low marital satisfaction even if they have been living together for many years.

Key words: Stress, coping, marriage, prevention, effectiveness

For many years now premarital and marital enhancement and prevention programs have been advocated in the USA and Europe. The most widely used and evaluated programs in the USA are the Relationship Enhancement (RE) program devised by Guerney (1977), the Minnesota Couple Communication Program (Miller, Nunnally & Wackman, 1975) and the Prevention and Relationship Enhancement Program (PREP) by Markman, Floyd, Stanley and Lewis (1986). In Germany "Ein Partnerschaftliches Lernprogramm" (A couple's learning program) (EPL) by Hahlweg, Thurmaier, Engl, Eckert & Markman (1993) has become popular over the last eight years. All these programs represent standardized interventions with a structured educational format; they use didactic presentations, practice, and homework exercises to enhance, in particular, couples' communication and problem-solving skills. While Gurney's (1977) RE is particularly oriented toward the improvement of empathy-based understanding in marital interaction and self-disclosure, the MCCP (Miller et al., 1975) focuses upon the enhancement of marital interaction by learning direct, open and transparent communication and meta-communication. One of the main targets of the PREP (Markman, Floyd, Stanley & Jamieson, 1984; Renick, Blumberg, Markman, 1992) and the EPL (Hahlweg et al., 1993) is the training of dyadic communication and problem-solving skills.

These programs, which are all theoretically based (they are derived from systems or communication theory, humanistic approaches or cognitive behavioral theories), are usually taught in 12 to 24 hours to groups of 4–10 couples. While most of the programs are designed for newlywed couples or couples planning marriage, the PREP is currently also employed in other contexts such as prevention with high-risk couples (e.g. van Widenfelt, Hosman,

Schaap & van der Staak, 1996). Whereas premarital prevention or prevention in early marriages seem to be quite effective (see meta-analysis by Hahlweg & Markman, 1988), less optimistic results have been reported for prevention in distressed couples or couples who have already been living together for some time (Kaiser, Hahlweg, Fehm-Wolfsdorf & Groth, 1999; van Widenfeldt et al., 1996).

This article presents a preventive approach which 1. addresses prevention for couples already living together for several years and 2. integrates new features such as individual and dyadic coping skills. As many studies have revealed, stress and coping are important predictors of marital functioning, the negative evolution of the close relationship and a higher risk for divorce (Bodenmann, 1997a, 2000; Bodenmann & Cina, 1999). Thus the enhancement of coping skills, on the personal as well as the dyadic level, may be of greater importance than previously assumed. It seems that stress gradually corrodes close relationships over time and that it does so largely on an unconscious level. It is noteworthy that communication deficits are often consequences of stress or inappropriate coping efforts (Bodenmann, Perrez & Gottman, 1996). It is therefore essential not only to strengthen communication skills but even more to enhance coping abilities in order to maintain marital quality, satisfaction and stability over time. Dyadic coping in particular (Bodenmann, 1995, 1997b) seems to play a crucial role in this process.

With this in mind Bodenmann developed in 1994 the Couples Coping Enhancement Training (CCET; Bodenmann, 1997c). The CCET addresses, in addition to communication and problem-solving features, the improvement of individual and dyadic coping skills. Let us briefly explain the concept of dyadic coping. Dyadic coping is a process in which the stress signals of one partner and the coping reactions of the other partner to these signals (both verbal and nonverbal) are taken into consideration. Depending upon the stress event at stake, in dyadic coping the stress management resources of both partners are activated in order to maintain or restore a state of homeostasis by displaying *common dyadic coping* (where both partners engage symmetrically in the coping process), *supportive dyadic coping* (where one partner supports the other to deal more effectively with his/her own stress) or delegated dyadic coping (where one partner asks the other partner to take over tasks in order to provide relief for the former).

Based theoretically upon his systemic-transactional concept of stress and coping in couples (Bodenmann, 1995, 2000) the enhancement of dyadic coping is a primary target in the CCET.

In the first section of this article the aims, structure and content of this new prevention program are presented while in the second part self-report data are reported on the effectiveness of the approach with regard to marital quality over one year.

Method

Subjects

143 Swiss couples participated in this study. 73 couples formed the intervention group and 70 couples were controls. The couples were recruited through community-wide advertisements in newspapers. Their demographic characteristics are presented in Table 1.

The two groups did not differ with respect to the main demographic variables (except age, t (141) = –2.54; p < .01). However, the duration of the relationship was

Table 1: Demographic data for the intervention group (*N* = 73 couples) and control group (*N* = 70 couples)

	Intervention group						Control group					
	Women (*N = 73)*			Men (*N = 73)*			Women (*N = 70)*			Men (*N = 70)*		
	M	*SD*	*Range*	*M*	*SD*	*Range*	*M*	*SD*	*Range*	*M*	*SD*	*Range*
Age	39.42	7.47	22–58	41.59	7.41	25–60	43.26	10.13	25–75	45.30	10.96	26–76
Duration of the relationship	13.81	8.87	1–33	14.15	9.35	1–42	18.16	11.71	1–55	18.04	11.19	1–56
Marital quality*	58.12	11.91	30–83	55.92	12.27	26–78	61.55	14.30	23–89	59.52	12.52	17–84
Married		86.3%			85.0%			79.9%			81.4%	
Children		72.6%			76.7%			84.3%			80.0%	
Living together		91.4%			93.0%			92.6%			87.9%	
Elementary school		1.4%			–			7.7%			3.2%	
High school		9.9%			1.5%			6.2%			6.3%	
Professional school		33.8%			35.3%			44.6%			31.7%	
College		29.6%			19.1%			27.7%			19.0%	
University		25.4%			44.1%			13.8%			39.7%	

* Marital quality was assessed with Hahlweg's (1996) PFB (Partnerschaftsfragebogen).

higher in the control group, t (141) = –1.78; $p < .08$ and this group also ranked higher in marital quality (assessed via Hahlweg's, PFB, 1996) 2 weeks prior the intervention, t (141) = –2.50; $p < .01$. Due to the fact that the participating couples were interested in the training, we could not randomize them into the two groups. Thus, our study represents a quasi-experimental design. A waiting list control group was not possible as the duration of the study (2 years) was too long. For these reasons we were forced to choose an untreated control group.

Measures

Partnership Questionnaire (Partnerschaftsfragebogen: (PFB). The PFB (Hahlweg, 1996) is a 31-item instrument to measure marital quality and satisfaction. It consists of three scales: *Quarreling* (Cronbach's Alpha: .93), *Tenderness* (.91) and *Togetherness/Communication* (.88)) which can be combined to provide a total score of marital quality (.95). The total score discriminates reliably between distressed and non-distressed couples, sensitively monitors marital therapy, and demonstrates adequate reliability and validity (Hahlweg, 1996).

Separation scale (Spanier, 1976). The items measuring thoughts on separation or divorce included in the Dyadic Adjustment Scale (DAS) were administered to evaluate plans for separation or divorce.

Item measuring the partnership as problematic. A single item was used to address the issue of whether the partners appraised their relationship as distressed and problematic or not. This item was administered with a six-point response scale from 1 (not at all) to 6 (very strong).

Questionnaire evaluating subjective changes. This questionnaire assessed subjective appraisals of change after the training in the following domains: a) marital satisfaction, b) communication skills, c) problem-solving capacities, d) individual and dyadic coping, e) attention to the partner, f) intimacy and proximity, g) sexuality. The couples were asked if and in what way they had observed an enhancement or deterioration in these domains since the last time. For the items on this questionnaire there was again a six-point scale for responses from 1 (deterioration) to 2 (no change) to 6 (3: slight improvement; 4: improvement; 5: strong improvement; 6: very strong improvement).

Procedure

Data were collected on four occasions in the present project: (t1) pre-assessment (two weeks prior to the intervention), (t2) post-assessment (two weeks after the intervention), (t3) 6-month-follow-up and (t4) 1-year-follow-up. Couples completed the questionnaires, which were mailed to them, independently from each other at home. About one half of the couples also participated in a 10-minute videotaped conflict discussion interaction, which took place at their home (these data are not reported here).

Description of the intervention program

The CCET was developed on the basis of empirical research on stress and coping in couples and encompasses in addition to components from existing prevention programs (such as communication and problem-solving) three units dealing with stress, individual coping and dyadic coping (see Bodenmann, 1997c).

The training is conceptualized in terms of Maccoby & Solomon's (1981) reflections for behavior change including an accurate appraisal of the problem, knowledge as to how to improve one's own competencies, motivational work, teaching of competencies and maintenance of these competencies in everyday interactions. Techniques that are applied are derived from cognitive behavioral therapy (modeling, role play, self-observation, reciprocal reinforcement, self reinforcement) and our own coping approach (Bodenmann, 1997c). The different didactic elements (theoretical inputs, diagnostic, practical exercises, evaluation) are alternated in an attempt to create an appropriate environment for efficient learning. The training as a whole is composed of six units, each unit delivered in a 3-hour session. The training as a whole takes place over a weekend (Friday evening until Sunday evening, a total of 18 hours).

Unit 1: Theoretical introduction on stress and coping. In this unit, the participants learn about different types of stress, possible causes of stress and the forms in which it may appear. A main focus is placed on the notion of how cognitive appraisals influence the emergence of stress as well as different emotional states. Theoretically this unit is based on the leading work of transactional stress theory developed by Lazarus (1993) and Lazarus & Folkman (1984). The topics are theoretically introduced and illustrated by the use of various examples (video clips, short stories, exercises, etc.).

Unit 2: Enhancement of individual coping. In this unit couples are shown how to improve their own individual coping skills. Each partner learns how to prevent unnecessary stress by optimizing daily organization, planning for the future, defining realistic goals and so on. The need to schedule one's life in a manner that allows enough time for leisure and other pleasant activities (such as hiking, swimming, cultural events, reading, music, social activities) is emphasized and couples are asked to incorporate these pleasant activities into their daily schedule ("hedonistic repertoire"). The main focus of this unit, however, is the enhancement of appraisal competencies and coping

skills. The connection between cognitive appraisals, stressful emotions and coping are discussed and forms of appropriate coping according to one's appraisals are presented. The individuals learn how to adjust their appraisals and how to deal more efficiently with everyday stress events (see Perrez & Reicherts, 1992). The current coping style of each partner is analyzed, propositions for improvement are made and they are taught how to change dysfunctional coping styles by applying observation schemes in their daily life (comparable to the techniques developed by Beck, Rush, Shaw & Emery, 1979). In addition, a relaxation method (Jacobson, 1938), which acts as an important completion to the cognitive techniques presented, is taught.

Unit 3: The enhancement of dyadic coping. The enhancement of dyadic coping in marriage includes four primary issues: a) improvement of one's own stress communication in such a way that one partner is able to respond to other's needs; b) improvement concerning the perception of stress signals given by the partner; c) adequate supportive dyadic coping and; d) the practice of common dyadic coping or the delegation of coping tasks. These competencies are first shown by presenting a model couple on video. In a second step, each partner assesses his/her own usual manner of communicating stress and its effectiveness. Through role playing, the couples then learn how better to express the stress they are experiencing (verbal explicit stress communication: "I feel very agitated. This matter was very important to me, and I am frustrated about my failure"; "I think I am worthless. I remember a similar situation when I was in school and the teacher…"), how better to decode stress signs in the partner and how to enhance supportive dyadic coping performance in situations in which the partner requires or would be grateful for help (such as instruction in tension reduction methods, helping the partner to reframe the situation, solidarity with the partner etc.).

Unit 4: Fairness in the Relationship. In this unit, the importance of justice, fairness and equal engagement in the relationship, based upon equity theory as formulated by Walster, Utne & Traupman (1977) and Thibaut & Kelly's (1959) social exchange theory, are addressed. Here couples learn the importance of taking turns offering support to the partner and the importance of participating equally in the daily management of stress. In addition, the significance of personal boundaries (clear boundaries between the partners, the generations, the couple unit and its environment, etc.) (Minuchin, 1977) and the necessity of closeness-distance regulation (Christensen & Shenk, 1991; Jacobson, 1993) are discussed. By using a model couple, the differences between dyadic coping and boundary transgression (i.e. injury to the intimate sphere of another) are shown and are then trained by the use of role play. The couples are then asked to discuss how the above concepts of boundaries, closeness and distance manifest themselves in their own relationship and to consider their own wishes concerning common activities.

Unit 5: Communication Skills. In the fifth unit, couples are taught communication skills. Based upon the communication training of Markman et al. (1984) and Hahlweg et al. (1993), couples are trained in listener and speaker abilities and are taught how to generalize these rules in different types of situations, such as self-disclosure in stress situations, conflicts with the partner, common stress management, etc. In this section, the couples are asked to use the competencies and communication skills they have learned in order to discuss a 'heated' conflictual topic.

Unit 6: Conflict and Problem-Solving Skills. The sixth element of our training focuses upon how to improve problem-solving skills. The couples are encouraged not to avoid conflict issues in their daily life, but rather to deal with them by using the competencies, which they have had the opportunity to practice during the course of the training. The couples are then shown how they can better cope with problems in their daily life by using a step-by-step program which allows them to define the problem, to brain-storm possible ways of coping with the problem, to evaluate the proposed solutions and to implement a step-by-step schedule allowing actualization of the strategy chosen.

Training groups consisted of four to eight couples with one trainer for every two couples (one female and one male trainer). Trainers were graduate students or individuals who already had a master's level degree in clinical psychology. They received a 4–day course of training (theoretical background and training in the skills for supervising the couple's role plays) including 20 hours of supervision. Before the first session all trainees were tested on their ability to deliver the training.

Results

To examine the differences in marital quality variables between the intervention group and the control group we computed 2× 2× 2 MANOVAs (repeated measures) with the three PFB scales (Quarrel, Togetherness/Communication, Tenderness), the scale from the DAS measuring thoughts of separation or divorce and finally the item measuring the assessment of problems in the relationship. In addition to the MANOVAs we computed ANOVAs for the different subscales and ANCOVAs in order to control for the initial level of each variable (e.g. when marital satisfaction was tested, the marital satisfaction score of the pre-assessment was controlled). The two groups (Intervention

vs. Controls) were treated as between factor, whereas the variables "sex" and "time" were used as within-factors. In order to estimate the importance of the differences between the intervention and control group we further report effect sizes.

The MANOVAs showed a significant time effect [F (3, 139) = 17.18, p < .001], a sex effect [F (3, 139) = 32.02, p < .001] and a time × group effect [F (3, 139) = 3.40, p < .02]. There was neither a significant group effect nor a significant sex x time effect.

The ANOVA revealed that the marital quality (PFB-score) of the intervention group improved significantly compared to that of the control group, [F (1, 141) = 9.61, p < .002], ANCOVA [F (1, 139) = 6.40, p < .01]. In addition the couples in the intervention group reported higher marital satisfaction (Item 31 of the PFB) one year after the training than controls [F (1, 138) = 8.27, p < .005]; ANCOVA did not reveal significant effects.

Within the different PFB subscales we can observe in the ANOVAs a significant improvement on the scale tenderness (intervention group compared to control group [F (1, 141) = 8.69, p < .004], ANCOVA [F (1, 139) = 7.62, p < .01] and of the subscale *togetherness/communication,* [F (1, 141) = 4.56, p < .03], ANCOVA [F (1, 140) = 5.72, p < .05].

Furthermore, the couples who had participated in the prevention program showed a lower rate of marital tensions and quarrels one year after the training, [F (1, 141) = 3.57, p < .06], ANCOVA not significant, and thought less often of divorce, [F (1, 141) = 7.71, p < .006], ANCOVA not significant. Furthermore, intervention couples evaluated their relationship as less problematic than controls, [F (1, 141) = 10.86, p < .001], ANCOVA not significant (see Table 2).

When we consider the effect sizes (computed by the formula Mintervention – Mcontrol/SD pooled), we find moderate effects of the training after one year. The effect size for a change in marital quality (overall PFB score) is $d = .26$ (for husbands) and $d = .56$ (for wives). The effect sizes for the different subscales vary in the same range. The effect sizes concerning thoughts of divorce are between $d = .31$ (for wives) to $d = .45$ (for husbands), and for the evaluation of problems in the close relationship $d = .57$ (for wives) and $d = .40$ (for husbands).

Subjective appraisals of change

The MANOVAs revealed a significant group effect [F (8, 132) = 7.34, p < .001]. There was neither a significant sex effect nor a significant sex × group effect.

The results of the ANOVAs (as we had no initial measure for subjective change, as this makes only sense after the training, no ANCOVAs were computed here) show that the subjectively appraised enhancement of the marital quality in different marital domains was significantly higher in the intervention than in the control group [F (1, 139) = 24.65, p < .001]. The enhancement of the *quality of marital communication,* [F (1, 139) = 28.01], the *prob-*

Table 2: Means and standard deviations of marital quality in the intervention group (*N* = 73 couples) and control group (*N* = 70 couples)

	Women				Men			
	2 weeks prior to the intervention		1 year after the training		2 weeks prior to the intervention		1 year after the training	
IG	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
1	.78	.52	.60	.50	.91	.57	.71	.49
2	1.82	.53	1.88	.52	1.60	.55	1.59	.49
3	1.77	.47	1.83	.50	1.90	.50	1.93	.42
4	58.12	11.91	61.17	11.51	55.92	12.27	58.14	10.51
5	4.32	1.03	4.52	.97	4.44	1.01	4.49	.90
6	.81	.43	.70	.42	.84	.40	.70	.38
7	1.53	1.16	.86	.94	1.40	1.06	.89	1.00
CG								
1	.66	.56	.60	.50	.69	.55	.53	.43
2	1.90	.63	1.79	.63	1.68	.57	1.56	.60
3	1.91	.54	1.83	.50	1.96	.50	1.94	.46
4	61.55	14.30	60.13	13.49	59.52	12.52	59.69	11.37
5	4.71	.98	4.58	.95	4.97	.85	4.66	.99
6	.59	.43	.59	.35	.57	.35	.58	.35
7	.98	1.16	.83	.94	.80	.95	.76	.93

1. Scale "Quarrelling" of the Partnership Questionnaire (PFB) (scale reversed); 2. Scale "Tenderness" of the PFB; 3. Scale "Togetherness/Communication" of the PFB; 4. Total score of the PFB; 5. Marital satisfaction (Terman item; item 31 of the PFB); 6. Separation scale (DAS); 7. Marital relation is evaluated as problematic (scale is reversed).

lem-solving capacities [F (1, 139) = 50.25, p < .001] and the *individual* [F (1, 139) = 30.46, p < .001] and *dyadic coping* [F (1, 139) = 38.49, p < .001] was significantly higher in the intervention group than in the controls. Further we observed a significant increase with regard to *personal attention to the partner* [F (1, 139) = 19.94, p < .001], and *intimacy and emotional closeness* [F (1, 139) = 12.14, p < .001] as well as of *sexual desire* towards the partner [F (1, 139) = 4.37, p < .03]. For each topic the intervention group perceived significantly higher positive change than the control group. Most of the couples in the latter registered only slight differences or none (see Table 3).

As Table 4 illustrates the effect sizes concerning the subjective positive changes in the different areas of marital quality (such as communication quality, dyadic coping, attention to the partner, intimacy) are considerable and provide further evidence for the improvement in marital quality in terms of the subjective appraisal of the couples concerned themselves. Most of the effect sizes correspond to medium to strong effects. It is, however, interesting to note that some of the control couples also showed a slight positive increase with respect to several variables which may be due to the fact that these couples were probably also sensitized to aspects of their relationship by completing the questionnaires several times (see Table 4).

Discussion

This article addressed the question whether it is possible to enhance marital quality and satisfaction for one year by means of a prevention program (lasting 18 hours) with couples having rather low marital satisfaction. Our data showed that couples participating in the Couples Coping Enhancement Training (CCET) improved significantly in their marital quality (PFB total score) after the training and that this effect remained stable for one year. In particular, a substantial enhancement in tenderness and togetherness/communication could be observed. Whereas the couples improved immediately following the training (two weeks later and after six months) mostly with regard to a decrease in quarreling (see Bodenmann, Cina & Widmer, 1999), we found that positive aspects of marriage

Table 3: Evaluation of subjective changes 1 year after the training

	Intervention group				Control group			
	Women *(N = 73)*		Men *(N = 73)*		Women *(N = 73)*		Men *(N = 73)*	
	M	SD	M	SD	M	SD	M	SD
Marital satisfaction	2.93	.96	2.99	.92	2.56	.72	2.59	.74
Communication	3.12	.94	3.22	.85	2.59	.70	2.63	.79
Problem-solving	3.15	.89	3.22	.77	2.56	.77	2.52	.66
Individual coping	3.19	.98	3.18	.99	2.57	.82	2.53	.74
Dyadic coping	3.18	.89	3.15	.96	2.57	.72	2.55	.74
Attention to the partner	2.83	.84	3.18	.95	2.60	.65	2.62	.71
Intimacy	2.71	.96	2.77	1.01	2.45	.76	2.40	.72
Sexual desire	2.45	.82	2.62	1.04	2.34	.71	2.27	.73

Table 4: Frequencies and effect sizes of the subjective appraisals of change in the intervention group (N = 73 couples) and control group (N = 70 couples)

	Subjective changes 1 year after the intervention													
	Intervention group						Control group						Effect size	
	Women (N = 73)			Men (N = 73)			Women (N = 70)			Men (N = 70)			Women	Men
	1	2	3	1	2	3	1	2	3	1	2	3	d	d
Marital satisfaction	1.4%	39.7%	58.9%	.0%	34.2%	65.8%	8.7%	65.2%	26.1%	5.8%	58.0%	36.2%	.69	.74
Communication	6.8%	27.4%	65.8%	.0%	27.4%	72.6%	5.8%	56.5%	37.7%	1.4%	60.9%	37.7%	.59	1.00
Problem-solving	.0%	23.3%	76.7%	.0%	20.5%	79.5%	1.4%	62.3%	36.2%	1.4%	69.6%	29.0%	.90	1.04
Individual coping	.0%	35.6%	64.4%	.0%	37.0%	63.0%	7.2%	56.5%	36.2%	2.9%	69.6%	27.5%	.71	.83
Dyadic coping	4.1%	16.4%	79.5%	.0%	27.4%	72.6%	4.3%	60.9%	34.8%	.0%	59.4%	40.6%	.90	.76
Attention to the partner	4.1%	35.6%	60.3%	1.4%	23.3%	75.3%	2.9%	58.0%	39.1%	1.4%	58.0%	40.6%	.49	.76
Intimacy	4.1%	50.7%	45.2%	5.5%	45.2%	49.3%	4.4%	64.7%	30.9%	8.7%	71.0%	20.3%	.34	.67
Sexual desire	8.2%	60.3%	31.5%	8.2%	56.2%	35.6%	5.9%	69.1%	25.0%	7.2%	78.3%	14.5%	.12	.45

1: deterioration; 2: no change; 3: enhancement. Effect sizes under .40 are considered as low and over .80 as high.

(such as affection, togetherness etc.) were fostered after one year. This result makes a lot of sense. First couples had to reduce their negative interaction style before being able to share positive moments together and to develop their mutual affection and tenderness.

Although we also found significant improvements reflected in a decrease in quarreling, in thoughts of divorce and in appraisal of the relationship as problematic, these changes were less strong (as only the ANOVAs but not the ANCOVAs were significant).

The results of our longitudinal study support the notion that an improvement in marital quality is possible even in couples who have been in a close relationship for years and who dislay low marital satisfaction. These results are of even greater interest when we consider that most of the studies conducted in the context of marital prevention thus far have been with newlyweds or young couples and only a few studies have been carried out with couples experiencing marital distress (e.g. Halford, 1998; Kaiser et al., 1999; van Widenfeldt et al., 1996).

The idea of primary prevention (in which the idea is to help couples at an early stage in their relationship) remains crucial. However, as our study has shown, it is also possible to improve marital quality in couples at later marital stages (secondary prevention) by focusing on relevant marital features. Our approach aims to strengthen the main competencies (such as communication skills, problem-solving capacities and adequate individual and dyadic coping skills) that were found to be important predictors of marital development and divorce, and that seem to be important in young as well as middle-aged couples and it was again evident that cognitive behavioral techniques were successful in helping couples to improve significantly, even after a very short intervention program. The CCET (Couple's Coping Enhancement Training) presented in this article emphasizes, above all, the enhancement of individual and dyadic coping competencies in addition to traditional skills trained in other programs. This emphasis on coping, which is based upon findings that stress and coping play an important role in producing changes in marital quality and in the dissolution of close relationships (Bodenmann, 2000), seems important. Even after one year intervention couples reported greater marital satisfaction and greater tenderness than controls.

Since there is a higher risk that couples possessing low competencies will experience a negative evolution of their relationship which may, ultimately, end in divorce, the emphasis on enhancing skills is central. With this in mind, it is desirable that marriage counselors or therapists intervene as early as possible in order to help couples enhance these competencies, which may best be done within the framework of prevention programs for couples. This argument is further supported by the fact that most couples seek marital therapy at a stage when their relationship is already largely dysfunctional. Studies on the effectiveness of marital therapy indicate that of those couples who seek help, only approximately 40% benefit from the intervention (Jacobson, Follette, Revenstorf, Baucon, Hahlweg, K. & Margolin, 1984; Jacobson & Addis, 1993; Hahlweg & Markman, 1988). These data indicate that half of the couples seeking help do so too late and, as a consequence, either fall back into negative interaction patterns (approximately 30%) or divorce (Snyder, Wills, Grady-Fletcher, 1991). This supports the idea that couples often do not seek professional help until a time when, despite the competency of the therapist and the proven effectiveness of the intervention programs, restoration of relationship satisfaction through therapy is no longer possible. These findings stress the importance of prevention in marriage. There is strong evidence that prevention with couples is one major key to help couples deal with marital problems before they arise or assume too great a scale and this even during later phases of the martial cycle. As our results illustrate even couples with low marital satisfaction (and a mean duration of about 15 years of partnership) may benefit substantially from a prevention program. It is noteworthy that changes in marital quality and relevant competencies (see also Bodenmann, Perrez, Cina & Widmer, in press) are possible with only 18 hours of training. Thus, we are persuaded that the coping-oriented expansion of recent preventive trainings is important. Due to the fact that stress is a silent and often unconscious destructive factor in marriage, it is of vital importance to address skills, which may help to detect this negative development and to fight against the deleterious impact it has on close relationships. Couples equipped with adequate individual and dyadic coping skills may be more able to deal with a great variety of demands within and outside the marriage and thus be more protected against the negative impact of stress on the close relationship.

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