The Couples Coping Enhancement Training (CCET): A New Approach to Prevention of Marital Distress Based Upon Stress and Coping*

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We describe a distress prevention training program for couples and three empirical studies that support its effectiveness. The program, Couples Coping Enhancement Training (CCET), is based both upon stress and coping theory and research on couples. In addition to traditional elements of couples programs (e.g., communication and problem-solving skills), the CCET also addresses individual and dyadic coping in promoting marital satisfaction and reducing marital distress. The CCET enjoys good consumer acceptance. Outcome results indicate that, in addition to acquiring relationship skills, participants experienced reduced martial distress and increased marital satisfaction, even among couples who have been in long-standing relationships where dissatisfaction exists.

Programs for preventing marital distress and divorce have experienced an increasing interest among professionals and couples in the last few decades. This interest also is reflected in a growing number of publications on the effectiveness of these programs (e.g., Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Halford, Markman, Kline, & Stanley, 2003). Most programs seek to help couples enhance their communication and problem-solving skills with the aim of improving the quality of their relationship, while also decreasing the likelihood of divorce (for an overview, see Berger & Hannah, 1999). These programs are mainly founded in social learning theories, humanistic theory, or communication theory and are based upon the knowledge that communication competencies are among the most important predictors of marital success (see meta-analysis by Karney & Bradbury, 1995). Within this body of empirical knowledge, a new line of research emerged in the 1990s, when different researchers began to investigate in greater detail the effects of stress and coping on marriage.

Here we describe a distress prevention program for couples: Couples Coping Enhancement Training (CCET; Bodenmann, 1997b). We also report the findings from three research studies assessing program effectiveness.

Stress, Marital Quality, and Marital Stability

Several cross-sectional studies of couples from community samples reveal that everyday stress (or daily hassles; see Lazarus & Folkman, 1984) is negatively associated with marital satisfaction and marital quality (for an overview, see Bodenmann, in press). Additionally, psychological stress associated with the illness of one partner is similarly negatively related to marital quality (e.g., Hagedoorn et al., 2000; Rohrbaugh et al., 2002). The negative correlations between stress and marital quality vary between −.22 and −.59, indicating moderate but significant correlations. Although all of the studies published on everyday stress and marriage found this negative relationship, there was no consistent relationship reported between major stressful events (i.e., critical life events) and marital quality. According to Williams (1995), no consistent relationship exists between major stressful events and marital quality, especially when marital matters—such as severe troubles in the relationship, separation, or divorce—were excluded from the list of critical life events. This finding indicates that chronic stress in daily life figures as a more important negative predictor of marital satisfaction and stability (see also Karney, Story, & Bradbury, in press). In a 5-year longitudinal study of 63 couples on the influence of everyday stress and marriage, Bodenmann and Cina (2000) found that couples who were either divorced or among the stable but distressed couples after 5 years had reported a significantly higher rate of stress in everyday life at the time of initial measurement than those in the later group of stable and nondistressed couples.

Stress and Marital Communication

Another line of research shows that marital communication is especially affected by stress. The spillover effect of work stress on marital communication has been demonstrated (Crouter, Perry-Jenkins, Huston, & Crawford, 1989; Repetti, 1989), based on systematic behavioral observations illustrating that daily workload led to more negative dyadic interaction at home. Stressed partners were either more withdrawn toward their partner at home, or they showed more angry and hostile behavior. Similar findings were reported by Halford, Gravestock, Lowe, and Scheldt (1992) using a diary approach. Partners reported more negative interactions during the week and more positive interaction on weekends, when their daily stress levels were lower. In a recent study based on questionnaire data, Schulz, Cowan, Cowan, and Brennan (2004) showed that workday stress predicted negative changes in women's marital behavior. Overall, their study replicated previous findings by showing that when under stress, women become angrier and men more withdrawn. In an experimental study conducted in a lab, Bodenmann (2000a) found that stress exerted a direct negative influence on marital interaction. Seventy couples were videotaped for 10 minutes in two identical settings, once before and once after an experimental stress induction. The systematic observation analysis revealed that the quality of marital communication decreased by 40%

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under the stressful condition. Under stress, positive interactions (e.g., active listening, interest, and empathy) were reduced, and negative behaviors (e.g., criticism, contempt, belligerence, and withdrawal) increased significantly. The link between stress and negative dyadic interaction also is supported by physiological and endocrinological measurements (e.g., Gottman & Levenson, 1992; Kiecolt-Glaser et al., 1996).

Individual Coping and Marital Quality and Stability

Several studies reveal significant relationships between the quality of individual coping and marital functioning. Denial, avoidance, self-blaming, negative self-verbalization, withdrawal, drug abuse, and violence often are negatively related to marital quality. Active engagement, constructive problem solving, optimism, positive self-verbalization, and reframing of the situation were among the more functional coping behaviors and were positively related to higher marital satisfaction or quality (e.g., Ptacek & Dodge, 1995). In their longitudinal study, Bodenmann and Cina (2000) also found that individual coping promoted marital stability. Those couples who displayed avoidance, self-blaming, and a lack of active problem solving at the beginning of the study were significantly more likely at the 5-year follow-up to be among those who were in distressed relationships or divorced.

Dyadic Coping, Marital Quality, and Marital Stability

Different authors began to enlarge the narrow vision of individually centered coping, noting that the concept of individual coping is not sufficient for understanding the coping processes within the context of couples, families, and other social systems (for an overview, see Revenson, Kayser, & Bodenmann, in press). At the same time, social support in marriage began to be more clearly distinguished from social support from others, such as friends and family members (e.g., Cutrona, 1996).

In the conceptualization of dyadic coping underlying the CCET approach, dyadic coping refers to a systemic-transactional view of coping in couples in which one partner communicates his or her stress (verbally or nonverbally), and the other partner responds in one of three ways: the partner becomes affected by stress also (i.e., stress contagion); the partner ignores the signals entirely (i.e., display no coping reaction whatsoever); or the partner demonstrates positive or negative dyadic coping (Bodenmann, 1997a, in press).

Positive forms of dyadic coping include supportive dyadic coping (e.g., helping with daily tasks or providing practical advice, empathic understanding, helping the partner to reframe the situation, communicating a belief in the partner's capabilities, or expressing solidarity with the partner); common dyadic coping (e.g., joint problem solving, joint information seeking, sharing of feelings, mutual commitment, or relaxing together), and delegated dyadic coping (where one partner is explicitly asked by the other to give support, and as a result, a new division of tasks is established, such as when one partner takes over chores for another). Negative forms of dyadic coping include hostile dyadic coping (support that is accompanied by disparagement, distancing, mocking, sarcasm, open lack of interest, or minimizing the seriousness of the partner's stress), ambivalent dyadic coping (when one partner supports the other unwillingly or with the attitude that his or her contribution should be unnecessary), and superficial dyadic coping (support that is insincere, such as asking questions about the partner's feelings without listening, or supporting the partner without empathy).

Several studies reveal a strong link between marital quality and dyadic coping or social support provided by the partner in both healthy couples and couples dealing with stress related to medical conditions (e.g., Bodenmann, in press; Dehle, Larsen, & Landers, 2001; Kuijer, Ybema, Buunk, Thijs-Boer, & Sanderman, 2000). Further, studies show an association between dyadic coping or social support from the partner and subsequent marital dysfunction and divorce (e.g., Bodenmann & Cina, 2000; Pasch & Bradbury, 1998). There also is evidence that unsupportive or negative supportive behavior (e.g., offering support, but with a hostile tone of voice) provided by the partner is strongly associated with the partner's negative well-being (e.g., Manne et al., 2003).

The Stress Model of Divorce as One of the Theoretical Bases for the CCET

Based upon analyses of couples in longitudinal and retrospective studies of daily stress, Bodenmann (2000a) proposed that chronic daily stress originating outside the close relationship (e.g., stress in the workplace that spills over into the marital dyad) plays an important role in the deterioration of marital satisfaction and is related to an increase in the risk of divorce. Bodenmann (2000a) conceptualized that the increased risk of marital decline was due to three main destructive processes caused by stress: (a) a deterioration in the quality of marital communication when under stress (more negativity, less positive exchange, and less self-disclosure); (b) a reduction in the time spent together because of stress (and thus the loss of intimacy and the feeling of "we-ness"); and (c) an increase in health problems because of chronic stress exposure and the subsequent burden that this places upon the relationship (see also Burman & Margolin, 1992). In these processes, stress leads to a more superficial kind of interaction within the couple relationship, which in turn leads to a lack of awareness of the other partner and diminished involvement in his or her life and development. This results in mutual alienation because the partners begin to tell each other less about their inner lives, personal needs, goals, and interests; they become estranged. This alienation becomes the source of more frequent marital conflicts and increases marital distress. On the other hand, adequate individual and dyadic coping can reduce or entirely alleviate the negative impact of stress on the close relationship. Spillover occurs when the stress experienced outside the relationship (e.g., job stress) has a negative influence on the quality of interaction with one's partner. The more effectively each partner copes with his or her own stress, the more he or she can reduce the likelihood of spillover, and thereby protect the relationship from the negative effects of stress. The better both partners handle stress together (e.g., by jointly discussing their stress experience, increasing a sense of solidarity between them, reframing the situation, helping each other to relax, and so on), the more likely they are to reduce stress in an effective way and, in so doing, promote a greater sense of cohesion.

According to this model, divorce is seen as a consequence of five factors: the negative developmental course of the close relationship due to chronic daily stress; the inability to adequately deal with daily demands that call for skills, such as communication, problem solving, and individual and dyadic coping; the presence of conditions or alternatives that facilitate exiting the relationship (e.g., economic independence, a new partner); the absence of important inhibiting conditions that serve as barriers to

ending the relationship (e.g., social norms, economic constraints); and the occurrence of sufficiently relevant triggers (e.g., an extramarital affair; e.g. Levinger, 1976). Bodenmann (2000a) has tested the model in several studies with results showing consistent support for it.

In terms of distress-prevention programs for couples, these findings and the stress model of divorce mean that in many cases, it is not sufficient to merely strengthen the communication and problem-solving skills of the partners. What also is needed is a means of promoting the coping skills of the couple. Because of the link between stress and decreases in the quality of marital communication, teaching about ways in which to effectively cope with stress is necessary. Because poor communication can be the result of badly handled stress in everyday life, couples can be taught how to deal with stress and daily hassles more effectively to get at some of the causes of communication problems. The CCET focuses exactly on these issues by teaching couples (a) how stress can cause their communication to deteriorate, and (b) how they can protect their communication from the negative impact of stress by increasing their individual and dyadic coping resources.

A Prevention Program Based Upon Stress and Coping Theory

Theoretical and Empirical Background

The Couples Coping Enhancement Training CCET (Bodenmann, 1997b) is based on three distinct lines of research: stress and coping research in couples described earlier, marital research, and research on social exchange and equity.

Innovative Elements of the Program

In addition to promoting better couple communication by teaching speaking and listening techniques, the improvement of individual and dyadic coping skills is a major emphasis within the CCET. In learning about dyadic coping, partners learn how to communicate with each other more clearly about their own stress experiences. Through this process and related emotional exploration, they also learn how to offer each other support (see below), how to promote closeness and intimacy within the relationship, and how to create a synergy in their efforts, so each partner can deal with everyday stress more effectively. Another key element of the CCET addresses fairness, equity, and boundaries within the relationship. These topics are included because lack of fairness (such as when one partner always seeks support but does not also provide dyadic coping to the other), equity, or the observance of insufficient boundaries (e.g., when one partner does not wish to be supported but the other offers it nevertheless) also can give rise to stress and distress within the couple. The CCET has elements of communication and conflict resolution in common with other programs (e.g., the Prevention and Relationship Enhancement Program [PREP]; Markman, Renick, Floyd, Stanley, & Clements, 1993), and shares with Compassionate and Accepting Relationships through Empathy (CARE; Sullivan, Pasch, Eldridge, & Bradbury, 1998) elements of empathy and conflict resolution. However, what makes the CCET different from other programs is its emphasis on stress and coping and the use of additional techniques related to individual and dyadic coping.

Broad indications for use. The CCET is suitable for use with any couple starting a new relationship (premarital distress prevention), and those who have been together for some time and who may be experiencing early signs of distress. Although research on distress prevention programs for couples at high risk for marital distress is increasing (e.g., Halford et al., 2003; Schilling, Baucom, Burnett, Allen, & Ragland, 2003), it is this latter application of the CCET that is of great relevance, because most distress prevention programs are geared toward those who are in the beginning or happier phase of their relationship (see Sullivan & Bradbury, 1997). An unexpected side effect of the CCET's focus on stress is that this attracts men to a high degree, because they view the coping modules as beneficial for both their personal and professional lives.

The training is not recommended for couples in severe crisis who need marital therapy. Prior to enrollment, couples are prescreened with a battery of questionnaires that assess marital quality, thoughts of divorce, violence, and so on, to ensure that couples in acute crisis are referred to more appropriate services.

To date, the CCET has been used with several European nationalities, including German, Italian, French, and Swiss couples. Typically, it is used with couples in the middle or upper levels of the socioeconomic scale, although many couples of lower socioeconomic levels also have participated.

Description of the Couples Coping Enhancement Training

Goals of the CCET. The goal of the training is to help both partners acquire new adaptive behaviors and to strengthen existing ones. The central goals are (a) improving one's own stress management; (b) enhancing the ability to cope as a couple; (c) sensitizing the couple to issues of mutual fairness, equity, and respect; (d) improving marital communication; and (e) improving the couple's problem-solving skills (see Table 1).

Standardization of the CCET. A high degree of standardization of the program is ensured through the use of a detailed and highly structured manual for trainers (training manual published in German by Bodenmann, 2000b; English translation in press), and a thorough instruction program for the trainers delivering the program. Each trainer receives 30 hours of training over a 4-day period and 20 hours of group supervision before delivering the program.

Duration and formats. The program is 18 hours and consists of modules varying from 1.5 to 5 hours in duration (see Table 1). Because of the modules, it can be offered in various formats. Typically, the CCET is offered as a weekend workshop that begins Friday evening and ends Sunday evening, but it can be conducted as a series of six weekly sessions lasting 3 hours each. Another format allows the program to be embedded into a weeklong couples retreat that includes vacation and child care. The content and effectiveness are identical in all three formats (Bodenmann, 2000a). The CCET typically is conducted in groups of 4 to 8 couples.

Didactic Elements Used in the CCET

Several didactic elements are used: short lectures with video examples; diagnostic assessments (e.g., evaluation of one's own stress levels, communication styles, and problem-solving

Table 1
Description of the Units of the CCET

Module	Content	Goals	Methods and Delivery	Duration	Theoretical Background
1	Knowledge of stress and coping	• Improve understanding of stress • Discriminate between different kinds of stress • Learn that stress is a consequence of cognitive appraisals and that emotions are shaped by these appraisals	• Overview of the topic of stress, including its causes, forms, and consequences • Enhancement of situation evaluation with exercises where aspects of the situation, such as significance or controllability, are evaluated • Assessment of different areas of stress by questionnaire	2.5 hours	• Stress theory of Lazarus & Folkman (1984) • Subsequent development of a situation-behavior-approach by Perrez & Reicherts (1992)
2	Improvement of individual coping	• Prevent stress by anticipating stressful situations and preparing in advance • Improve coping during the stressful event and in retrospect • Counter stress by building up a repertoire of pleasant events • Learn to reduce stress physiologically	• Short lectures on functionality of different coping strategies • Diagnostic exercise on one's own coping style • Exercises on different examples on the link between adequate coping according to different stress profiles • Planning sheets for defining one's own repertoire of pleasant activities and how stress can be avoided • Analysis of coping reactions in everyday life and what adequate coping looks like • Progressive muscle relaxation	3 hours	• Stress theory of Lazarus and Folkman (1984) and Perrez & Reicherts (1992)
3	Enhancement of dyadic coping	• Increase an understanding of the partner's stress • Enhance stress-related communication • Improve dyadic coping skills	• Introduction of the concept and utility of dyadic coping (short lecture) • Video examples of dyadic coping categories • Questionnaire on how each partner communicates his or her stress and how they display dyadic coping • Supervised role-plays	5 hours	• Dyadic coping approach by Bodenmann (1997a, 2000a) • Gruen, Folkman, & Lazarus (1988)
4	Exchange and fairness in the relationship	• Improve a couple's awareness of the importance of a fair and mutual exchange within the context of dyadic coping • Enhance the ability to detect inequality and dependence in the relationship • Improve sensitivity toward one's own needs and the needs of the partner	• Short presentation on the meaning of fairness and boundaries in marriage • Diagnostic exercises • Supervised role-plays that allow both partners to explore their needs • Assessment of personal needs of distance and closeness • Sensitization to the presence of over-involvement that may indicate dependence or selfishness in relationships	2 hours	• Minuchin (1977) • Thibaut & Kelley (1959) • Walster, Walster, & Berscheid (1978) • Jacobson & Christensen (1996)
5	Improvement of marital communication	• Improve speaking and listening skills • Detect inadequate communication behavior and learn to overcome inadequacies	• Short presentation on the meaning of appropriate communication • Video demonstration of dysfunctional communication according to Gottman (1994) • Diagnosis of one's own dysfunctional communication by questionnaire • Supervised role-plays within the framework of communication training	4 hours	• Classical and social learning theories and their application within the context of dyads • Research findings on marital communication (Gottman, 1994; Karney & Bradbury, 1995; Weiss & Heyman, 1997)
6	Improvement of problem-solving skills	• Strengthen the couple's mutual problem-solving skills	• Short presentation on the usefulness of problem-solving in marriage and the need to resolve problems • Supervised role-plays of problem-solving situations within a structured five-step problem-solving approach	1.5 hours	• Problem-solving training of D'Zurilla & Goldfried (1971) in its adapted version for couples

abilities and coping skills); quizzes for determining the couple's mastery of the training material; demonstrations of effective and ineffective approaches to problem analysis; video and live demonstrations by the course leader that model effective communication skills and dyadic coping; and supervision and feedback on the couple's behaviors in role-plays and exercises that are supervised according to a ratio of one trainer per two couples. Couples engage in four role-plays (70 minutes each, 35 minutes for each partner) where they practice new skills with coaching from trainers.

Modules of the CCET

Modules 1–4 are novel elements, and modules 5 and 6 (communication and problem solving) are similar to what is found in other well-known programs (e.g., PREP). Below we describe those modules that are less well known.

Enhancing individual coping with the CCET. In the first two modules, the participants are introduced to the idea of stress as described by Lazarus and Folkman (1984). They learn that stress is a process whereby a situation triggers cognitive appraisals that lead to specific stress emotions. The participants learn that this also means that each partner may appraise the same situation differently and, as a result, experience different emotions. This process is illustrated in several exercises, and participants increase their awareness of their own stress levels in everyday life. Then the participants are shown a variety of ways that they can prevent unnecessary stress, such as becoming more organized, managing time more effectively, reducing unrealistic expectations, and becoming more assertive. Using worksheets, they identify areas in their lives where they can begin to reduce or prevent stress.

A second element of this work is to motivate the participants to strengthen their repertoire of pleasant activities that can be used to counter the negative aspects of stress. This means that both partners are asked to engage in regular pleasant activities (individually and as a couple) that are planned into their weekly schedules. They are encouraged to engage in social, cultural, creative, or intellectual activities as an antidote to the high stress that they experience.

In addition to addressing ways of preventing stress, the training emphasizes ways that individuals can effectively cope with stressful events that have occurred. In this context, several cognitive techniques are practiced. First, the participants are encouraged to evaluate each situation in terms of the demands of the situation and in so doing become more aware of the specific characteristics of the stressful encounter. They are asked to think about events in terms of various aspects of the situation (e.g., the relative importance of the situation, the possibility of actively changing or influencing it, and whether the outcome is certain) and to choose specific coping strategies that are best suited for that particular situation. This situation-based approach to coping teaches that adequate coping is dependent on the specific nature of each situation (see Perrez & Reicherts, 1992). These techniques are practiced using several exercises and self-assessment sheets. The individuals note how the stressful situation looked, how they coped with the situation, and what they think represents the most effective coping response. The last element of this unit consists of learning progressive muscle relaxation (Bernstein & Carlson, 1993).

Enhancing dyadic coping with the CCET. The module addressing the concept of dyadic coping is an innovative element of the CCET. The training seeks to strengthen the following: the ability to adequately and explicitly communicate one's own stress; the ability to perceive and understand the partner's stress; and the enhancement of positive dyadic coping, especially emotion-focused supportive dyadic coping. This is done by means of the three-phase method that allows the partners to (a) enhance their ability to communicate clearly their stress to the partner (phase 1); (b) adapt their support to the specific needs of the other (phase 2); and (c) refine their ability to offer dyadic coping based on partner feedback (phase 3).

The first phase lasts approximately 30 minutes and consists of the emotional stress exploration described with a metaphor known as the funnel method in which one partner (partner A) begins at the top of the funnel with a factual description of a recent example of a stressful situation not related to the couple (e.g., something that happened at work) and works his or her way to the bottom of the funnel, where he or she speaks about the deeper aspects of the stressful event and explores personal constructs that are activated by the event. Starting with a short narrative description of the situation, partner A is prompted by the trainer to go deeper into his or her emotions, thoughts, and perceptions that are linked with the stressful event and is helped to explore which personal constructs (e.g., perfectionism, dependency) might be involved in the stressful event. In a soft voice, the trainer encourages and coaches the individual in the process of emotional exploration with short open-ended questions, such as "How did you feel?," "What happened to you?," "What did this mean to you?," and "Why was this so stressful?" Simultaneously, the trainer coaches partner B to listen and summarize important aspects of what partner A is saying and to ask open-ended questions if clarification is needed. Through this process, both persons have a clear understanding of deeper aspects of the stressful event. For example, being late for a doctor's appointment may at first trigger general emotions, such as anger, frustration, or embarrassment. By further exploring this event (i.e., progressing further down the funnel), the stressed person touches upon core beliefs, like being perceived as unreliable, incompetent, or untrustworthy. Such appraisals of one's self may lead to activation of emotions such as disappointment, guilt, shame, anxiety, or sadness, and reveal personal constructs (not being worthy, not being in control, not being perfect). This process of emotional exploration allows both partners to understand that these stress emotions are a logical consequence of their appraisals and the activation of relevant schemas or constructs (see the concept of central hassles by Gruen, Folkman, & Lazarus, 1988; see also Park & Folkman, 1997). By understanding the meaning of the stressful event for partner A, partner B can promote accurate, emotion-focused supportive dyadic coping, which is the central aim of phase 1.

In the second phase, which lasts approximately 10 minutes, partner B is asked to provide positive supportive dyadic coping that matches the level of emotional self-disclosure demonstrated by partner A. At this point, partner B is aware of the meaning that the stressful event holds for partner A and is able to express empathy and interest. He or she also may provide other forms of emotion-focused supportive dyadic coping, such as helping to positively reframe the situation, promoting a sense of solidarity with the partner, telling the partner how he or she is appreciated, pointing out the partner's quality and strengths, helping the partner to slow down and relax, or helping the partner to actively find solutions for the problem. In this phase, partner A listens but does not offer any evaluative comments in response to partner B.

In the third phase, which lasts approximately 5 minutes, partner A is invited to tell partner B how satisfied he or she was with the support provided by partner B. He or she tells how helpful the support was and what else might have helped him or her to feel better. This feedback enhances the sense of being adequately supported.

Upon completion of this phase, the partners reverse roles, and partner B then describes a stressful event, and partner A offers dyadic coping. During the course of the training, it is important that both partners are involved in both roles, so they can experience what it is like to describe their stress-related emotions and to offer support and receive support.

By engaging in the three-phase method, the couple realizes two goals: The partners learn to effectively provide supportive

dyadic coping in a way that truly meets the needs of the other, and they strengthen the feeling of "we-ness" (cohesion, intimacy, solidarity and mutual trust within the relationship), especially during times of stress and hardship.

Integrating fairness, equity, and boundaries in the CCET. To maximize the effects of dyadic coping for both partners, couples need a clear consensus of fairness and equity, otherwise an imbalance can lead to feelings of dependency, resentment, or dominance (Walster, Walster, & Berscheid, 1978). Relationships boundaries also are important to help couples establish the primacy of their relationship, an idea that is congruent with the notion of one's partner being one's first line of support (Revenson, 1994). Thus, the couples are sensitized to these issues and learn to differentiate between supportive dyadic coping on one hand and creating dependency or giving undesired support on the other. By increasing their awareness of fairness and mutuality (i.e., dyadic coping as a form of mutual giving and receiving) and having both partners engage in emotional self-disclosure, the couple invests in all three forms of dyadic coping (i.e., supportive, common, and delegated dyadic coping). The aim of dyadic coping is to offer support in a form that is needed and most useful. It is not intended to take advantage of a partner's stress to strengthen one's own position in the relationship. Then the concept of fairness and boundaries is expanded into the general context of daily life, and both partners engage in an analysis of boundaries in relation to other important persons (children, parents, and friends), so they can become aware of stress caused by boundary violations of others. By means of maps and exercises, both partners assess and come to understand equity within the relationship, both in terms of where it is and what might be improved. Additionally, they analyze their relationships to other persons and the influence that these other relationships exert upon their partnership.

Enhancing marital communication and problem-solving skills. These modules of the CCET are similar to the PREP and are mainly dedicated to improving communication and problem-solving skills through supervised role-plays (Markman et al., 1993). Additionally, through a presentation by the trainer, participants learn to distinguish between constructive communication behaviors (listening, making compliments, reconciliation, and so on) and dysfunctional communication behaviors (criticism, defensiveness, contempt, belligerence, and withdrawal). Here, the couples are introduced to categories of problematic communication as developed by Gottman (1994) through video demonstrations. Each partner is asked to assess these problematic communication styles in his or her own behavior by means of a short questionnaire. Then the couples are introduced to more effective ways of discussing differences through the widely used speaker-listener technique and trained in this through supervised role-plays.

Training in problem solving also is conducted in the format of a supervised role-play and involves the following approach: describing the problem, brainstorming to explore as many solutions as possible, choosing the best solution, planning to solve the problem in everyday life by implementing this solution, and evaluating the solution.

Empirical Evidence for the Effectiveness of the CCET

The CCET was developed in 1996 and has been offered regularly since then. To date, over 600 couples have participated in the training in Switzerland. Consumer satisfaction with the CCET has been systematically evaluated for each participant. Specifically, at the conclusion of the training, participants complete a short questionnaire about their satisfaction with the program in general and its different elements, as well as their perception of personal benefit. Data show that consumer satisfaction is generally very high. Of these 600 couples, 85% rated the training as *good* to *very good*, another 10% as *moderately good*, and only 5% as *not helpful*. Interestingly, there were no gender differences; both women and men rated the quality of the training and their personal benefit from participation similarly.

In addition to these data, three studies evaluated the effectiveness of the CCET. In the first study (for an overview, see Bodenmann, 2000a), 73 couples were followed for a period of 2 years, and another 70 couples made up the control group. All participants reported low marital satisfaction, had been married for some time ($M = 14$ years), and had a mean age range of 39–43 years (women), and 41–45 years (men). Data were collected at five points: 2 weeks prior to the intervention (pretest), 2 weeks after the training (posttest), and then 6 months (first follow-up), 1 year (second follow-up), and 2 years (third follow-up) after the training. The goal was to assess the effectiveness of the program in improving marital quality and marital competencies (communication and individual and dyadic coping). Outcome measures were gathered via self-report (e.g., Partnerschaftsfragebogen [PFB]; Hahlweg, 1996) and observational data of dyadic interaction (e.g., Specific Affect Coding System [SPAFF]; Gottman, 1994) in a structured setting. Couples were observed while they engaged in a marital conflict discussion and two situations calling for dyadic coping (one situation for each partner). Each person was asked to describe a stressful situation arising outside the relationship and their manner of stress communication, and the subsequent dyadic coping offered by the other person was assessed.

Using multivariate analysis of covariance (MANCOVA; with repeated measures and gender as within-factor, pre-scores as covariates), the results revealed that the intervention group improved significantly in marital satisfaction and individual and dyadic coping (e.g., Bodenmann, Charvoz, Cina, & Widmer, 2001; Widmer, Cina, Charvoz, Shantinath, & Bodenmann, in press). Participants in the CCET reported an improvement in their individual coping skills after the training, and they became more likely to use functional coping strategies (positive self-verbalization and active problem solving) and less likely to use dysfunctional coping strategies (rumination and blaming). With regard to dyadic coping, a similar picture emerged. The couples in the CCET reported significantly higher scores in supportive and common dyadic coping in comparison with the control group (although no effects were noted with regard to stress communication). The effect sizes for self-perceived positive change in marital satisfaction, dyadic communication, individual coping, and dyadic coping were strong at the 2-week posttest ($d > 1$), and remained moderate during the course of the 2-year follow-up ($d = .44$ to $d = .80$).

The observational data corroborated the self-reported positive changes. Observations revealed that couples in the CCET experienced significant improvement in dyadic interaction and dyadic coping. A significant increase in active listening and a reduction of criticism, defensiveness, belligerence, contempt, and domineering behavior were observed in the CCET group in both women and men at 2-week posttest. Positive effects of the CCET were still observable in both partners at 1- and 2-year follow-ups, especially with regard to lower scores in criticism and belligerence. However, only women showed less defensiveness and

contempt 2 years afterward. The effect sizes varied between $d = .35$ and .79 at 2 weeks after and .15 and .77 after 2 years (Widmer et al., in press).

The second study (Cina, Widmer, & Bodenmann, 2002) compared the standard 18-hour version of the program with a shortened version that focuses only on the dyadic aspects and excludes the first two modules with individual coping. Sixty couples were randomly assigned to one of the two groups. They had a mean age of 38 years (wives) and 40 years (husbands), a mean relationship duration of 12 years, and a low level of marital satisfaction. Only self-report data were collected, and couples were asked to complete questionnaires on marital quality, dyadic communication, dyadic coping, individual coping, and psychological and physical well-being 2 weeks prior to the intervention (pretest), 2 weeks after participation (posttest), and 6 months later (first follow-up). Longer term follow-up is currently under way.

Couples who were assigned to the short version (12-hour program) also demonstrated an improvement in the areas of marital quality and individual and dyadic skills. However, findings revealed that those couples assigned to the standard version showed significantly more improvement in marital quality than those in the short version (Cina et al., 2002). Although these findings do not allow us to definitively conclude that there is a connection between individual and dyadic competencies and subsequent improvements in martial quality (see Schilling et al., 2003), they strongly suggest that enhancing individual coping may be as important as enhancing dyadic coping skills in improving marital quality.

The third study is still in progress. The study tests the effectiveness of CCET in parents (mean age of 36 years for women and 39 years for men; children ranging in age from 6 to 12 years). The average length of the relationship was 12 years, and the couples reported being satisfied with their relationships (mean marital satisfaction was 100 measured with the DAS [Spanier, 1976]). The sample consists of CCET participants ($n = 50$ couples) and a waiting-list control group ($n = 50$ couples). All couples were randomly assigned to the groups. Questionnaire data are being collected at four times (pretest, posttest after 2 weeks, 6-month follow-up, and 1-year follow-up) to explore how parents who experience stress can improve their relationship. In addition to measuring marital quality, marital communication, and individual and dyadic coping, the study sought to evaluate whether the CCET reduces the stress associated with parenting. The pre-post results upheld the findings of the two other studies (data on the follow-ups will be available in mid-2004). Participating parents reported higher marital quality after the training and less parenting stress (better self-efficacy with regard to children's education, fewer conflicts on children's educational issues with the partner, and so on) than did the control group (Cina, Bodenmann, & Blattner, 2003).

Discussion

Data from these three evaluation studies support the notion that the CCET can strengthen marital competencies in the longer run and improve marital quality even among couples who have been together for a relatively long time and are experiencing marital dissatisfaction when they began the program (Bodenmann et al., 2001). In general, the results were stronger at posttest and the 6-month and 1-year follow-ups than at the 2-year follow-up, suggesting that the benefits of the CCET might be enhanced through booster sessions. Our findings at 2-year follow-up correspond with the results of similar studies (e.g., Kaiser, Hahlweg, Fehm-Wolfsdorf, & Groth, 1998) and demonstrate the need for emphasizing relapse prevention to maintain future competencies.

On the basis of the results and satisfaction by participants, we strongly believe that the integration of stress and coping research in distress prevention programs for couples is an important new direction that merits attention. Future research could compare the effects of the CCET with programs focusing mainly on communication and problem solving (e.g., the PREP) and to better understand how the improvement in specific skills (individual coping, dyadic coping, and communication) contribute to better functioning in marriage. Further, it is important to evaluate the efficacy of the CCET with low-income couples, at-risk couples (e.g., those with divorced parents), couples with high stress (e.g., dual-career couples), and persons of different ethnic groups to assess whether specific adaptations of the CCET are required. More data also are needed on the effects of the training in the context of premarital prevention. Planned future research on the CCET will evaluate its effects in different European countries where it is offered (France, Germany, Italy, Spain, and Switzerland) to shed light on cultural acceptance of the CCET.

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