


2014

Efficacy of Cultural-Based Psychoeducational Group Therapy for Increasing Marital Satisfaction Among Latino Couples

Maria Jesus Ampuero
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Clinical Psychology Commons](#), [Curriculum and Instruction Commons](#), and the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Maria Ampuero

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Thomas Russo, Committee Chairperson, Psychology Faculty
Dr. Magy Martin, Committee Member, Psychology Faculty
Dr. Michael Christopher, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2014

Abstract

Efficacy of Cultural-Based Psychoeducational Group Therapy
for Increasing Marital Satisfaction Among Latino Couples

by

Maria Jesús Ampuero

M.S. Loma Linda University, 2002

B.S. Cal State University, San Bernardino, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

December 2014

Abstract

Previous research has indicated the importance of providing marriage education to ethnic minority couples who are struggling with their marital relationships. Despite this known importance, significantly fewer resources are available for Latino couples, who have a high rate of divorce. The purpose of this quantitative, randomized, wait-list control group trial design was to determine whether *Couples in Contact*, a culturally-based, psychoeducational intervention group program for Latino couples, increases marital satisfaction, as measured by the Marital Satisfaction Inventory, Revised (MSI-R). This study drew on cognitive behavioral therapy applied to couples, and the supportive theories underlying family systems theory and Gottman's theory. This study included 50 Latino married couples who were primarily Spanish speaking and either first- or second-generation immigrants. They were randomly assigned to the experimental or wait list control condition. Marital satisfaction was assessed before and after the experimental group participated in the intervention. A 2-way ANOVA was used to analyze the data. Results indicated that *Couples in Contact* yielded significant results for 3 out of the 4 of the research questions assessed. The findings suggest positive changes in the individual couple level, and an effective tool for mental health providers to use when working with Latino couples. This evidence-based program can be used to help reduce the divorce rate, foster the quality of married life, promote a healthier family life, and build a stronger community.

Efficacy of Cultural-based Psycho-educational group Therapy
for Increasing Marital Satisfaction Among Latino Couples

by

Maria Jesus Ampuero

M.S. (Loma Linda University), 2002

B.S. (Cal State San Bernardino University), 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

December 2014

Dedication

I dedicate this dissertation to my husband Marcial and children Joshua, Melodie and Marcialito. They make the word “marriage” and family a wonderful and enriched experience. I love each one of you with all my life and thank you all for your great patience and understanding while I was not available for you. To my family in general and to all the couples who participated in this study.

Acknowledgements

I would like to adapt from the African proverb, “It takes a village to raise a child,” to say that, It took a village to raise me as a doctor. My village is a broad one which starts in my country of origin, Peru, goes around the old world and continues in the USA. I will start with thanking God for allowing me to have had the opportunity to study this career. Then, thanks to my parents Juan and Maria who gave my siblings and I the meaning of a marriage with their love and commitment, and instilled in us the importance of education. My dad is looking from above along with my beloved sister Lucita. I keep them very close to my heart. To my brothers and sisters Carlos, Juanita, Jhonnell, Lizet, Manuel and Juan, who encouraged me to continue and showered me with their love and support. For my children Joshua, Melodie and Marcialito whose love and patience were the fuel that made me continue. To my extended family, my in-laws, who continue to provide me with love and support. I especially want to thank Jean for helping me with the last details of my paper to assure it’s flawless and completion. In my village, I have to include my co-workers, supervisors, mentors and friends. I give special thanks to Dr. Kiti Freier Randall for her wisdom, humanity and love which she showed me through my study. For Jenae Holtz and Dr. Ron Powell who made it possible for me to do my research at Desert Mountain Children’s Center (my second home) and provided guidance and support in this process. For my program managers Cheryl Goldberg-Diaz, for her love and support through the course of my study, especially on all the nights I held my groups and Linda Llamas for her support and patience with me. For my former supervisor Dr. Jessie Sandoval whose wisdom helped me see farther than I could see, and my current

supervisor, Audra Sengstock for her patience and understanding. For Theresa Vaughn, who volunteered to be my personal editor. I would have to mention each one of my “villagers” at DMCC. Each one of them contributed one way, or another in this process, and I am most thankful for that. For their words of encouragement, for their patience with my many mistakes, for enjoying this success with me, for laughing with me, and for understanding my flaws. Also, I am thankful for my personal friends who encouraged me with words, revisions of my work in any way or form and their prayers.

In this process, I received special help from my chair Dr. Thomas Russo whose experience and dedication, provided with what I needed to complete. For Dr. Maggy Martin whose revisions helped me integrate my thoughts better. Also my former chair, Dr. Edward Garrido for his effort and empowerment.

I left the best for the end. I am most thankful for my wonderful husband Marcial. I love you with all my heart, and want to thank you for all these years that you decided to embark in our love adventure. Thank you for your patience, understanding, endurance, commitment; but mostly for your love. Thanks for believing in me. Love you forever.

Table of Contents

List of Tables	vi
List of Figures	vii
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background of the Study	2
Problem Statement	7
Purpose of the Study	8
Research Questions & Hypotheses	9
Theoretical Framework.....	12
Nature of the Study	14
Definitions.....	15
Assumptions.....	18
Scope and Delimitations	18
Limitations	19
Significance of the Study	19
Summary.....	21
Chapter 2: Literature Review	23
Introduction.....	23
Strategy for the Literature Review.....	24
Theoretical Framework.....	25
Cognitive Behavioral Therapy	25

Family Systems Theory	26
Gottman’s Theory of Marriage	27
Marital Satisfaction	28
Components of Marital Satisfaction	30
Dysfunctional Marital Interaction	39
Components of Marital Dissatisfaction	40
Improvements in Marital Satisfaction	48
Latino Culture and Marital Satisfaction	50
Familism	51
Gender Role Values	53
Parenting	54
Improvements in Marital Satisfaction in Latino Couples	56
Summary	60
Chapter 3: Research Method	62
Introduction	62
Research Design and Approach	62
Setting and Sample	63
Population	63
Sample	64
Sample Size	65
Procedure	65
Intervention	67

Couples in Contact.....	67
Wait-List Control.....	69
Instrumentation: Marital Satisfaction Inventory, Revised (MSI-R).....	70
Marital Satisfaction Score.....	72
Instrument Reliability.....	72
Instrument Validity.....	73
Demographic Questionnaire.....	74
Data Collection and Analysis.....	74
Threats to Validity.....	78
External Validity.....	79
Internal Validity.....	79
Construct Validity.....	80
Statistical Conclusion Validity.....	80
Protection of Human Participants.....	80
Ethical Assurances.....	80
Summary.....	82
Chapter 4: Results.....	83
Introduction.....	83
Data Collection.....	85
Screening and Data Cleaning.....	86
Test of Normality.....	86
Descriptive Statistics.....	87

Data Analysis Results	91
Analysis of Hypotheses and Major Findings	92
Hypothesis 1 Findings.....	93
Hypothesis 2 Findings.....	95
Hypothesis 3 Findings.....	97
Hypothesis 4 Findings.....	98
Summary	101
Chapter 5: Discussion	102
Introduction.....	102
Study Overview	103
Interpretation of the Findings.....	103
Literature Review and Research Findings	106
Theoretical Framework and Research Findings	107
Limitations of the Study.....	109
Recommendations for Action	111
Recommendations for Future Research	111
Implications for Social Change.....	112
Positive Social Change for Individual Couples	113
Positive Social Change for Mental Health Professionals	114
Researcher Experiences	115
Conclusion	117
References.....	118

Appendix A: Flyer invitation about the program (English & Spanish).....	137
Appendix B: Letter of Invitation to the Study	139
Appendix C: Informed Consent.....	140
Appendix D: Invitation Letter (Intervention Group)	146
Appendix E: Couples in Contact Curriculum.....	151
Appendix F: Letters to obtain permission to use MSI-R.....	155
Appendix G: MSI-R (English and Spanish)	158
Appendix H: Demographic Questions.....	162
Appendix I: Curriculum Vitae.....	168

List of Tables

Table 1: Quantitative Demographic Characteristic for Study Sample.....	81
Table 2: Categorical Demographic Characteristics of the Sample	81
Table 3: Shapiro-Wilk Test Results	83
Table 4: Summary of Values from the Shapiro-Wilk Test	84
Table 5: Descriptive Statistics for Hypothesis 1	85
Table 6: Descriptive Statistics for Hypothesis 2.....	87
Table 7: Descriptive Statistics for Hypothesis 3.....	89
Table 8: Descriptive Statistics for Hypothesis 4.....	91
Table 9: MSI-R Means Across Time Points	93

List of Figures

Figure 1: Pretest and Posttest T-Scores for the Global Distress Scale of the MSI-R for intervention and control groups	86
Figure 2: Pretest and Posttest T-Scores for the Problem-Solving Communication Scale of the MSI-R for intervention and control groups	88
Figure 3: Pretest and Posttest T-Scores for the Role Orientation Scale of the MSI-R for intervention and control groups	90
Figure 4: Pretest and Posttest T-Scores for the Affective Communication Scale of the MSI-R for intervention and control groups	92

Chapter 1: Introduction to the Study

Introduction

Numerous studies exist on marital satisfaction and on the importance of marriage education for developing healthy marriages (Administration for Children and Families, 2008; Carroll & Doherty, 2003). The research in these areas has focused primarily on marriages among middle-class White couples or interracial marriages involving a White partner and a partner from an ethnic minority background (Crane & Heaton, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Negy & Snyder, 2000). But there is little research on economically disadvantaged and ethnically diverse couples. For example, Latinos are the fastest growing ethnic minority in the United States. (Haub, 2006; Kotrla, Dyer, & Stelzer, 2010). Yet they have received limited attention in the marriage research literature despite high rates of divorce (U.S. Census Bureau, The Hispanic Population, 2010). Consequently, there are a limited number of empirical and culturally specific marital interventions for them (Sullivan & Cottone, 2006). The aim of this study was to evaluate a specific intervention program designed to improve the marital satisfaction among Latino couples and to enhance the quality of their marriage.

This study has implications for social change: it is expected to provide a Latino married person, and possibly any individuals in a committed relationship, with the tools to enhance their relationship and the quality of their marital lives. Further, it is expected to help to reduce or prevent the number of divorces. Last, it is expected to help mental health providers who work with Latinos to identify specific culturally based concerns and thus provide couples with effective interventions.

This chapter includes an explanation of the problem statement, purpose of the study, research questions and hypotheses. It provides the theoretical based for the study, along with the nature of the study, and the assumptions, scope and delimitations, limitations, and significance.

Background of the Study

Many scholars have recognized marriage as the foundation of a society because it regulates the reproduction of children, thereby contributing to families and societies (Hall, 2006; Wilcox et al., 2005). Across all cultures and civilizations, marriage supports the sexual union between men and women for procreating children for whom the couples have the responsibility of providing the stability of family environments (Wilcox et al., 2005). According to the American Academy of Pediatrics Task Force on the Family Report (American Academic of Pediatrics, 2003), marriage has many benefits. For instance, compared to individuals who are single, married men and women tend to be physically and emotionally healthier, live longer, and, to some extent, engage in less risky health behaviors, and are more likely to help each other in monitoring their own health.

Further, some authors indicated that marriage promotes social support and a stable environment for the development of a family (American Academic of Pediatrics, 2003). Wilcox et al. (2005) concurred with these benefits, and added that marriage usually helps the economy of a society. Their study highlighted that not only do married couples seem to be more financially stable than single or cohabitating couples do, but that ethnic

minorities who are married seem to have even more financial benefits than the ones who are single.

Across different nations and cultures, marriage is a legal union. It involves a committed relationship between two people for building a life together. Although people marry for numerous reasons, some common characteristics people look for in marriage are love, companionship, fidelity, belonging, and both emotional and sexual intimacy (Markman, Halford, & Lindahl, 2000). However, even though these characteristics are common in marriage, their presence and importance can vary according to the culture of each spouse. Therefore, this study focused specifically on marital unions in which both spouses are of the Latino culture (Calzada, Fernandez, & Cortes, 2010); Raley, Durden, & Wildsmith, 2004).

The benefits of marriage are clear, but so is the evidence that detrimental factors damage marriages. For instance, studies have revealed that married couples experience stress related to financial hardships, struggles at work (Randall & Bodenmann, 2009), and the transition to parenthood (Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008). Some of the challenges pertain to their communication skills and the ways they resolve conflict (Nichols & Schwartz, 2007; Sanford, 2010). In addition, their commitments as parents, intimacy issues, and the division of household chores could also contribute to marital distress (Balswick & Balswick, 2000).

In a more extreme case, domestic violence predicts decrease of marital satisfaction on married couples (Lawrence & Bradbury, 2007). They are similar to infidelity, because they leave the spouse with a sense of betrayal (Atkins, Eldridge,

Baucom, & Christensen, 2005; Baucom, Snyder, & Gordon, 2009). If these negative events continue, the outcome could be divorce. There are other factors that usually contribute to divorce. These are physical impairment and mental health issues (Markman, Halford, & Lindahl, 2000). The negative outcomes of divorce have been associated with increased poverty, especially for women and their children (Baucom, Atkins, Hahlweg, Engl, & Thurmaier, 2006; Wilcox et al., 2005).

Scholars consider marital satisfaction an index of success, even though the way that people view satisfaction varies across cultures or individual perceptions (Markman et al., 2000). Researchers have been studying marital satisfaction widely over many decades (Fincham & Beach, 2010). According to Katz and Gottman (1993), Lewis M. Terman began studies about marital satisfaction in 1938 to understand why marriages failed. He and his assistants explored the relationship between personality and background factors. They also explored specific sexual adjustments of married couples. The reasons why marriages fail continues to be a concern among scholars who study marital satisfaction in couples. Gottman, Gottman and De Claire (2006) found that one way to help reduce the negative effects of marriage is to identify ways to improve the quality of marital satisfaction.

For instance, cognitive behavioral approaches, along with object relations and family system strategies, are some of the interventions that therapists could use when helping couples with their marital distress and as ways to decrease the chance of separation and possible divorce (Dattilio, 2010; St. Clair, 2000). The literature supports the importance of providing marital education to couples in order to enhance the quality

of their relationship and their communication skills (Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Johnson, 2012; Miller, Gubits, Alderson, Knox, 2012; Olsen & Shirer, 2007). In these studies, sufficient support was offered to couples; they got tools to increase their marital satisfaction and to improve the quality of their marriages.

Although the research reviewed offered resources to improve the marital satisfaction of married couples in general, this study concentrated on marital satisfaction among Latino couples. Latinos are the largest and fastest growing ethnic minority group in the United States (Haub, 2006; Kotrla, Dyer, & Stelzer, 2010). Data from the U. S. Census Bureau's 2005-2009 period, reported that 47.1% of people in the United States who were Hispanic or Latino origin (of any race) were married. However, the rate of divorce among Latinos (34.6%) was higher than among Whites (25.1%; U.S. Census Bureau, 2010).

Latino families have cultural values that are important to consider. For instance, the primary goal of marriage in the Latino culture is the well-being of the children and family life (Raley, Durden, & Wildsmith, 2004). The gender roles are clearly distinguishable in a Latino marriage. The husband is the authority figure, and is expected to be strong and to provide for his family (Barker, Cook & Borrego, 2010). These authors identified the man's role as *machismo*, which is a quality of male dominance; he is the protector of the family. Pardo, Weisfeld, Hill, and Slatcher (2012) explored how the level of machismo impacts marital satisfaction in Latino couples. Their results suggested that both spouses experienced lower levels of marital satisfaction when husbands exhibited

extreme control and dominance over their wives and lacked the protection and emotional connection the wives were seeking.

Another important value in the Latino culture is that of familism. Latinos are, for the most part, family oriented. They value marriage and procreation, as well as maintaining relationships with their nuclear and extended families (Oropesa & Landale, 2004). According to Olsen, Skogrand, and DuPree (2010) and Santiago-Rivera, Arredondo, and Gallardo-Cooper (2002), Latino families encounter challenges and stressors, such as family separation (usually due to immigration), language barriers, acculturation, religion, and the sense of living independent of the family of origin. These authors concurred that these variables play important roles in Latino marital relationships.

To provide specific resources for marriages, in 1996 Congress recognized the importance of marriage and developed the Healthy Family Initiative through the Administration for Children and Families (ACF; 2008). It proposed to offer marriage education to married couples so that couples could learn the skills that would help sustain strong relationships (ACF, 2008).

Due to the lack of resources for Latino marriages and families, the ACF developed the Hispanic Healthy Marriage Initiative (HHMI). Its purpose was to help meet the overall needs of children and family by providing marital education and by focusing on issues faced by Hispanic or Latino individuals, such as socio-economic challenges, language barriers, and legal status. The HHMI aimed to improve the well-being of children based on the premise that the ideal environment for raising children is a family with two parents married to one another (ACF, 2008). But a paucity of research

exists on the effects of marital education programs on the marital satisfaction of Latino couples.

The present study addressed this gap because it involves the evaluation of the effectiveness of a psychoeducational group program that centers on enhancing the marital satisfaction of Latino couples. The program involves teaching Latino couples different skills that they can use to improve their marriages. Topics include affective communication, intimacy, fidelity, and conflict resolution. It also addresses individual differences, commitment to children as parents, and gender roles, among other values that are important to them.

Problem Statement

Latino couples face an increasing number of challenges in their marriages (Kotrla, Dyer, & Stelzer, 2010). As stated earlier, the number of divorces among Latino couples has increased over the past decade. The rate of divorce among Latino couples is higher than it is among White couples (U.S. Census Bureau, 2010). There are few effective and culturally based resources to help Latinos increase their marital satisfaction (Hawkins et al., 2008; Umana-Taylor & Bámaca, 2004). Given the current divorce rate among Latino couples of 34.6% (U.S. Census Bureau, 2010), it is clear that challenges exist related to communication styles, religion, family dynamics, and language (Barker et al., 2010), as well as their acculturation process, immigration status, and cultural values among members of this ethnic group (Ooms, 2007). It is incumbent on researchers and mental health providers to develop interventions to help Latino couples improve their marital satisfaction.

Although there are programs designed to improve marriages and the children's environment (ACF, 2008), the majority of them lack empirical evidence of effectiveness at increasing marital satisfaction and enhancing the quality of Latino marriages. Therefore, the problem is that, although marital education is beneficial (Hawkins et al., 2008; Johnson, 2012), no empirically based program that increases marital satisfaction in Latino couples exists. The focus of this research was to provide a culturally based program that addresses Latinos' unique linguistic and socioeconomic needs. I developed the program, Couples in Contact, to offer Latino couples a psychoeducational, interactive group experience. The goal of this study was to fill the gap in the literature by developing an effective program to help Latino couples increase their marital satisfaction and therefore have a healthier relationship.

Purpose of the Study

The purposes of this quantitative study were:

1. To explore marital satisfaction in Latino couples.
2. To investigate the effects of the Couples in Contact intervention on marital satisfaction in Latino married individuals.
3. To conduct a quantitative, randomized, wait-list control group trial to investigate the effects of Couples in Contact group program (the independent variable), on marital satisfaction (the dependent variable). It involved comparing the pre- and post-treatment measures of Latino married individuals' marital satisfaction using the Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 2004), between experimental and control

conditions. The expectation was that the scores for those who received the intervention would differ from those who did not.

4. To examine whether the effects of Couples in Contact on marital satisfaction were the same for men and women.
5. To examine how demographic variables, such as length of marriage, number of children, education level, age, income level, and divorce influenced marital satisfaction.

Research Questions & Hypotheses

The following research questions guided the study:

1. Will Latino married individuals who participate in the Couples in Contact group program report greater decreases in the overall marital dissatisfaction in their relationship, as measured by the Global Distress scale in the MSI-R, compared to married individuals in the control condition?

H₀: There will be no significant difference in overall dissatisfaction of their marriages, as measured by the Global Distress scale of MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

H₁: There will be a significantly greater decrease in overall dissatisfaction of their marriage, as measured by the Global Distress scale of MSI-R, for married individuals participating in the group program, Couples in

Contact, compared to married individuals who participate in the control condition.

2. Will Latino married individuals who participate in the Couples in Contact group program report a greater increase in marital satisfaction with conflict resolution skills, as measured by the Problem-Solving Communication subscale of the MSI-R, compared to married individuals in the control condition?

*H*₀: There will not be a significant difference between reports of marital satisfaction and conflict resolution skills, as measured by the Problem-Solving Communication scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

*H*₁: There will be a significantly greater increase in reports of marital satisfaction and conflict resolution skills, as measured by the Problem-Solving Communication scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control.

3. Will Latino married individuals who participate in the Couples in Contact group program report a greater increase in marital satisfaction with perceptions of fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, than will married individuals in the control condition?

H_0 : There will not be a significant difference between the reports of marital satisfaction and perceptions of fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

H_1 : There will be a significantly greater increase in the reports of marital satisfaction and the perceptions of fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

4. Will Latino married individuals who participate in the Couples in Contact group program report a greater increase in marital satisfaction with affective communications, as measured by the Affective Communication scale of the MSI-R, compared to married individuals in the control condition?

H_0 : There will not be a significant difference between reports of marital satisfaction and affective communication skills, as measured by the Affective Communication scale of the MSI-R, for married individuals participating in the group program Couples in Contact compared to married individuals who participate in the control condition.

H_1 : There will be a significantly greater increase in reports of marital satisfaction with affective communication skills, as measured by the

Affective Communication scale of the MSI-R, for married individuals participating in the group program Couples in Contact compared to married individuals who participate in the control condition.

Theoretical Framework

The theoretical framework that guided this dissertation emerged from cognitive behavioral therapy (CBT) adapted for couples (Dattilio, 2010), family systems theory (Cox & Paley, 1997; Minuchin, Lee, & Simon, 1996), and, for its conceptual framework and guiding principles, Gottman's theory of marriage (1994).

CBT for couples, as developed by Dattilio (2010), focuses on the cognitions of the individuals and the way these cognitions become distorted when relating to the other. Dattilio's purpose was to identify and modify the cognitive distortions that partners could use to hurt each other. According to Dattilio, CBT is an effective theory because it uses an integrative approach; it focuses on (a) each individual, (b) the interaction between partners, since the partners influence each other, and (c) the intergenerational influence both bring to the relationship (Weeks & Treat, 2001). Latino participants were amenable to this approach and were willing to follow the guidance of the therapist, who supported their cultural values (Dattilio, 2010). Couples could work on their problems, focusing on the present by attempting to solve their challenges (Russell & Doucette, 2012).

In their married lives, Latino couples place a great deal of importance on the family (Bermudez, Reye, & Wampler, 2006), including both nuclear and extended family members (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Oropesa & Landale, 2004). Latino culture is primarily collectivist. Latino people emphasize maintaining

harmony, avoiding conflict, and having a sense of cohesiveness (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Oropesa & Landale, 2004). For the members of this ethnic group, relationships with the family are the basis of pride, self-confidence, and identity (Santiago-Rivera et al., 2002). This principle is consistent with the hierarchical organization of the family system.

In the second element of the framework, family systems theory, a family system has subsystems, each of which has a role and a level of authority (Cox & Paley, 1997; Minuchin, Lee, & Simon, 1996). Each subsystem has the potential to influence, and be influenced by, the other subsystems. The thoughts, feelings, and behaviors of each family member both reflect and contribute to what occurs generally in the family. Within the family, each individual is unique, and at the same time, a part of the whole family. The interaction among respect, trust, and affection fosters closeness among all members of the family (Cox & Paley, 1997). Understanding the whole family requires looking at each member and the ways that each member works together with other members of the family.

The third element of the framework, Gottman's theory of marriage, focuses on the relationship between marital processes and marital outcomes (Gottman, 1994). Gottman's work was conducted with couples from different cultures, including Latinos. Gottman, Gottman, and De Claire (2006) claimed that a happy relationship in a marriage was one in which couples interacted with each other as very good friends and handled their marital conflicts in gentle, respectful, and positive ways. Each partner had his or her own

perceptions about marriage and the way one partner felt about the other partner. A way of measuring this perception was by evaluating each spouse's reported marital satisfaction.

Nature of the Study

This study was a quantitative wait-list control group randomized controlled trial. The research design was appropriate because it is the strongest methodological design for determining treatment effects and reduces the threat to internal validity (Salkind, 2010). It allows the researcher to determine, in this case, whether the changes in marital satisfaction were due to treatment intervention. The dependent variable in the study was marital satisfaction, as measured by the MSI-R which was initially developed in 1981 and revised in 1997 (Snyder, 2004). This measure has established psychometric properties. The independent variable was the group, with two conditions: the Couples in Contact intervention group program, focused on different factors that influence the marital satisfaction in couples, and wait list. Volunteer participants were Latino married individuals who were either first or second generation in the United States, recruited from community organizations and schools. They were randomly assigned to either an experimental group or a control group. Participants in the experimental condition participated in 10 weekly psycho-educational couples' group sessions called Couples in Contact. Participants in the control condition were placed on a wait-list for treatment and they were offered the same intervention program after the study ended. All participants completed the MSI-R version in Spanish (Snyder, 2004) both before and after the 10-week period. The individuals also answered a demographic survey. Data were analyzed

using an analysis of variance. A more detailed discussion of research methods and the nature of the study appears in chapter 3.

Definitions

Definition of terms as used in this study are as follows:

Affective communication. It is one of the 13 scales of the MSI-R and refers to the lack of affection and support or the lack of empathy or mutual disclosure (Snyder, 2004)

Aggression. It is one of the 13 scales of the MSI-R. It measures the level of intimidation and physical aggression experienced by the respondent from his or her partner (Snyder, 1997)

Communication. Communication involves sending and receiving messages as well as sharing and exchanging information. Communication implies a set of behavioral skills that could improve or destroy almost any relationship (Nichols & Schwartz, 2007).

Conflict over childrearing. It is one of the 13 scales of the MSI-R. It assesses a partner's inadequate involvement in childrearing relationship, distress stemming from childrearing, or disagreement with the partner regarding discipline (Snyder, 2004).

Couples in Contact. Couples in Contact is the culturally based program that I developed to assist Latino couples in increasing their marital satisfaction.

Disagreement About Finances. It is one of the 13 scales of the MSI-R. It measures concerns regarding finances, lack of confidence in a partner's handling of finances, or arguments with a partner over finances (Snyder, 2004)

Dissatisfaction with Children. It is one of the 13 scales of the MSI-R. It assesses the quality of the relationship between respondents and their children. It addresses the

lack of positive interaction between parents with their children and conflicts with them (Snyder, 2004).

Family History of Distress. It is one of the 13 scales of the MSI-R. It measures an unhappy childhood, disruption in parents' marriage, or disrupted relationships among family members (Snyder, 2004).

Familismo. *Familismo* is a core value for many Latino individuals. It relates to the sense of obligation to and connectedness with one's immediate and extended family (Zayas, 1992)

Gender roles. Gender roles refer to the set of culturally expected behaviors for each sex. They are the behavior and attitudes a person has that are indicative of maleness or femaleness in one's society (Halgin & Whitbourne, 1993).

Global Distress. It is one of the 13 scales of the MSI-R. It measures pessimism regarding future of the relationship, general relationship dissatisfaction, or unfavorable comparison to other relationships (Snyder, 2004).

Intimacy. Intimacy is a close relationship in couples, usually an affectionate one that results from self-disclosure and personalized communication (Snyder, 2004).

Lack of Problem-Solving Communication. It is one of the 13 scales of the MSI-R. It assesses the failure to resolve even minor differences among the couple or a lack of specific problem-solving skills (Snyder, 2004).

Latino. Latino is an ethnic group of people from Spain, Central and South America, or some parts of the Caribbean, with the majority speaking Spanish. Latino people share important customs and beliefs due to a common origin and maintain similar

cultural values. Hispanic is another word used to distinguish this group. For the purpose of the present study, Latino was used. (Cofresi, 2002).

Latino First Generation. Latino individuals who came to the United States as immigrants.

Latino Second Generation. Latino individuals born in the United States from Latino parents.

Machismo. *Machismo* is the male gender role which is a quality of male dominance and protector of the family (Cuellar, Arnold, & Gonzalez, 1995).

Marianism. *Marianism* is a cultural view that good Latinas are family-and home-oriented, nurturing, self-sacrificing and submissive (Vasquez, 1998).

Marital quality. Marital quality refers as the frequency of activities that husband and wife do together and that bring them happiness (Amato, Johnson, Booth, & Rogers, 2003).

Marital relationship. Marital relationship refers to a committed union of a couple that provides lasting companionship, loyalty, affection, romance, sexual fulfillment, and emotional intimacy (Kelly & Finchman, 1998).

Marital satisfaction. Marital satisfaction is the individual partner's complete feelings toward, or subjective evaluation of, his or her relationship (Markman et al., 2000).

Marital Satisfaction Inventory-Revised (MSI-R). A standardized self-report instrument that assesses an individual's responses about perceived relational dissatisfaction (Snyder, 2004).

Sexual Dissatisfaction. It is one of the 13 scales of the MSI-R. It assesses the couple overall dissatisfaction with their sexual life, lack of interest and inadequate affection during their sexual encounters (Snyder, 2004).

Time Together. It is one of the 13 scales of the MSI-R. It refers to the shared leisure activity and interests. It also addresses the ways that couples give each other company (Snyder, 2004).

Assumptions

This study involved three assumptions. First, I assumed that participants would complete the marital satisfaction questionnaires in an honest and open manner and to the best of their abilities and understanding. Second, I assumed that the participants would have an awareness of their own relationships and would give an accurate report on their current level of marital satisfaction. This assumption was important because self-reports can be biased, and I had no way of knowing the true state of their feelings and perceptions. Third, in previous research, test-retest reliability for the MSI-R at 6-week intervals was .79 (Negy & Snyder, 2000). Hence, it was assumed that reliability for the MSI-R would be .79 or better for the intervention period of 10-weeks.

Scope and Delimitations

The focus of this study was to fill the gap in research on the identification of interventions that are effective at improving the marital satisfaction of Latino couples. The goal of this study was to examine the effects of a culturally based psychoeducational program on marital satisfaction of Latino couples who met the following qualifications:

- first- or second-generation immigrants to the United States

- recruitment sites for the participants were local elementary schools, doctors' offices, and local churches
- married
- at least 18 years of age
- living in San Bernardino County, California
- Spanish-speaking or who were bilingual
- not currently receiving couples therapy
- both members of the couple needed to be present

Limitations

This study was subject to three limitations. (a) The self-report responses could have been biased. Participants answered according to their experiences about their marital satisfaction, which are subjective and thus, unique. In an attempt to alleviate this concern, participants received encouragement to respond and reminders that all responses were confidential and that no one other than the researcher would see their responses. (b) The sample might not be a true representation of the larger target population. (c) This research included only Latino married individuals who were either first- or second-generation immigrants. Findings might not be applicable to Latino married couples in which one or both of the spouses was third-generation or higher.

Significance of the Study

The high rate of divorce among Latino couples (U.S. Census Bureau, 2010) and the scarcity of resources on the effects of marital education programs on the marital satisfaction of Latino couples (Johnson, 2012) points to a research gap. This study

addressed that gap by evaluating the effectiveness of a psychoeducational program designed to enhance the marital satisfaction of married couples in the Latino culture. The purpose of this program was to teach skills that Latinos could use to improve their marriages. Topics addressed included affective communication, intimacy, fidelity, conflict resolution, and individual differences. It also involved evaluating the couples' commitment to children as parents, to gender roles, and to other values that were important to the participants (Oropesa & Landale, 2004; Raley, Durden, & Wildsmith, 2004).

If the program proved effective, the information and knowledge gained from this study could be used to (a) help Latino couples understand one another better and thus have a stronger marriage, (b) help other therapists advance their culturally based skills when working with Latino married persons. Using a treatment program designed to address cultural issues within Latino marriages could greatly improve the integrity of the relationship between the therapist and the Latino family (Sperry, 2010; Sullivan & Cottone, 2006). Furthermore, the information and knowledge gained could help social services agencies, counseling centers, and community mental health providers in offering group therapy sessions to Latino couples to save or enhance their marital relationship.

In sum, if marital satisfaction improves because of the program, Couples in Contact could become a viable option for providing marital therapy to Latino married individuals in distress or seeking to better their marital relationships. Therefore, the findings from this study are expected to contribute to positive social change, via Couples in Contact, by helping Latino couples improve their marital relationships, enhance their

quality of life, and reduce the rate of divorce and mental health issues associated with poor marital relationships. Last, the mental health field might benefit from the use of a culturally focused intervention.

Summary

A plethora of research exists on marital satisfaction, and many studies have focused on ways of increasing the marital satisfaction of couples. But these studies have primarily included White participants (Hawkins, Carroll, Doherty, & Willoughby, 2004; Snyder, Heyman, & Haynes, 2005). Researchers agree on the importance of developing programs to help Latino couples work on their marriages to improve marital satisfaction (Johnson, 2012). The aim of the present study was to evaluate the effectiveness of such a program whose treatment modality is geared toward improving marital satisfaction in this specific culture. Although a variety of educational programs for Latino couples exist based on the needs of this cultural group, limited research exists addressing the effects of these programs on the marital satisfaction of Latino couples (ACF, 2008; & Kotrla, Dyer, & Stelzer, 2010).

This chapter included the introduction and background of the study, problem statement, and nature of the study, research questions and hypotheses, definition of terms, theoretical framework, assumptions, scope, limitations, and significance of the study.

Chapter 2 contains an extensive review of the literature focused on marriage, marital satisfaction and its components, as well as dysfunctional marital interaction and ways to improve it. It covers Latino individuals and the dynamics in their marriages related to the marital satisfaction. Chapter 3 covers the research method used for this

study. Chapter 4 presents a demographic descriptive statistics of the sample, important findings from data collection, and an evaluation of the hypotheses. Chapter 5 contains the interpretation of the findings, discusses the limitations of the study, the recommendations based on the study, and the study's social change implications. My conclusion, along with my thoughts about the meaning and process of this study, end the chapter.

Chapter 2: Literature Review

Introduction

Latino couples face a growing challenge in their marriages (Kotrla, Dyer, & Stelzer, 2010) regarding communication styles, religion, family dynamics, language (Barker et al., 2010), the acculturation process, immigration status, and the cultural values of this ethnic group (Ooms, 2007). The purpose of this quantitative, randomized, wait-list control-group study was four-fold:

(a) To determine whether Couples in Contact—a culturally based, psychoeducational intervention group program for Latino couples—increases marital satisfaction, as measured by the Marital Satisfaction Inventory, Revised (MSI-R).

(b) To establish the relationship between the study, previous studies and research performed on the topic.

(c) To provide research data on the empirical-based interventions already available for these couples.

(d) To evaluate the effectiveness of a culturally based program that addressed Latino individuals' unique linguistic and socio-economic needs in an intervention to increase marital satisfaction in Latino individuals who had challenges within their marriages.

The present review covers an overview of how the literature review was conducted. An explanation of the theoretical framework that serves as the foundation of the study; it examines the literature related to marriage, marital satisfaction in general and its components. Also, it explores the characteristics of marital deterioration and its effects

on the couple and the rest of the family. Further, the review focuses on analyzing studies on marital satisfaction in the Latino culture, the cultural values such as *familism*, *respeto*, gender roles, and social roles. It includes a review of empirically based studies about education-based programs that have been developed to build marriage-related skills, such as conflict management, effective communication, time together, and intimacy, to help couples improve the quality of their relationships. Lastly, it provides a review of the research available on resources for fostering marital satisfaction on Latino couples and an explanation of how this study filled in the existing gaps in previous literature.

Strategy for the Literature Review

The literature for this review was obtained via the following databases: Academic Search Premier, PsycARTICLES, ProQuest, Psychology: A SAGE Full-Text Collection, and JSTOR. The following keywords were used: *marital satisfaction, communication and marital satisfaction, roles in a marriage, parenting, aggression and domestic violence, and married couples. Latino couples and marital satisfaction; Latino couples and parenting; Latino marriages and challenges, families and their children's behavior; cognitive behavioral therapy for Latino couples; family therapy and interventions for Latino; marriage education for Latino couples, and interventions for married couples.*

I collected about 250 scholarly research articles and 20 books that included work on marital satisfaction. I used a total of 135 between articles and books for my study. Because this literature review started in 2009, the material include publications mostly from 2000-2013.

Theoretical Framework

The theoretical framework guiding this dissertation emerged from cognitive behavioral therapy adapted for couples (Dattilio, 2010). Supporting theories were family systems theory (Cox & Paley, 1997; Minuchin, Lee, & Simon, 1996), and the theory of marriage by Gottman (1994) for its conceptual framework and guiding principles.

Cognitive Behavioral Therapy

Albert Ellis and Aaron Beck first applied the principles of cognitive behavioral therapy (Weeks & Treat, 2001; Dattilio, 2010). The basic principles are useful in exploring one's thoughts and beliefs in order to learn to be aware of them because the thoughts mediate the reactions. If thoughts are dysfunctional or maladaptive, individuals can change or modify their thought processes (Dobson & Dobson, 2009). The dysfunctional thoughts that a person has can predict negative consequences. According to Dattilio (2010), when these types of thoughts occur among couples and family interactions, they bring distressing interactions in the relationships. The purpose of this approach for couples is to identify and modify cognitive distortions that partners have and use to hurt each other. Weeks and Treat (2001) suggested that cognitive behavioral therapy is an effective and integrative approach in couple's treatment. It focuses on partners as individuals as well as each partner's interaction with and influences on each other. Some of the techniques and skills utilized with couples are the identification of automatic thoughts and core beliefs, targeting maladaptive behavior patterns, and motivation for change (Dattilio, 2010).

Latino couples who were willing to follow the guidance from the therapist received this approach well, which it supported their cultural values (Dattilio, 2010; Russell & Doucette, 2012). Authors of a study of cognitive behavioral therapy with Latino individuals highlighted the importance of creating a connection between the therapist and the client (Gonzalez-Prendes, Hindo, & Pardo, 2011). Latino people give importance to the relationship with the other person. This emphasis gives clinicians the opportunity to create an atmosphere of warmth and trust. The authors conclude that clinicians can use this emphasis to develop that relationship that Latinos would appreciate (Gonzalez-Prendes et al., 2011). The present study utilized some of these principles and adapted them to accommodate cultural uniqueness and differences of the Latino population.

Family Systems Theory

The principles of this theory were used as supportive to couples therapy. Bermudes, Reyes and Wampler (2006) indicated in their research the importance that Latino couples give to family in their marriage lives. They give a great value to both nuclear and extended family members (Oropesa & Landale, 2004; & Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). These authors added that Latino culture is primarily collectivistic. Latino people emphasize on maintaining harmony, avoiding conflict, and having a sense of cohesiveness. For members of this ethnic group, the basis of pride, self-confidence, and identity is based on the relationships with the family (Santiago-Rivera et al., 2002). This principle is consistent with the hierarchical organization of the family system. According to Cox and Paley, (1997) and Minuchin et

al. (1996), a family system has subsystems, each of which has a role and a level of authority. Each subsystem has the potential to influence and be influenced by the other subsystems. The thoughts, feelings, and behaviors of each family member both reflect and contribute to what occurs generally in the family. Within the family, each individual is unique and, at the same time, is a part of the whole family. The interaction between respect, trust, and affection foster closeness among all members of the family (Cox & Paley, 1997). Understanding the family as a whole requires looking at each member and the ways that each member works together with other members.

Scholars view the marital relationship under the lenses of family systems theory (Nichols & Schwartz, 2007). Systems theory concentrates on working with the individual as well as with the context in which the individual interacts (Weeks & Treat, 2001). Couples' dynamics are interconnected and interdependent within the family dynamics. Their interaction cannot be understood in isolation from other family members, but rather, must be understood as part of the family system (Nichols & Schwartz, 2007). For instance, one family systems' intervention is the use of circular questions to change the couple's patterns of behavior that might be unhealthy to the marital relationship. These questions help the therapist remain balanced and fair by relating to each individual as well as to the dyad (Weeks & Treat, 2001). The authors illustrated this type of questioning by indicating that when the therapist asks one of the partners about the cause of the distress the therapist also asks how the spouse responds to the distress of the other.

Gottman's Theory of Marriage

Another theory that supports the marital satisfaction among couples focuses on the relationship between marital processes and marital outcomes (Gottman, 1994). The vast work on this theory was done on couples from different cultures, including Latino couples. Gottman, Gottman, and De Claire (2006) indicated from their research that a happy marriage is one in which couples interact with each other as very good friends and handle their marital conflicts in gentle, respectful, and positive ways. Each partner has his or her own views or perceptions about marriage and feelings in the relationship. A way of measuring this perception was through evaluating the marital satisfaction reported by each spouse. Gottman (1994) included in his theory the Love Map, Four Horsemen of the Apocalypse, and the Seven Principles for Making Marriage work. I used excerpts of Gottman's work during the intervention piece of the present study and applied it in activities with the couples participating.

Marital Satisfaction

When evaluating the factors involved in a marriage, an important note is that marriage has many dimensions or relational characteristics that are best understood by measuring marital satisfaction (Markman et al., 2000). Although using the terms marital relationship, marital satisfaction, and marital quality synonymously is common, these terms are, in fact, different elements. Marital relationship refers to a committed union of a couple that provides lasting companionship, loyalty, affection, romance, sexual fulfillment, and emotional intimacy (Kelly & Finchman, 1998; Markman et al., 2000). Scholars consider marital an index of success, even though people view satisfaction differently across cultures and individual perceptions (Markman et al., 2000). These

authors defined it as the individual partner's complete feelings toward, or subjective evaluation of their relationship. Amato, Johnson, Booth, and Rogers (2003) referred to marital quality as the frequency of activities that couples do together that bring them happiness. Consequently, marital satisfaction is only one aspect of marital quality (Amato et al., 2003), and both are essential elements in a marital relationship.

Over the past decade, scholars have conducted an abundance of research on marital satisfaction, and the ways that it benefits couples and their families. For instance, Gottman et al. (2006) added that in happy marriages, couples interact with each other as very good friends, and handle their marital conflicts in gentle, respectful, and positive ways. Each partner has his or her own views or perceptions about marriage and feelings in the relationship. A way of measuring this perception was the marital satisfaction reported by each spouse.

Moore et al. (2004) noted that to have a healthy marriage, the couple needed to experience satisfaction with their marital relationship. The authors emphasized the importance of each spouse being committed, to being loyal, and making time to spend with one another. The couple also needed to develop an ability to handle conflict, to communicate and interact effectively, and to feel physically and emotionally close with each other. Additionally, Stone and Shackelford (2007) noted that having a healthy marriage required each partner meeting the other partner's needs and fulfilling the other partner's expectations and desires. Conversely, the same authors indicated that satisfaction decreased when either individual did not perceive that he or she benefited from the marriage.

Components of Marital Satisfaction

In the past decade, many scholars have been evaluating marital satisfaction and its components. The concept of marital satisfaction is a highly complex one involving a myriad of components, some that pertain to the couple as a whole, and some that are specific to the individuals themselves. Numerous studies have involved examining several aspects of marital satisfaction, some of that will be explained in detail in the subsequent sections. The literature review shows that marital satisfaction depends on a number of factors, including level of understanding and communication (Asoodeh et al., 2010), routines and rituals (Fiese, Tomcho, Douglas, Josephs, Poltrock, & Baker, 2002), shared experiences (Spotts et al. 2004), commitment to parenting (Doss, Rhoades, Stanley, & Markman, 2009; Meijer & van den Wittenboer, 2007; Schoppe-Sullivan, Schermerhorn, & Cummings, 2007; & Schulz et al., 2006). Further, other authors consider role orientation as a component of marital satisfaction (e.g., division of household laboring) (Epstein & Baucom, 2002), stability and years of marriage (Markman et al, 2000) among other factors. The components of marital satisfaction described below have been related strongly to overall satisfaction among couples. They also correspond with the subscales of the MSI-R (Snyder, 2004).

Communication. An array of studies involved investigating marital satisfaction as it pertained to communication and level of understanding. Asoodeh et al. (2010) explored factors that comprised a successful marriage. The authors indicated that couples who worked through their conflicts by talking to each other and reaching agreements developed healthy styles of communication. Furthermore, the couples in this study had

non-hierarchical relationships, used humor, felt successful in their marriage, and consequently increased their marital satisfaction. Markman et al. (2000) viewed communication among couples such as conflict resolution, support among spouses, and the ability to share positive experiences with each other, as indicators of relational characteristics.

Brooks (1999) added that communication is an important contributor to marital satisfaction, even if it is in the form of a gesture, action, or touch. This study highlighted that nonverbal communication displays lets the spouses know how their partners felt, as long as they communicated support, understanding, or the need for further interaction. Additional findings suggested that the bases of some factors encompassing positive shared experiences among married couples were communication, shared family time, confidence and optimism (Black & Lobo, 2008). For instance, when couples used humor, they were affectionate towards each other, or kept themselves positive even in the face of difficulties. These actions contributed to increase their marital satisfaction. The authors also found that when couples corresponded on the same way of relating to each other, they developed a communication that involved clear emotional expression and was solution-focused, with high sense of cohesion and togetherness.

Conversely, other studies involved exploring the quality of communication that happened among couples when in conflict. Sanford (2010) used the conflict communication inventory to assess the ways that couples communicated during marital conflicts. He found that when couples were in the midst of conflict, they tended to observe the other's behavior more accurately than they view their own. This bias may be

a useful tool when working with couples to help them understand how they communicate and what they can do differently to address their disagreements. Moreover, Heyman, Hunt-Martorano, Malik, and Slep (2009) found that women in their study had greater desire than their husbands to communicate with their spouses, share emotions, listen to each other, and to receive attention and companionship from them, whereas men desired more physical intimacy than their wives. These results suggest that communication skills vary depending on how spouses view communication and ways of relating with each other.

Time together. Research indicates that the time and stability in the relationship are positive predictors of marital satisfaction. For instance, Markman et al. (2000) highlighted that stability in the relationship, as well as the mental and physical well-being of the couple and their offspring, positively correlated with marital satisfaction. The authors indicated that in a mutually satisfying long-term marital relationship, the partners protect each other from the negative effects of stressors that couples with marital problems have. Further, their stability and well-being were associated with low rates of depression, anxiety, substance abuse, and domestic violence, whereas in a distressed marital relationship, these issues were more prevalent than they were in stable relationships. In addition, Umberson et al. (2005) investigated how age and duration of marriage all related to the quality of marital relationships. Their result corroborated previous research, suggesting that as couples advance in age, they experience improvement in marital quality. Other authors focused on the spousal sentiments about the quality of their marriages (Li & Fung, 2011). Still, Balswick and Balswick (2000)

indicated that four characteristics change as couples advance in their marital relationships: cohesion (at individual and mutual level), adaptability (being flexible and stable), clear communication, and an agreement on role structure among couples.

Intimacy and togetherness. Intimacy is a very personal experience of private connection with another person, characterized by a mutual understanding and acceptance (Karpel, 1999). Intimacy could take different forms, such as emotional or physical intimacy. Karpel (1999) indicated that togetherness, on the other hand, is the connection with the other person, a sense of being “we” or “us” instead of “I” and “you.” Mitchell et al. (2008) used the interpersonal process model of intimacy to investigate how intimacy developed among couples. Their findings indicated that self-disclosure and empathic response among couples associated with increased levels of intimacy, although the effect differed according to the gender of the participants. For instance, in their study, women tended to feel more intimate towards their partners when they felt supported, understood, cared for and validated. In contrast, men felt more intimate when they received affection from their wives, than when they felt understood or accepted of their disclosure. Similarly, Heyman, Hunt-Martorano, Malik, and Slep (2009) suggested that women long for attention, emotional support, companionship, and commitment from their husbands, which contrasts with men’s desire that their wives be healthy, passionate, and attractive companions.

Balswick and Balswick, (2000) speculated that commitment is a dimension that requires the couple to establish an atmosphere in which both partners exhibit intimacy and passion equally. This commitment allows them to grow close to each other as they

mature in their relationship. Asoodeh et al. (2010) highlighted that factors that couples considered helpful in their relationships were mutual understanding, valuing each other, honesty, trust, and patience. They found that couples who had stable and happy homes had strong faith in God, were respectful of each other, and were loyal to each other.

Impett, Strachman, Finkel, and Gable (2008) conducted three studies to increase of sexual desire in the couples participating through positive experiences and goals for sexual intimacy. Their results suggested that couples who had romantic goals of pursuing growth, fun, and closeness with each other, enhanced their sexual relationships. This effect was similar among couples who created an atmosphere of positive outcomes. These couples viewed their sexual interactions as a way of creating closeness and intimacy with one another (Impett et al., 2008). On the contrary, couples whose goals were weak or ambiguous experienced less sexual desire and intimacy. This study included young couples who were not necessarily married. In a different study, in which the participants were middle-age couples, Yeh, Lorenz, Wickrama, Conger, and Elder (2006) explored the variability of physical intimacy, sexual satisfaction, marital quality, and marital instability of couples with over 10 years of marriage. Their results suggested that couples who were satisfied with their physical intimacy had better marital quality and were happier with their marriages. These findings proved to be the same for men and women regardless of their different views and meaning about sex in their relationship.

Conflict resolution. Different studies demonstrated that a variety of factors affect couples' capacity to manage and resolve their conflicts, in order to feel satisfied with their marital relationship. For instance, Donnellan, Larsen-Rife and Conger (2005)

reported that each spouse's personality traits influenced the quality of the interactions in marriage. Their findings suggested that individuals who exhibited negative emotionality personalities usually reacted with hostility, anger, and anxiety. This negative emotionality affected the marital relationship in a negative way. On the other hand, individuals with the less common positive emotionality personalities usually brought content and happy attitudes to the relationship and tended to have positive outlooks to conflicts in their marriage. Either type of personality influenced the couple and their children.

Some scholars have noted that providing a good role model for solving conflicts within the family is important. Van Doorn, Branje, and Meeus (2007) suggested that children, especially adolescents, learn how to solve their conflicts, with their parents and peers, within the context of the marital relationship. The authors posited that, because conflict resolution is a learned behavior, parents have a great responsibility to model positive ways of resolving their conflicts and maintaining their marital satisfaction; the transmission (to their children) could be positive and/or negative. These findings are consistent with the principles of family systems that the marital relationship provides the largest influence of how to resolve conflicts (Nichols & Schwartz, 2007).

Individual differences. Spotts et al. (2004) studied the role of genetic and environmental factors in increasing or decreasing the marital satisfaction of the couple. The authors used two types of genotype-environment correlations related to the marital quality: active genotype-environment correlations and evocative genotype-environment correlations. The first set of correlations refers to genetic characteristics that a spouse possesses that leads the spouse to seek a partner who has similar genetic characteristics.

The authors used as a reference the genotype-environment correlations for the wife. For instance, a woman who is caring and positive tends to seek a mate who has similar characteristics. The evocative genotype-environment correlations refer to the notion that a specific trait in the wife evokes a reaction from the husband. If the reaction is a positive one, the marital satisfaction increases and if it is the contrary, then satisfaction decreases (Spotts et al., 2004). These authors indicated that couples bring their own set of characteristics or their individual differences formed in non-shared environments.

According to Epstein and Baucom (2002), these individual differences include the relationships with family of origin, work demands, and physical and psychological health of the individual. In addition, when the couple starts living together in a committed relationship, the partners create a new set of common traits in this shared environment (Spotts et al., 2004). These authors concluded that these experiences help create a unique marital life. Similarly, in their study on couples from Iran, Assodeh et al. (2010) found that commonalities such as personality, financial, and social status were good predictors of a strong marriage.

Epstein and Baucom (2002) provided a framework for understanding patterns of behaviors in couples and the ways that the behavior might have affected the marital satisfaction. The authors explained that these behaviors could have been positive or negative and might have affected the person, the partner, the relationship, and the environment where the couple lives. Furthermore, these authors indicated that positive behaviors include ways partners look to please their spouses, and, therefore, increase

marital satisfaction. Conversely, negative behaviors include increases in aggressive behaviors, criticism, a negative communication style, and hostility towards spouses.

Gottman et al. (2006) and Assodeh et al. (2010) agreed that these positive behaviors could be expressive acts of kindness, concern, and caring towards the partners and towards themselves, such as creating positive emotional tone among them or sharing something that only the other knows; or towards their community such as participating in a community event or church activity. Fiese, Tomcho, Douglas, Josephs, Poltrock, and Baker (2002) explained that each spouse brings his or her own set of routines and rituals to the marriage. These routines and rituals, in turn, affect the family dynamics. As a couple, husband and wife create a new set of rituals and routines. Fiese et al. (2002) indicated that these new sets of routines are important components for marital satisfaction, because they promote communication, and require commitment and continuity between spouses.

Commitment to child-rearing. Children are important aspects in a marriage and affect marital satisfaction in many ways. According to Schulz et al. (2006), most couples view becoming parents as a joyful experience. The American Academy of Pediatrics Task Force on the Family Report (American Academic of Pediatrics, 2003) proposed that homes with parents who show respect, support each other, and are committed to their marriage, will raise children who are emotionally secure and feel nurtured, which will, in turn, improve the marital satisfaction of the couple. However, the transition to parenthood for newlyweds has had some negative effects on marital satisfaction (Doss, Rhoades, Stanley, & Markman, 2009; Meijer & van den Wittenboer, 2007; Schoppe-Sullivan,

Schermerhorn, & Cummings, 2007; & Schulz et al., 2006). Moreover, Koivunen, Rothaupt, and Wolfgram (2009) reviewed the literature on marital satisfaction of newlywed couples and explored how it changed after the birth of the first child. The transition from couple to parents combined with the time at which they became parents shaped the meaning of their marriages over their entire lives. Younger parents might have more work with their children than older parents, while older parents will have more rewards with their children than their counterparts (Umberson, et al., 2005).

The increase of sociability in the relationship correlated with a higher quality in the whole family relationship (Ganiban et al., 2009). Bornstein et al. (2007) suggested that parents' personality influence in the way that they parent their children. According to their findings, parents with agreeable and sensitive personalities were more supportive of their children and felt more satisfied in their role as parents than did other parents. This effect for parents in individualistic and collectivistic cultures. Nevertheless, children could have a paradoxical effect in the marital relationship (Stone and Shackelford, 2007). Their presence may have influenced the decrease in the marital satisfaction of their parents, while increasing their marital stability. In other words, although marriages with children last longer, the couples are less satisfied with their relationships than are couples with children.

Role orientation. According to Snyder (2004), role orientation is the way that partners view the division of household and child-care responsibilities as well as the equality and importance of each partner in the relationship. Koivunen et al., (2009) examined how parents redefined gender roles when striving for more egalitarian

relationships. Their findings suggested that couples had higher levels of marital satisfaction when the distribution of chores at home was egalitarian, especially as it related to the education of the child, than did couples with unequal distribution of chores.

Dysfunctional Marital Interaction

Across cultures, the majority of people marry (Wilcox et al., 2005). However, half or more of these marriages end in divorce (Baron, Byrne, & Branscombe, 2006; Markman et al., 2000; & American Academic of Pediatrics, 2003). A major reason for marital relationship deterioration is infidelity and lack of commitment to each other (Atkins, Eldridge, Baucom, & Christensen, 2005; Baucom, Snyder, & Gordon, 2009). Other factors include inadequate ways of dealing with conflict, demand for approval, and low self-esteem (Cramer, 2003). Some of the most recurring factors that predict marital problems evident in the literature include violence against one another (Lawrence & Bradbury, 2007), infidelity (Baucom et al. 2009), and mental health issues (Kronmüller et al., 2010).

Common denominators exist for behaviors associated with negative marital interactions. Gabriel, Beach, and Bodenmann (2010) found that depression, marital distress, as well as gender of the depressed partner were associated with negative interaction. Their findings suggested that wives exhibited greater levels of depression than did husbands and husbands displayed a higher level of aggression and defensiveness than did wives. Gottman et al. (2006) have worked extensively with couples. Some problems that found were common in marriage were: the stress of taking care of a new baby in the family, work-related stress, loss of sexual intimacy and romance, physical or

mental health problems (i.e., chronic disease, depression), issues related to extramarital affairs, financial struggles, roles in the household, violence in the relationship, changes in routines, and loss of a loved one, or work-related losses. All of these issues were associated with marital dissatisfaction in married couples.

Components of Marital Dissatisfaction

Unfortunately, the various benefits that are evident in healthy marriages do not transfer to families that experience conflict. Marital satisfaction tends to decrease over time across the different domains of marriage, such as poor communication skills, and poor conflict management (Craig, 2006). Moreover, Snyder (2004) identified as some components of marital dissatisfaction, the level of aggression between the couple, family history of distress, sexual dissatisfaction, dissatisfaction with children, and conflict over child rearing. Epstein and Baucom (2002) provided reasons why spouses behave in negative ways towards their partners. They indicated that spouses often do not realize how their behavior is influencing their relationships and do not monitor their behavior. Moreover, some spouses learned that their undesirable behavior provoke the desired change in their partners (Epstein & Baucom, 2002). Last, the authors concluded that a negative outcome might result when a spouse projects his or her own distress onto the other. Any of the latter reasons can have detrimental effects on the relationship.

Poor conflict management. Some studies demonstrated that marital satisfaction decreases when the level of communication between couples decreases and when conflict management is poor (Craig, 2006). Moreover, children learn ways to handle conflicts at home through the family interaction and observation of the ways that their parents handle

their differences (Feldman et al., 2010). The authors assessed conflict resolution in husbands, wives, and their children. They found that when parents had hostile relationships and undermined each other, children learned to handle conflicts in the same way, were aggressive, and developed maladaptive behaviors (Feldman et al., 2010).

Another group of researchers explored the marital satisfaction of couples independent of the behavior of their children. In their exploratory study, Fincham, Grych, and Osborne (1994) indicated that children reacted differently based on the level of marital conflict. The authors indicated that marital conflict occurs in almost all marriages; however, not all children in these marriages have adjustment problems. Parental disagreements tend to be stressful to children and all members of the household.

The distinguishing factor seems to be in the way that couples handle disagreements. The authors added that conflict handled in a non-aggressive way, might even be positive for the children to experience. This type of conflict resolution models ways of working through difficulties in the home environment and among relationships. Fincham et al. (1994) also agreed that marital conflict is only a small part of a complex family system, and the reactions of the children may be due to other dynamics in the family environment.

Role orientation. Once two individuals marry they have some expectations of their roles in their marital relationship (Balswick & Balswick, 2000). The authors indicate that role expectations emerge naturally because spouses have preconceived ideas and expectations about their roles and these expectations might be different for each partner. Guilbert, Vacc, and Pasley (2000) hypothesized that stereotyped gender

role beliefs promote negativity, which, in turn, lead to distancing and marital instability. The results from their study suggested that wives tended to be more sensitive to their spouses' criticism, disapproval, and put-downs than were husbands. In contrast, husbands were more sensitive to distancing from their spouses than were wives, especially when the couple lacked shared activities. In turn, these differences in behavior related to their gender beliefs provoked marital instability between the couple. Additionally, gender roles might be important in communication and marital satisfaction (Faulkner, 2002). Faulkner suggested that mental health providers have the responsibility to educate couples about behavior expectations for gender role and how the roles that they play in their relationships can enhance their marital satisfaction.

Conflict over child rearing. The Marital Satisfaction Index has two subscales that deal with partners' inadequate involvement in child rearing and the distress over the disagreement about how to raise their children (Snyder, 2004). The literature presents abundant information demonstrating that marital satisfaction improves when children's well-being increases. The American Academy of Pediatrics' report (2003) indicated that both spouses in mutually committed couples, support and respect one another when they actively engage in their children's upbringing. Belsky (1984) developed one of the models that used to explain emotional investment as couples. He explained that the amount of emotional investment and time spent as couples is greater when couples spent their time as parents. The author added that the marital relationship becomes the most important support system for the whole family's functioning.

Social theories such as family systems, psychodynamic theories, social learning, and family stress, shared three hypotheses to explain the association between marital conflict and the role as parents (Krishnakumar & Buehler, 2000). First, the spillover hypothesis is that parents that have conflictive relationship transfer of all of their emotions onto their children which negatively affects their children. Krishnakumar and Buehler (2000) supported this hypothesis, finding that negative emotions and tensions from marital conflicts carried over into the interactions with children. On the other hand, the compensatory hypothesis is that when parents have conflictual marital relationships, they tend to compensate with their children by becoming over involved in their activities, and many times, make the child their ally against the other spouse. Last, the compartmentalization hypothesis is that parents can differentiate their roles as spouses and parents, and thus, when in conflict, can keep the negative effects away from their children (Krishnakumar & Buehler, 2000).

Infidelity and forgiveness. Josephs and Shimberg (2010) viewed monogamy as a unique characteristic of a marital relationship. Researchers agree that infidelity is one of the most damaging experiences a couple can endure (Atkins, Baucom, Yi, & Christensen, 2005; Baucom, Snyder, & Gordon, 2009; Whisman, Gordon, & Chatav, 2007). A direct association seems to exist between age and gender as predictors of infidelity (Atkins et al., 2005). The results from one study were that among individuals who had extra-marital relationships, men were usually older than women were. The findings from this study are also congruent with previous findings that men sought extra marital affairs due to being more sexually dissatisfied with their marital relationships than the women did. Further,

drug and alcohol abuse were also predictors of infidelity in married couples and indicators of low marital satisfaction (Atkins et al., 2005).

Whisman et al. (2007) found that the spouses' personality, specifically the impulsivity that characterizes neuroticism, lower religiosity, and wives' pregnancy, were significant predictors of marital infidelity and marital dissatisfaction. In an exploratory study of the effectiveness of marital therapy among couples with infidelity issues, Atkins, Eldridge, Baucom, and Christensen (2005) found that sexual infidelity represented a significant problem for married couples and it was hard to treat in marital therapy. This difficulty was usually due to the level of distress experienced from the violation of the exclusivity of the marriage.

Gordon, Hughes, Tomcik, Dixon, and Litzinger (2009) explored the role of forgiveness in married couples. Their findings suggested that marital satisfaction decreased when one partner was not willing to forgive the other. This association was especially true when there was a betrayal in the marriage. Failure to resolve this betrayal may have lead spouses to trust their partners less and to have a spillover effect on other interactions not related to the betrayal. Nevertheless, the results also suggested that a partner's willingness to forgive empowers the marital relationship as well as the parenting alliance and will help their children to have a positive perception of the parental marital functioning.

Atkins, Marin, Lo, Klann, and Hahlweg (2010) furthered their analysis of the importance of marital therapy on couples with infidelity problems. Replicating a previous study that they had conducted (Atkins et al., 2005), they provided marriage counseling to

145 couples who were struggling with infidelity. They found that even though infidelity brought a lot of distress and depressive symptomatology to couples, their relationship usually improved after six months of treatment. Furthermore, the authors found that forgiveness was the central piece to work on therapy. Mental health providers working with couples have a great challenge to help develop skills that will enhance their marital relationships and to help them address these delicate issues.

Mental health issues. Some couples encounter mental health issues that affect the marital relationship and the family in general. Depression appears to have a significant effect on marital interactions. Gabriel et al. (2010) analyzed the relationships between gender, marital distress, and depression. They found that depression was associated not only with marital distress, but also with the gender of the spouse. Women were more depressed than were men. Women's level of emotional self-disclosure and depression affected their marital satisfaction. This association was circular. Self-disclosure and depression affected each other. For instance, partners of depressed persons study showed evidence of more aggression and defensiveness and a higher duration of nonverbal positivity and lower aspects of emotional self-disclosure and interest/curiosity than did other people.

Wives had higher emotional self-disclosure and criticism/domineering than did husbands. Kronmüller et al. (2010) studied the effects of depression on marital satisfaction longitudinally. They concluded that people who suffered from recurrent depressive disorders were less satisfied in their marital relationships and were more likely to have marriages that eventually ended in a divorce than were other individuals.

However, their sample size was too small to determine whether the marital dissatisfaction promoted the depression or the underlying depression occurred before the separation.

Kouros, Papp, and Cummings (2008) found that marital quality and marital satisfaction decreased over time. Further, the level of depression increased over time and seemed to have a circular effect. Similarly, Eiden, Colder, Edwards, and Leonard (2009) did a longitudinal study on fathers who suffered from depression and had alcohol disorders. They found that depression and alcohol disorder were negatively associated with the relationships with their wives, which in turn, interfered with their wives' ability to be warm, nurturing, and supportive with their children. Additionally, Whitton et al. (2007) investigated the role that relationship confidence in couples played in the course of depressive symptoms. They defined relationship confidence as couples' beliefs that their marital relationships would be successful and that they would be able to manage any marital conflicts positively. Their results were that relationship confidence decreased as depression and negative interaction increased. However, this finding was mainly true for depressed wives. The same authors suggested that blocked or destroyed patterns of communication affected the relationship confidence of both husbands and wives.

Renshaw, Blais, and Smith (2010) explored the effects of anxiety, hostility, and depression, which they conceptualized as facets of neuroticism, on marital satisfaction. They were interested in the responses of the actor (i.e., self) and partner (i.e., spouse) when they encountered these dimensions of personality. Their results were that the actor's depression and the partner's hostility were associated with less marital satisfaction. Furthermore, personality characteristics of spouses seemed to contribute to

the quality of their marriages and their parenting skills (Ganiban et al., 2009). These authors found that the increase of anxiety and aggression of one or both of the spouses related to lower marital satisfaction and less parental warmth towards their children, which in turn, created more chaos and conflicts in the family relationship.

Domestic violence. Domestic violence is a pervasive way of one person in the relationship using a controlling behavior towards the other. Lawrence and Bradbury (2007) examined how aggression developed in newlywed couples and how it related to marital satisfaction. The authors found that wives were more aggressive towards their spouses than were husbands during their first years of marriage. Moreover, wives used as much aggressive resources as husbands did. Regardless of these interactions, their results were that the level of physical aggression used by husbands predicted decreases in marital satisfaction for both spouses. Further, wives' aggression towards their husbands predicted the dissolution or termination of their marriage.

Kinnunen and Pulkkinen (2003) studied the effect of children's socio-emotional on marital stability longitudinally. They explored aggressiveness versus compliance in childhood, young age at the time of marriage, unstable careers in young adults, personality traits, and level of emotional regulation as predictors of divorce. All of the aforementioned factors were significant predictors of divorce, with childhood aggression being the primary predictor of unstable marriage and divorce. In addition, among women, marital dissatisfaction in their marriage positively correlated with anxiety and passivity, whereas for men anxiety, aggression and emotional regulation correlated with marital dissatisfaction.

DiLillo, Peugh, Walsh, Panuzio, Trask, and Evans (2009) explored the correlation between reports of past child abuse and maltreatment on newlyweds' marital satisfaction. They found that early maltreatment predicted lower trust among couples and a significant increase in spousal aggression. Katz and Low (2004) found a greater tendency among abusive marriages for disengagement and criticism. What makes it more difficult to intervene is that couples often do not report the acts of violence that happen in their homes, even when they are unhappy and distressed about these acts (Simpson & Christensen, 2005). Numerous of physical and emotional disadvantages have been linked to divorce and marital distress (Markman, Halford, & Lindahl, 2000). Results from different studies similarly showed that divorce increased poverty, especially for women and their children (Baucom, Atkins, Hahlweg, Engl, & Thurmaier, 2006; Wilcox et al., 2005).

Improvements in Marital Satisfaction

As indicated earlier, two individuals marry with the intention of sharing and building a life together (Markman et al., 2000). As previously stated, half or more of these marriages end in divorce (Baron et al., 2006; Markman et al., 2000; & American Academy of Pediatrics, 2003). Because of the challenges presented above, many scholars have focused on couple's therapy and marital education to provide couples with interventions to help their marriages flourish and to improve the quality of the marital relationships. To name a few, Gottman, Gottman, and De Claire (2006) offered an intervention based on their "Love Lab" method, in which distressed couples had the opportunity to discuss their differences. After observing the each distressed couple, the

clinicians provided feedback about the husband' and wives' interactions with each other and the main issues of their marital distress along with recommendations and suggestion to resolve them.

Using different approaches, Dattilio (2010) specifically used cognitive-behavioral therapy in his work with couples, and Shechtman and Gilat (2005) used group counseling with couples to help them deal with different stressors that affected them. Shechtman and Gilat worked with couples who had children with learning disabilities and they evaluated how the level of stress was affecting the marital relationship and the family dynamics. In another study, Schetman and Gilat (2005) used counseling groups to improve couples levels of stress and sense of control. Furthermore, Snyder, Heyman, and Haynes (2005) assessed couples on five domains of marital functioning to provide specific tools to help the couples obtain and maintain healthy marital functioning. These areas included cognitive, affective, behavioral, interpersonal/communication, and structural/development. The authors found that by assessing the different areas of functioning, mental health professionals gained important information that they could use in treatment with couples.

The literature showed many studies that focused on the importance of providing marriage education to couples. For instance, drawing on their study findings, Hawkins, Carroll, Doherty, and Willoughby (2004) explained the importance of psycho-educational groups with the purpose of helping couples enhance the quality of their marriages by building and sustaining healthy relationships. Yet, despite the information about services, education programs for couples in relationships, whether they are married or not, are

mainly offered to White, middle-class couples and are typically religious affiliated (DeMaria, 2005). According to DeMaria, couples who participate in the education programs are usually couples who are not seeking to resolve any marital distress; instead they are seeking education and to learn new skills.

The Healthy Marriage Initiatives have been developed throughout the nation to help improve marital quality in ethnic minority, low-income couples. Johnson (2012) provided a review of these initiatives and indicated that professionals promote marital education to improve the relationships of low-income couples who are at the early stages of becoming parents and to couples with infants. The author concluded that the programs offered are not necessarily empirically based and ethnic minorities generally do not take advantage of these programs. Therefore, the few research-based programs primarily involved White, middle class, married couples. Hence, although the purpose of these interventions is to serve ethnic minority, low-income, distressed couples or couples who are at risk for divorce, whether these interventions would help ethnic minority distressed couples enhance their marital relationships remains unclear.

Latino Culture and Marital Satisfaction

According to Raley, Durden, and Wildsmith (2004), the primary goal of marriage in the Latino culture is the well-being of the children and family life. In a review of Raley et al.'s (2004) work, Torres, Hyra and Bouchet (2013) indicated that Latinos have specific cultural values, which are familism, personalism, *respeto*, *machismo*, marianism and *confianza* (i.e., trust). The husbands and wife have distinct gender roles in a Latino marriage; the husband is generally the authority figure, and is expected to be strong and

to provide for his family (Cuellar, Arnold, & Gonzalez, 1995). The husband's gender role is *machismo*, which is a quality of male dominance and protector of the family. Latino husbands, especially Mexican-American husbands who exhibited high levels of *machismo* and who were gentle, kind, and protective of their women and families, had higher marital satisfaction than did other husbands. Conversely, among couples in which husbands exhibited low levels of *machismo*, which involves being dominant and controlling, both spouses experienced lower marital satisfaction than did other spouses (Pardo, Weisfeld, Hill, & Slatcher, 2012).

Familism

An important value in the Latino culture is that of familism. Latino individuals are, for the most part, family-oriented. They value marriage and procreation as well as maintaining a relationship with their own nuclear and extended families (Oropesa & Landale, 2004). Zayas (1992) indicated that familism relates to the sense of obligation to and connectedness with one's immediate and extended family. It is a core value for all Latino individuals across demographic situations and is not generally evident in other cultures. It provides couples self-worth, security, and identity, which help them to relate better with other family members and each other than they would without familism. Villareal, Blozis, and Widaman (2005) developed a scale about attitudinal familism under the premise that familism is a way of defining the Latino culture. They found that familism was constant across different Latino cultures in the United States.

Villareal et al. (2005) identified two kinds of familism: attitudinal familism, which reflects the values that Latino families have concerning loyalty and solidarity, and

behavioral familism, which is the way that families act regarding specific issues, such as child rearing, education, or financial problems. In a study about domestic violence, Ahrens, Rios-Mandel, Isas, and Lopez (2010) found that Latino women had the tendency to put the well-being of their family before their own. They also noted that trust had a high importance on family. Events that transpired in the family remained secret within the family.

Besides the family, acculturation, immigration status, and religion are some variables that have played important role in Latino marital relationships (Olsen, Skogrand, & DuPree, 2010; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Acculturation is the contact of two different cultures and the way that they each culture affects the other's cultural and psychological values (Berry, 1997). In the case of Latino families, when they come to the United States, they undergo a process of adaptation from their Latino culture to the Anglo culture while still attempting to hold onto their Latino roots.

Some of the stressors for couples relate to family separation, language barriers, and the sense of living independently from the family of origin, among other stressors. Olsen, Skogrand and DuPree, (2010) examined the effects of the immigration status for Latino individuals who come to United States. Many Latino people arrive illegally or become illegal after having initially arrived legally. These legal issues affect their family lives, especially their marriages, because of the lack of resources, lack of employment, and isolation from society (Olsen et al., 2010). Further, many Latino people identify themselves as Catholic and this religious influence influences many aspects of the family

life, such as their attitudes about marriage and their beliefs about the number of children that couples should have (Olsen et al., 2010). Although these studies have examined different aspects of marriage and marital satisfaction in Latino couples, to date, few programs exist that provide resources and address challenges for relationship satisfaction, marital quality, parenting, and family among Latino couples (Skogrand & Shirer, 2006; Umaña-Taylor & Bámaca, 2004).

Gender Role Values

Macho Concept. *Macho* is a traditional concept that relates to the gender norms and has root in the culture of men. A man who is macho feels the need to be dominant and aggressive (Glass & Owen, 2010). Glass and Owen (201) examined *machismo*, acculturation, and ethnic identity among Latino fathers in relation to parenting. They found that a macho attitude related to less parental involvement with their children and more emotional, physical, and interpersonal distance from them. These behaviors, in turn, associated with unwanted externalizing behaviors in the children. Arciniega, Anderson, Tovar-Blank, and Tracey (2008) developed a *machismo* scale to assess the behavior and cognitive aspect of *machismo*. They redefined *machismo* based on two dimensions. On the one hand, they described traditional *machismo* as negative characteristics in men that elicit negative behaviors in women, such as being aggressive, opinionated, and dominant. On the other hand, *caballerismo* is the positive characteristics that men have that elicit positive behaviors in women, such as being family-centered, polite, kind, and exhibiting good manners. Both *machismo* and *caballerismo* have positively correlated with marital satisfaction.

Some research exists on gender roles among Latino families. Rafaelli and Ontai (2004) examined traditional, well-defined gender roles for men and women. The women in Latino families learned primarily how to be mothers instead of being wives and to be responsible for the family life inside the house. Men learned that their roles were to be providers and to engage in social interaction with others outside the home. Additionally, results from a study done by Ahrens et al. (2010) suggested that men in Latino culture possess a privilege or dominance over the women, and this subordination of the women often creates an environment of violence in the relationship. In this study, women maintained silence when violence was present to protect the concept of family. They had feelings of shame, a fear of blame; and the lack of community resources perpetuated this problem.

Marianism. Marianism is another traditional concept, which refers to the ideal role of women in the Latino culture. The view from the perspective of Marianism is that women are spiritual and asexual individuals whose primary role is that of the abnegated mother who is self-sacrificing, selfless, and nurturing (Santiago-Rivera et al., 2002). This notion came from the image of Virgin Mary, who is known in the Catholic Church as both a virgin and the mother of Jesus. She is the perfect model of femininity in the Latino culture. Because of this model, women are supposed to behave submissively, even enduring sacrifice and abuse, with little or no power in their relationships with men (Santiago-Rivera et al., 2002). Marianismo offers the role model of a good Latina mother, and this role and the fertility are the most important of all in women.

Parenting

Child rearing in Latino homes is intertwined with values and styles that seem to be important in maintaining marital satisfaction for this group. Cabrera, Shannon, West, and Brooks-Gunn (2006) explored parental interactions with Latino infants. They examined the relationship between the quality of the marital relationship and the interaction with their children, among other variables, and found that marital satisfaction positively correlated with parenting behavior. Calzada, Fernandez, and Cortes (2010) examined values that Latino families had when parenting their children. Their findings suggested that *respeto* (i.e., respect), religion and family were, for the most part, important values that parents, specifically mothers, intended to instill in their children. The authors emphasized that *respeto* is considered a crucial component of children's functioning in the Latino homes.

Similar results by Glass and Owen (2010) suggested that Latino parents, primarily fathers, promote their cultural values of *respeto*, *familismo*, and education through their interactions with their children. Some studies addressed the relationship between parental conflict and internalizing and externalizing behaviors in Latino adolescents. For instance, Crean (2008) found that as conflict between parents increased, so did internalizing and externalizing maladaptive behaviors of the adolescents. However, he did not take into consideration the marital relationship of the couple as a moderator of this correlation, even though he indicated how Latino adolescents responded in the presence of conflict with their parents. This finding was similar results from a study of the level of stress and parenting behavior and Latino children. Behnke et al. (2008) indicated that level of family cohesion, financial stress, and life event stressors all related to parental behaviors

when interacting with their children. Leidy, Guerra, and Toro (2010) had similar findings when relating family cohesion and positive parenting with child social problem-solving skills and social self-efficacy.

Trevino, Wooten, and Scott (2007) found that depression related to marital adjustment among Latino couples. The greater the depression, the greater the number of marital conflicts that couples exhibited. Similarly, couples who had severe conflicts in their relationships were more likely to suffer depression than were other couples. A finding that was unique to this culture group was that Latino spouses seemed to accept their marital relationships better when husbands than when wives were depressed (Trevino et al., 2007).

Improvements in Marital Satisfaction in Latino Couples

Latino people are the largest ethnic minority group in United States (Administration for Children and Families, 2008). The Latino population increased in the United States by 15.2 million between 2000 and 2010, accounting for over half of the 27.3 million increases in the total population of the United States, between 2000 and 2010. The U.S. Department of Health and Human Services, ACF (AFC, 2008) developed a relationship and family's project, named "Hispanic Healthy Marriage Initiative" that has the aim to improve the overall needs of children and family by providing marital education to Hispanic couples. Its primary goal is to concentrate on the primary issues faced by Hispanics, such as socioeconomic challenges, language barriers, and legal status. The aim of Hispanic Healthy Marriage Initiative is to improve the well-being of children by providing marriage education to their parents, based on the premise that the

ideal environments for raising children are two-parent, married families (Administration for Children and Families, 2008). The Healthy Marriage Initiative encompasses a variety of education programs that address the needs of Hispanics. One program is the Couple Communication program, which mainly focuses on communication and listening skills. Many other programs involve teaching parenting skills, domestic violence and *machismo*, mistreatment of minors, concepts of sexuality, marriage preparation, and religious-based retreats to strengthen the marital relationship (Administration for Children and Families, 2008).

Some interventions that specifically target marital relationships have also improved marital satisfaction among Latinos. For example, Garza, Kinsworthy, and Watts (2009) focused on providing parenting training to Latino families. The authors agreed that limited resources existed to enhance parent-child relationships for this ethnic minority. They examined the effect of child-parent relationship training on Latino families. In this type of intervention, parents were directly involved as the primary therapeutic agent for their children (Garza et al., 2009).

The treatment developers took into consideration cultural differences of Latinos. The findings from this study suggested that the treatment was effective at enhancing the relationship between parents and their children. Parents involved in the program viewed their children as being less rebellious and more compliant and they rated themselves as being more in tune with their children's needs following the completion of the program (Garza et al., 2009). However, a limitation is that this study was a qualitative investigation that only included three Latino families. Consequently, the results, even

though positive, may not be a reflection of the majority of this population. Even though this study did not focus on the marital satisfaction of Latino couples, receiving training to improve parenting helps enhance the relationship of Latino couples, because in this culture, parenting quality forms a basis of relationship satisfaction.

A culturally based program directed towards Latino couples involves considering specific cultural values. For instance, Latino couples may need to learn strategies to help them identify their nonverbal messages. Murphy-Graham's (2009) study highlighted the importance of empowering Latino women to express their feelings as a means of helping them increase their gender consciousness and their structural and relational resources. Couples also need to learn how to increase their ability to communicate effectively with their partners and to share responsibilities in decision-making within their marriages. Hawkins, Carroll, Doherty, and Willoughby (2004) indicated further that marriage education should include skills such as relational knowledge and attitudes about marriage, commitment, motivation, and virtues that couples can use to develop and maintain healthy relationships. Corroborating this idea, DeMaria (2005) found that psycho-educational groups, such as couple group therapy, provided couples with the opportunity to receive support from peers while working and exploring their own individual challenges as couples.

Although a variety of Spanish language, culturally based educational programs for Latino couples exist, limited studies have focused on the effects of these programs on marital satisfaction. The present study addressed the gap in the literature in that it may have identified an effective psycho-educational program that focuses on enhancing the

marital satisfaction of the couples in this culture. The name of this intervention program that I developed is Couples in Contact. It is a 10-week group intervention designed to improve the marital relationship. It focuses on understanding and strengthening couples' relationships by addressing how positive interactions in the relationship increase couples' satisfaction. The foundation of the program was the belief that the root of a healthy family is a solid relationship between the couple. Instilling strong morals and values are at the core of healthy development and relationships.

This program assisted couples in gaining insights to the couple's relationship and showed the participants how to communicate effectively and respond to each other in ways that improve marital satisfaction. The intervention program specifically focused on those characteristics found in the literature to increase marital satisfaction. These factors included, communication, time together, intimacy and togetherness, conflict resolution, individual differences, and commitment to child rearing. Couples in Contact also addressed components found in the literature to lead to marital dissatisfaction. These components included poor conflict management, role orientation, conflict over child rearing, infidelity and forgiveness, mental health issues, and domestic violence. The research findings from this study might contribute to positive social change by providing Latino couples with a program that might not only help enhance their marital relationship and improve their quality of life, but also might reduce the rate of divorce and mental health issues associated with a poor marital relationship.

Summary

This chapter included extensive data on marital satisfaction and the components of marital satisfaction in couples. Furthermore, the literature review addressed dysfunctional components of marital satisfaction, these components in the Latino culture, and the ways that the dynamics of the culture and the cultural uniqueness and differences affect marital satisfaction in Latino marriages. Last, it covered a variety of intervention programs to help couples enhance their relationship. An important goal of this chapter was to reveal a lack of research available on empirical based psycho-educational programs to increase marital satisfaction in Latino couples.

Numerous studies exist on the dynamics of the marital relationship and the elements of marital satisfaction in couples. Results showed that level of communication, intimacy, fidelity, time spent together, conflict management, and commitment to parenting were the most common components that enhanced the marital satisfaction. Conversely, domestic violence, role conflict, infidelity, negative shared experiences, mental health issues, and disagreements in child rearing were the most prominent factors of marital dissatisfaction and dysfunction.

This review also covered marital satisfaction related to Latino couples. It showed that this culture has specific values such as familism, *machismo*, marianism, and respect, which represent the core principles of Latino marital relationships. Nevertheless, intervention is necessary to enhance marital satisfaction. The chapter also presented the different forms of intervention available for Latino couples, which included individual and couples therapy, as well as group and psycho-educational programs. Although the

literature has shown the different variables associated with marital satisfaction and supported different interventions for couples, a significant need for programs for Latino couples to help improve their marital satisfaction remains.

Chapter 3 provides detailed information on the methodology used in the experimental quantitative study and presents the research design, the number of participants, instrumentation, hypotheses, statistical analysis, ethical considerations, the protection of participants' rights, and a summary.

Chapter 3: Research Method

Introduction

The purpose of this experimental, quantitative study was to investigate the effects and efficacy of the psychoeducational program, *Couples in Contact*, on the marital satisfaction of Latinos. This chapter includes a brief review of the design and approach to the study, including setting and sample, procedures and instrumentation. Also, it explains the data collection and analysis, a review of the threats to statistical validity, including reliability of the instruments, data assumptions, and sample size. Lastly, it provides an explanation of the steps taken to protect participants' rights.

Research Design and Approach

This study used a quantitative, experimental, randomized, wait-list control-group design to collect statistical data, using psychometrically sound instruments, to evaluate whether the *Couples in Contact* intervention program increased marital satisfaction in Latino married individuals. The experimental design used repeated measures, and compared the pre- and post-treatment marital satisfaction scores for those who received the treatment (experimental group) with those who did not receive the treatment (control group). Participants in both groups completed the Marital Satisfaction Inventory-R (MSI-R) developed by Snyder in 1981 and revised in 2004 (Snyder, 2004), as explained above. Using a control group improved the internal validity of the study by assuring that any differences between the assessment scores were due to my program and not due factors beyond the my control.

The purpose of quantitative research is to provide descriptions or explanations of causal relationships between independent and dependent variables (Salkind, 2010). This study used a true experimental design because it provided a specific plan for determining whether the cause related to the effect and provided methods to minimize the effect of extraneous or confounding variables (McLeod, 2007). This design helped control or reduce bias in the study, because assignment to the treatment condition was random. It reduced the threats to internal validity that may have led to false inferences about the relationship between the independent and dependent variables (Salkind, 2010). The statistical analysis used to test each hypothesis was analysis of variance (ANOVA), as specified below. Prior to conducting each ANOVA, data analyses addressed the extent to which the data met the assumptions for the ANOVA (e.g., homogeneity of variance, normality of variables, etc.).

This study was unique because I developed Couples in Contact specifically to meet the needs of Latino married individuals who were lacking marital satisfaction or wanted to enhance it. Even though a variety of programs are available for Latinos, this program uses culture-specific values and resources in Spanish.

Setting and Sample

Population

The population for this study consisted of Latino married individuals who lived in the same households with a spouse in the United States and spoke Spanish as their primary language. Approximately 52 million Latino individuals live in United States, comprising the 16.9% of all habitants in this country. They are the largest ethnic minority

in United States (U.S. Census Bureau, 2010). Further, 63.1% of this population are married couples and 61.1% have children younger than 18. In addition, 18.1% of married Latino women are divorced. This rate is 1.8% more than the rate for White or Non-Hispanic women is (Gibbs & Payne, 2011). In relation to the language spoken at home, it in 2010, 37 million of U.S. residents 5 years of age and older used Spanish as their primary language at home. They comprised 12.8% of U.S. residents age 5 or older (American Community Survey, 2011). Hence, this ethnic group would benefit from resources that could help better their marital relationships and family in general.

Sample

The sample included Latino married individuals who were invited to participate in this study through flyer information about the study (Appendix A). They were recruited through local agencies and schools in an area of Southern California. Other sites for distributing invitations were local churches, elementary schools, and community programs that provided services to Latino families. Latino couples who were married and who primarily spoke Spanish were invited to participate on a voluntary basis. Inclusion criteria were: (a) of Latino ethnicity, (b) couples who were married, and (c) who spoke Spanish fluently (the participants could be bilingual). Exclusion criteria were: (a) single individuals, (b) couples already receiving couple's therapy at the time of the study, (c) people who spoke English only, and (d) same-sex couples, because the program was developed for heterosexual married individuals only. For cost efficiency, and because no single source for obtaining a representative sample of Latino married individuals existed, the sampling used was availability or convenience sampling.

Sample Size

An a priori power analysis using G* Power 3.1 software was performed to determine the minimum number of participants needed based on the statistical analyses for this study (Faul, Erdfelder, Lang, & Buchner, 2007). The criteria for calculating this sample size were a power of .80 and an alpha level of .05, which are acceptable values to control for power and statistical significance and are standard practice in psychological research (Cohen, 1992). Because limited research is available on the relationship of psychosocial education marital programs and marital satisfaction among Latino couples, power calculations involved both a medium effect size ($f^2 = .15$) and large ($f^2 = .35$) effect size for multiple regression (Cohen's 1992). A minimum estimated number of participants needed to achieve statistical power with a large effect size is 34. A conservative number of participants needed with a medium effect size is 90 total (Cohen, 1992). Therefore between 90 and 100 participants that meet criteria for this study were sought. Because this study was a true experiment, assignment of the individuals into two groups was random: a treatment group and a control group. Both groups and received the pre- and post-treatment measures and only the experimental group received the treatment.

Procedure

A local children's center in Southern California sponsored and offered the study. Contact of possible participants occurred through this agency. To provide available space and times for participants, program implementation occurred in facilities from the local children's center and two local churches. I offered concurrent groups on at least three days a week to accommodate the participants with different schedules and to finish the

study in a timely manner. Leaders at these facilities granted permission to hold groups at their sites.

A letter with the information about the study was presented to the Clinical Director of this local children's center, leaders of local churches, and school districts requesting permission to offer and post announcements to inform the potential participants about the study. Participants were recruited to participate in the research study voluntarily. Flyers included the researcher's name, contact information, and information regarding the date, time, and location of the research (Appendix B). Interested participants contacted the researcher using the information contained on the flyer. I screened each contact via the telephone contact to determine whether they met inclusion and/or exclusion criteria for participation.

Individuals who met inclusion criteria were invited to attend one of the group research sessions held at different times and at different locations. I held the different sessions scheduled ahead of time. Attendees received informed consent forms in both English and Spanish and they chose which language they preferred for their assessment instruments, because many bilingual people prefer to read or write in English or Spanish, even though they might speak Spanish fluently (Appendix C). Participants in both intervention and control groups received both English and Spanish instruments for the post-treatment assessment (Appendix D).

Individuals who signed the informed consent forms completed the MSI-R and a demographic questionnaire on paper. Neither the demographic questionnaire nor the survey instruments included questions about personal identifying information. Each

participant gave the researcher a code for identification, as explained in the informed consent form. Only the researcher accessed the data accessed and downloaded them into secure files. Qualified professionals gained access to raw data, void of any sensitive information, upon request of the researcher.

Intervention

After completion of the pre-treatment measures, participants were randomly assigned to one of two conditions: a treatment condition and a wait list control condition.

Couples in Contact

Participants assigned to the experimental group were asked to participate in the Couples in Contact program for 10 weeks. Individuals had the opportunity to choose to participate in any of the four options for day and location offered in order to receive this intervention. Twenty-nine couples participated in the intervention group with 14–18 persons attended per session. The purpose of the Couples in Contact program was to provide Latino married participants with tools that they could use to increase their marital satisfaction and to improve the health of their marriages and families. This research initially developed this program in 2005 due to the needs of the Latino community to have a counseling program that would help couples better their marital relationships. Therefore, I developed the intervention program to focus specifically on those characteristics found in the literature to increase marital satisfaction, as explained in Chapter 2. At that time, no marital psycho-education curriculum was available to use with Latino married individuals.

As a result, after looking at different theorists and gathering information from them (Gottman, 1994; Gottman, Gottman & De Claire 2006; Dattilio, 2010; Nichols & Schwartz, 2007), I developed a curriculum based on a combination of issues that people expressed they wanted to address and issues that I found could be effective due to cultural values. Developed based on the cultural values and needs of Latino married persons, the Couples in Contact program covers many of the values and difficulties that Latino marriages exhibit. Latino individuals value marriage and procreation, as well as maintaining relationships with members of their own nuclear and extended families (Oropesa & Landale, 2004). They encounter challenges and stressors, such as family separation (usually due to immigration), language barriers, acculturation, religion, and the sense of living independently from the family of origin (Olsen, Skogrand, & DuPree, 2010; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

This program had origins in cognitive behavioral therapy for couples (Dattilio, 2010), with family systems theory (Cox & Paley, 1997; Minuchin, Lee, & Simon, 1996) and the theory of marriage by Gottman (1994) serving as supportive theories. The curriculum includes themes specific to the relationship among couples covered at each weekly session. The topics addressed themes such as: “How and when couples met,” “communication skills,” “conflict resolution,” “values and time spent together,” “gender roles,” “parenting,” “spirituality,” and “intimacy.” Themes addressed in the session were consistent with research on factors that enhance marriages (ACF, 2008; Wilcox et al., 2005)

Participants were invited to share verbally with others about their struggles, to express their needs, to reflect with their spouses about their relationships and the things that they need to do to enrich their lives. A complete outline of the curriculum appears in Appendix E. The setting of the group sought to promote participation among participants, communication, and reflection about the theme for the session. Participants had to complete activities during the session and a small amount of homework for the week at home.

Pilot testing of the Couples in Contact program previously occurred with two different groups of Latino married persons as part of the researcher's clinical work. Approximately 30 Latino married individuals participated in the groups on a consistent basis. The previous Couples in Contact participants completed a demographic questionnaire at the beginning and after the intervention, and an evaluation form to provide feedback about the program. The feedback was very positive, approximately 80% of the participants indicated that they found that the program helpful in their marriage and around 90% said that they would recommend it to others.

Wait-List Control

Participants assigned to control group received notification that they were on the wait-list for the program. To maximize the likelihood that participants assigned to the control group to be willing to continue participation and to provide help to those requesting it, these individuals were placed on a wait list to receive the Couples in Contact program once the study was over. They received no intervention from me during the study period. They were contacted at the end of the study to receive the Couples in

Contact intervention. They were reminded to refrain from participating in any kind of couples' therapy until the end of the study, as indicated in the consent form. Wait list control groups have been used in previous research. Baucom, Hahlweg and Kuschel (2003) reviewed studies that included wait list control or delayed treatment group to evaluate the effectiveness of programs. They agreed that their use is appropriately for evaluating the efficacy of new programs.

Instrumentation: Marital Satisfaction Inventory, Revised (MSI-R)

The MSI-R (Snyder, 2004) is a self-report instrument that measures marital conflict and discord. It helps identify areas that may be contributing to individual and family problems. It contains 150 questions in the form of brief statements with a true/false response format. Each participant completed it independently. Individuals respond only 129 questions if they have no children. The overall measure takes about 25 minutes to complete. It is written at a sixth grade reading level. Once all inventory items were completed, raw scores were obtained for each informant following specific directions that are provided in the manual. The scale scores were converted from raw scores to T-scores with a mean of approximately 50 and a standard deviation of 10 (Snyder, 2004). The testing manual provides a table to convert T-scores to percentile ranks. Normative data for the revised version of the MSI comes from a geographically diverse sample of 1,020 couples. This sample was representative of level of education, occupation, and ethnicity. Further, the sample was consistent with the population of the U.S. Census (Arieta, 2008). The Spanish translation MSI has been has undergone standardized in a sample of 86 bilingual Mexican American couples (Negy & Snyder,

2000). The Spanish version of this instrument was used for this study for the majority of the participants. Some participants who were bilingual requested the English version for easier reading.

The MSI-R measured marital satisfaction. Participants in both control and experimental groups completed it before and after the intervention. The MSI-R has 11 dimensions of marital satisfaction. The Global Distress scale measures overall dissatisfaction with the marital relationship. The Affective Communication scale measures dissatisfaction with partner's emotional responsiveness and understanding. The Problem Solving Communication scale measures the couple's ability to problem solve. The Aggression scale measures physical aggression and intimidation experienced by the partner within the relationship. The Time Together scale measures the time that the couple spends engaged in leisure activities together. The Disagreement About Finances scale is a measure of the couple's compatibility regarding money. The Sexual Dissatisfaction scale measures each person's feelings regarding the sexual relationship. The Role Orientation scale measures each partner's view of parental roles and the level of traditional versus non-traditional marital and parental roles. The Family History of Distress scale measures the level of distress in each partner's family of origin. The Dissatisfaction with Children scale assess the quality of the relationship between parents and children. The Conflict over Child Rearing scale measures the parental agreement regarding various aspects involved in raising children (Snyder, 2004). The MSI-R contains two validity scales: (a) Inconsistency, which measures how consistent the

respondent is with the item content, and (b) Conventionalization, which assess distortions of responses that may give a better impression of their relationship than it actually is.

Marital Satisfaction Score

All scores from the subscales fall into one of three categories: low, moderate, and high. The level of clinical severity for each scale varies based upon scale content. General T-score guidelines include general levels of satisfaction on scales with T-scores lower than 50. Moderate levels of distress and dissatisfaction are apparent on scales with T-scores ranging between 50 and 60. Scales with T-scores over 60 indicate significant levels of marital distress. These criteria apply to the Global Distress scale, the Affective Communication scale, the Problem-Solving Communication scale, the Aggression scale, the Time Together scale, the Disagreement about Finances scale, the Sexual Dissatisfaction Scale, the Dissatisfaction with Children scale, and the Conflict over Child Rearing scale. The Role Orientation scale's indicators are slightly different than are all other scales. A T-score of below 50 indicates a more traditional orientation regarding parenting and gender roles. On the other hand, T-scores for this particular scale is higher that are higher reflect less traditional perspective on parenting and gender, with the couple being more likely to share more fully all children rearing responsibilities (Snyder, 2004).

Instrument Reliability

In previous studies, internal consistency has been e high for the total scale ($\alpha = .72$; Negy & Snyder, 2000). Tests confirm reliability of internal consistency across time (Snyder, 2004). Confirming internal consistency reliability, high internal reliability

ranging from .70 to .93 with an average coefficient of .82 was evident in a sample of 2,040 individuals. Six-week test-retest coefficients ranged from .74 to .88, with an average coefficient of .79 in a sample of 210 (Snyder, 1997). Using the Spanish version, the 6-week test-retest reliability was collected from 86 couples from the general population. The reliability coefficient was $r_{xx} = .79$ (Negy & Snyder, 2000). Cronbach's alpha coefficients for each of the MSI's subscales, based on a sample of 86 couples who participated using the Spanish version were as follows: Total scale = .82, Conventionalization = .80, Global Distress = .89, Affective Communication = .83, Problem-Solving Communication = .86, Aggression = .79, Time Together = .68, Disagreement About Finances = .68, Role Orientation = .73, Family History of Distress = .75, Dissatisfaction with Children = .22, and Conflict over Child Rearing = .61.

Instrument Validity

A sample of 646 individuals or 323 couples completed the original MSI and the MSI-R to examine validity (Snyder, 2004). The results yielded a high interrelationship between the original scale and the revised scale, with correlation coefficients ranging from .94 to .995. Other convergent validity samples had high correlations between the MSI-R and the Locke-Wallace Marital Adjustment Test and Spanier's Dyadic Adjustment Scale (Snyder, 2004). The author described the well-established convergent and discriminant validity and correlates with couples' needs in the research.

Responses on the MSI-R suggests who could benefit from couple therapy and discriminated between clinical and nonclinical groups. This inventory is specifically helpful in pretreatment and post-treatment differentiation (Snyder, 2004). I obtained

permission from the author/copyright holder to use the instrument. A copy of the permission letter appears in the appendix (Appendix F). A copy of the full instrument also appears in the appendix (Appendix G).

Demographic Questionnaire

The research designed a brief demographic survey for this study and presented it presented to the Institutional Review Board of Walden University prior to using it in the research. The demographic information consisted of 10 items (a) age, (b) ethnicity, whether born in United States or elsewhere, (c) marital status, (d) length of time married or living with spouse, (e) number of children, (f) occupation, (g) religious orientation, (h) education (i) family income and, (j) whether or not they participated in therapy. All information remained confidential and participants did not write their names on any of the questionnaires, including the demographics survey (Appendix H)

Data Collection and Analysis

Preliminary analyses were conducted prior the treatment intervention. Descriptive statistics of demographic variables were also evaluated for relationships. The research questions, null hypotheses, and alternative hypotheses were formulated to examine potential relationships between independent and dependent variables. The next analysis involved comparing treatment and control conditions on the demographic characteristics using independent samples *t*-tests and chi-square analysis.

The analysis used to test each hypothesis was analyses of variance (ANOVA), as specified below. Preceding each ANOVA were data analyses conducted to examine the extent to which the data met the assumptions for the ANOVA (e.g., homogeneity of

variance, normality of variables, etc.). Assumptions must have been met for results of analyses to be trustworthy. The SPSS computer software was the data analysis program. Each research question did not involve examining the absolute levels of marital satisfaction. Rather, differences in changes in the dependent variable across treatment conditions indicate the treatment effect. As such, the test of each hypothesis is an interaction effect.

The research question and the null and alternative hypotheses appear below with key characteristics associated with the null hypothesis.

1. Will Latino married individuals who participate in the Couples in Contact group program report greater decreases in the overall marital dissatisfaction in their relationship, as measured by the Global Distress scale in the MSI-R, compared to married individuals in the control condition?

*H*₀: There will be no significant difference in overall dissatisfaction of their marriages, as measured by the Global Distress scale of MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

*H*₁: There will be a significantly greater decrease in overall dissatisfaction of their marriage, as measured by the Global Distress scale of MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

The analysis used was a two-way ANOVA with one between-subjects independent variable (group, with two levels: experimental and control) and one within-subjects independent variable (time, with two levels: pre-treatment and post-treatment).

2. Will Latino married individuals who participate in the Couples in Contact group program report a greater increase in marital satisfaction with conflict resolution skills, as measured by the Problem-Solving Communication subscale of the MSI-R, compared to married individuals in the control condition?

*H*₀: There will not be a significant difference between reports of marital satisfaction and conflict resolution skills, as measured by the Problem-Solving Communication scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

*H*₁: There will be a significantly greater increase in reports of marital satisfaction and conflict resolution skills, as measured by the Problem-Solving Communication scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control.

The analysis used was a two-way repeated measures ANOVA with one between-subjects independent variable (group, with two levels: experimental and control) and one within-subjects independent variable (time, with two levels: pre-treatment and post-treatment).

3. Will Latino married individuals who participate in the Couples in Contact group program report a greater increase in marital satisfaction with perceptions of fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, than will married individuals in the control condition?

*H*₀: There will not be a significant difference between the reports of marital satisfaction and perceptions of fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

*H*₁: There will be a significantly greater increase in the reports of marital satisfaction and the perceptions of fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, for married individuals participating in the group program, Couples in Contact, compared to married individuals who participate in the control condition.

The analysis used was a two-way ANOVA with one between-subjects independent variable (group, with two levels: experimental and control) and one within-subjects independent variable (time, with two levels: pre-treatment and post-treatment).

4. Will Latino married individuals who participate in the Couples in Contact group program report a greater increase in marital satisfaction with affective

communications, as measured by the Affective Communication scale of the MSI-R, compared to married individuals in the control condition?

*H*₀: There will not be a significant difference between reports of marital satisfaction with affective communication skills, as measured by the Affective Communication scale of the MSI-R, for married individuals participating in the group program Couples in Contact compared to married individuals who participate in the control condition.

*H*₁: There will be a significantly greater increase in reports of marital satisfaction with affective communication skills, as measured by the Affective Communication scale of the MSI-R, for married individuals participating in the group program Couples in Contact compared to married individuals who participate in the control condition.

The analysis used was a two-way ANOVA with one between-subjects independent variable (group, with two levels: experimental and control) and one within-subjects independent variable (time, with two levels: pre-treatment and post-treatment).

Threats to Validity

In a research study, different assumptions about what caused the relationship among variables could exist (Salkind, 2010). Validity focuses on how truthful an inference or assumption is in a study. The researcher could only make assumptions about what is true. Further, eliminating confounding variables that could manipulate the results of a study, that in turn, would lead to false inferences that could distort the relationship

between independent and dependent variables is possible. Eliminating these confounds involves controlling the different threats to validity (Salkind, 2010).

External Validity

The sample in the current study involved Latino married individuals for whom Spanish was the primary language. Findings may not be applicable to other Latino persons who are in romantic relationships. In addition, I used a convenience sample, which might not be representative of all the Latino married individuals population in the United States.

Internal Validity

The placebo effect might have contributed to outcomes in the experimental group. For instance, social interaction associated with the group intervention or expectations of getting better associated with being in the experimental group might have contributed to improvements in marital satisfaction. On the other hand, due to random assignment, participants in the control group who experienced great difficulty in their marriages could have been more inclined to drop out of the study than the other participants were. Because all data are self-reported, they may be biased. Individuals could answer questions in ways that portray them or their partners positively. An assumption of the study was that respondents answered questions honestly and to the best of their ability. Another assumption was that participants in both the treatment and control groups did not receive any type of couples' therapy while in this program. I made extra efforts to follow up with participants to assure that the same intervention was available for them or to make appropriate referrals if necessary.

Construct Validity

There was a risk that individuals in the study responded based on their perceptions of the experimental condition only. In addition, the researcher could have influenced participant responses by conveying her own expectations of the treatment process. I provided participants with clear messages of the program, measures and intervention purposes. Results and interpretations made involved taking into consideration these factors that could have influenced the relationships among variables.

Statistical Conclusion Validity

To allow all individuals in the study to participate, different days were offered to provide opportunities for couples to choose the times best accommodates to their schedules. On the other hand, if no significant differences were observed, post hoc power analysis would be conducted to determine if adequate power existed. Assumptions of the ANOVAs were conducted to ensure that findings were valid. To ensure that instruments are reliable in the current sample; internal consistency reliability (i.e., Cronbach's alpha) coefficients were computed for the dependent variable. To ensure that the treatment delivery was reliable, participants completed a checklist of elements delivered during the program. These checklists were compared across intervention groups.

Protection of Human Participants**Ethical Assurances**

Ethical considerations are important in this study. I fully upheld all ethical standards. The steps taken for the ethical protection of all participants are described in the following section. Prior to any collection of data and prior to beginning the intervention, I

first obtained Institutional Review Board approval from Walden University (Approval No. 02-26-14-0102833). I secured permission from the local children's center and the two local churches before the delivery of the treatment. All posters for recruitment and flyers were submitted for Institutional Review Board approval. I assured prospective participants that their involvement in the study was completely voluntary and that they could withdraw from the study at any moment with no adverse consequences. Each person received an informed consent form. These were available in English or Spanish for participants to choose to answer in their preferred language.

Participants signed the consent form if they agree to take part in the study. Participants were assured of the confidentiality of written information and verbal communication during sessions. I explained the exceptions for breach of confidentiality, which would occur if a participant revealed he or she was in danger to hurt himself or herself or others; or if he or she revealed or I suspected a child abuse. Participants in the control condition received a follow up contact to assure their wait-list condition. Last, participants in the control condition completed the posttest inventory and were reminded that they agreed to await their turn to receive the treatment and would not participate in couples' therapy during the 10 weeks prior to their treatment.

All consent forms and questionnaires were maintained in separate locked file cabinets accessible only to me. The participants were assured that no identifying information would accompany the questionnaires. Further, they would be aware that the data entered into the computer would contain no identifying information of the participants. These data have been secured on a password-protected computer and were

backed up on a password-protected USB drive. The analysis proceeded as specified in the proposal. No attempts were made to modify the approach to try to get better results. To maintain the accuracy of the study, the processing and analysis of data were reported as conducted and all findings were reported, regardless of outcome. To maintain the confidentiality of the participants, the data were reported in aggregate form, and no individual data were presented. Last, agencies used were reported in the dissertation to help maintain confidentiality of participants. The data (paper and electronic) will be retained for a period of five years, after which it will be discarded appropriately.

Summary

This chapter presented the research methods used in this experimental quantitative study, the aim of which was to examine the effects of Couples in Contact psycho-educational program on the marital satisfaction of Latino married individuals. The chapter includes description of the research design, setting and sample, as well as sample selection, followed by detailed discussion of the intervention and instrumentation. Participants completed the MSI-R, a self-report survey, and a brief demographics survey. The chapter included discussion of reliability of the instruments, as well as the threats to all types of validity in the study. Particular attention was directed toward ethical issues pertaining to the research and the protection of participants' rights. Chapter 4 informs the major findings based on the analysis of the data. To conclude, the interpretation of the findings, limitations, recommendations for further research along with implications for social change is included in Chapter 5.

Chapter 4: Results

Introduction

In the past decade, marital satisfaction has been an area of interest for researchers. Many studies have focused on ways of increasing couple marital satisfaction on White and Euro-American married couples (Hawkins, Carroll, Doherty, & Willoughby, 2004; Snyder, Heyman, & Haynes, 2005). Even though there is a consensus among researchers about the importance of providing resources that help Latino married individuals improve their marital satisfaction (Johnson, 2012), the literature showed a scarcity of studies that foster it on this population. The purpose of this experimental quantitative study was to investigate the effects of the psychoeducation program, Couples in Contact, on marital satisfaction in Latino couples. Specifically, the goal was to address the following research questions:

1. Will Latino married individuals that participate in the Couples in Contact program report a greater decrease in the overall marital dissatisfaction in their relationship, as measured by the global distress in the MSI-R compared to married individuals in the control group?
2. Will Latino married individuals who participate in the Couples in Contact program report a greater increase in marital satisfaction with conflict resolution skills, as measured by the Problem Solving Communication subscale of the MSI-R, compared to couples in the control condition?
3. Will Latino married individuals who participate in the Couples in Contact program report a greater increase in marital satisfaction with perception of

fairness in the division of household labor, as measured by the Role Orientation scale of the MSI-R, than will couples in the control group?

4. Will Latino married individuals who participate in the Couples in Contact program report a greater increase in marital satisfaction with affective communications as measured by the Affective Communication scale of the MSI-R, compared to couples in the control group?

This study also tested the following four null hypotheses:

1. There will be no significant difference in overall dissatisfaction of their marriage, as measured by the global distress scale of MSI-R, for those participating in the program, Couples in Contact, compared to those who participate in the control condition.
2. There will not be a significant difference between reports of marital satisfaction and conflict resolution skills for those participating in the program, Couples in Contact, compared to those who participate in the control condition as measured by the Problem solving communication scale of the MSI-R
3. There will not be a significant difference between the perception of fairness in the division of household labor and marital satisfaction for those participating in the program, Couples in Contact, compared to those who participate in the control condition as measured by the Role Orientation scale of the MSI-R.

4. There will not be a significant difference between reports of marital satisfaction and affective communication skills for those participating in the program Couples in Contact compared to those who participate in the control condition as measured by the Affective communication scale of the MSI-R?

This chapter describes the data collection procedure and cleaning analysis; addresses the descriptive characteristic of the sample, comparison of groups on demographic and pretreatment variables, and provides an overview of the design and procedures. The chapter concludes with a summary of findings from the ANOVA to address the research questions and a preview of Chapter 5.

Data Collection

Data was collected over a 12-week timeframe. A total of 100 participants initiated the study. They were recruited from a local child mental health agency, local Churches, and community service providers. This allowed this researcher to collect data as stipulated in the procedures form explained in the methodology of this study. All prospective participants were randomly assigned to intervention group and wait-list control group. All received a consent form, explaining the study. Each participant completed a demographic questionnaire and a pre and posttest using the MSI-R (Snyder, 1997).

This study employed an experimental design with repeated measures, involving comparison of the pre- and post-treatment marital satisfaction scores for those who receive the treatment (treatment condition) with those who do not received the treatment (control condition). The instrument that this study utilized was the MSI-R. Participants in

the study were assigned to two groups. The Intervention group and the Wait-control list group. Even though, 100 individuals filled the before test, not all of them completed the posttest. A T-test sample was conduct to compare group differences on quantitative variables.

Screening and Data Cleaning

All data was analyzed using Statistical package for the Social Sciences (SPSS) software version 21. Data was assessed to verify inclusion criteria. Responses were screening for missing data. A total of 50 couples consented to participate in the study over a 6-month period between March and September 2014. The 50 couples returned their pretest questionnaire for a 100% return rate. For the posttest questionnaires, 7 couples did not return their questionnaires (three from the intervention group and four for the control group). The responses of 43 couples were used in the final analysis. Independent samples t-tests were conducted to examine preexisting group differences on demographic variables. Chi-squares tests were used to examine categorical values of the same.

Test of Normality

Prior to analyses run on the hypotheses, the assumptions for independence of observation within each sample, normality, homogeneity of variances of the dependent variables among samples used and homogeneity of covariance matrices of the dependent variables were assessed. The sample in the study were randomly distributed for both intervention and wait-control conditions, therefore the sample was representative of the population and the results can be generalized to the population The assumption of

normality was assessed using the Shapiro-Wilk test. This assumption was violated; however ANOVA is a robust test for non-normal distribution samples (Norman, 2010). The Assumption of homogeneity of variances was assessed using Levene's test. Lastly, the assumption of homogeneity of covariance matrices was assessed using Box's M test. In relation to the level of probability, due to the nature of the study, the level of p has been calculated using the ($p < .001$). The p -value indicates the extent to which deviations from normality are significant. When the p -value is less than .05, the results are considered significant and when a result is statistically significant at these levels, the decision of rejecting the null hypothesis is stronger than when they use the .05 level (Pyrzszak, 2010).

Descriptive Statistics

A total of 100 married Latino individuals participated initially in the study. Participants were collected from local churches and community activities. Frequencies and percentages were assessed for all the demographic information that was collected. The demographic data included, age, gender, number of years living in United States, race/ethnicity, place of birth of the participants, their parents and grandparents (to determine generation line in United States), religion, educational level, civil status, number of years married, number of children, ages of children, number of children living at home, employment, type of employment, income and if they have had participated in couple therapy since it was one of the exclusions for the study. Of the participants, 50% were male and 50% were female. For inclusion in the study all couples needed to be married and currently living with their spouse. It was necessary for each spouse to be

present in the intervention to be part in the study. However, they were informed that they could discontinue the treatment and the study at any given point. In relation to age, wives in the study ranged from 24 – 75 years of age, with an average of 44.78 ($SD = 10.95$). The husbands; age range from 27 – 75 years of age, with an average of 47.16 ($SD = 10.65$). Individuals living in USA ranged from 4 years to 66 years, with an average of 27.57 ($SD = 11.36$). The vast majority of the participants were born in Mexico ($n = 77$; 77.0%) and the rest of the participants were from other cities of Central and South America, with 5% of them who were born in USA. In relation to their religious preferences, 89% of the participants were Catholic. Five percent of the participants did not have formal education and a three percent had earned a Master degree. Furthermore, 29% of participants had some college or had earned a High School diploma. The number of years of marriage of the participants ranged from 2 – 51 years, with an average of 20.65 ($SD = 11.44$). The numbers of children ranged from 1 to 7, with an average of 3.16 ($SD = 1.49$). Additionally, 42% of wives and 84% of the husbands work outside the home. The income varied among participants, where 22% earned between \$ 10,000-19,999 a year. Of the participants, 5% earned less than \$10,000 a year and 11% earned more than \$70,000 a year. Lastly, 94 % of the participants had not participated in couples therapy and the 6% who had, indicated that the therapy was mainly spiritually based.

Table 1

Quantitative Demographic Characteristics for Study Sample (N = 100)

Variable	<i>n</i>	Min.	Max.	<i>M</i>	<i>SD</i>
Age					
Female	50	24	75	44.78	10.95
Male	50	27	75	47.16	10.65
Total	100	24	75	45.98	10.81
Number of years in current marriage	96	2	51	20.66	11.44
Number of children	100	1	7	3.16	1.48
Number of children living at home	98	0	6	2.33	1.46
Age of oldest child	98	3	50	19.91	11.13
Age of youngest child	98	1	42	12.20	9.31
Number of years living in the United States (if not born in US)	93	4	66	27.57	11.37

Table 2

Categorical Demographic Characteristics of the Sample (N = 100)

Variable	<i>n</i>	%
Country of birth		
Belize	1	1.0
Bolivia	2	2.0
Cuba	1	1.0
Ecuador	2	2.0
El Salvador	2	2.0
Honduras	1	1.0
Mexico	77	77.0
Nicaragua	4	4.0
Peru	5	5.0
USA	5	5.0
Religious Affiliation		
Catholic	89	89.0
Protestant	9	9.0

Jehovah's Witness	1	1.0
No response	1	1.0
Highest Level of Education		
No formal education	5	5.0
Elementary school (K-5)	5	5.0
Middle school (6-8)	10	10.0
High school (9-12)	29	29.0
Some college	29	29.0
College degree	15	15.0
Master's/doctoral degree	3	3.0
Other	1	1.0
No response	3	3.0
Family income		
Less than \$10,000	5	5.0
\$10,000-19,999	22	22.0
\$20,000-29,999	15	15.0
\$30,000-39,999	13	13.0
\$40,000-49,999	10	10.0
\$50,000-69,999	7	7.0
\$70,000 or more	11	11.0
No Response	17	17.0
Previous couples therapy with current spouse		
Yes	5	5.0
No	94	94.0
Missing	1	1.0
Currently employed		
Female		
Yes	21	42.0
No	28	56.0
No response	1	2.0
Male		
Yes	42	84.0
No	5	10.0
No response	3	6.0

Data Analysis Results

As indicated above, a Shapiro-Wilk test was used to assess the normality of the dependent variable between Intervention and Wait-control group. In the present study, the normality of the dependent variables was examined separately for intervention and wait-control groups.

Table 3

Shapiro-Wilk Test Results

Variable	Intervention			Control		
	W	df	Sig.	W	df	Sig.
Global Distress Scale - Pretest	.959	58	.046	.944	42	.039
Global Distress Scale - Posttest	.944	50	.020	.955	36	.150
Problem-Solving Communication Scale - Pretest	.979	58	.417	.931	42	.014
Problem-Solving Communication Scale - Posttest	.988	50	.885	.955	36	.150
Role Orientation Scale - Pretest	.948	58	.014	.946	42	.047
Role Orientation Scale - Posttest	.938	50	.012	.969	36	.393
Affective Communication Scale - Pretest	.979	58	.398	.920	42	.006
Affective Communication Scale - Posttest	.946	50	.024	.932	36	.029

From these values, the following was inferred:

Table 4

Summary of values from the Shapiro-Wilk test

Variable	Intervention	Wait-Control
Global Distress Scale - Pretest	Not normal	Not normal
Global Distress Scale - Posttest	Not normal	Normal
Problem-Solving Communication Scale - Pretest	Normal	Not normal
Problem-Solving Communication Scale - Posttest	Normal	Normal
Role Orientation Scale - Pretest	Not normal	Not normal
Role Orientation Scale - Posttest	Not normal	Normal
Affective Communication Scale - Pretest	Normal	Not normal
Affective Communication Scale - Posttest	Not normal	Not normal

Analysis of Hypotheses and Major Findings

The assumptions of the ANOVA were analyzed. Level $p < .001$ was used to determine significance for these tests. The independent variables were group (Couples in Contact) with two levels (experimental and control) and time with two levels (pretreatment and posttreatment). The dependent variables were four scales of the MSI-R. For hypothesis one was the General Distress Scale; for hypothesis 2 was the Problem-Solving Communication scale; for hypothesis 3 was the Role Orientation scale and for hypothesis 4 was the Affective Communication scale. Three effects were examined to

evaluate the null hypothesis: (a) The effects of the interaction of time point and group on DV; (d) The effects of group on the DV (between-subjects main effect); and (c) The effects of time point type on the DV across groups (a within-subjects main effect).

Hypothesis 1 Findings

The first null hypothesis stated that there will be no significant difference in overall dissatisfaction of their marriage, as measured by the global distress scale of MSI-R, for those participating in the program, Couples in Contact, compared to those who participate in the control condition. A two-way mixed within between ANOVA was used to analyze the first null hypothesis.

Table 5

Descriptive Statistics for Hypothesis 1

Group Group - Treatment or Control		Mean	Std. Deviation	N
GDSPRE Global Distress Scale - Pretest	1.00 Intervention	59.0800	6.98640	50
	2.00 Control	55.1111	5.86894	36
	Total	57.4186	6.79700	86
GDSPOST Global Distress Scale - Posttest	1.00 Intervention	51.9400	6.84943	50
	2.00 Control	54.0278	7.12535	36
	Total	52.8140	7.00170	86

The assumption of equality of covariance matrices was met, Box's $M = 10.48$, $F(3, 479427.26) = 3.40$, $p = .017$. The assumption of homogeneity of variances was met, for pretest, $F(1, 84) = 2.50$, $p = .118$ and posttest, $F(1, 84) = 0.02$, $p = .884$. The null hypothesis was rejected, Wilk's $\Lambda = .828$, $F(1,84) = 17.40$, $p < .001$, $\eta^2 = .172$. Further, post hoc paired sample t-tests were conducted for each group to evaluate the nature of the

change for each group. Post hoc t-tests showed that Global distress significantly decreased for intervention group, $t(49) = -6.58, p < .001$ and it did not change significantly for control group, $t(35) = -1.34, p = .188$. Thus, global distress decreased for the intervention group and not for the control group.

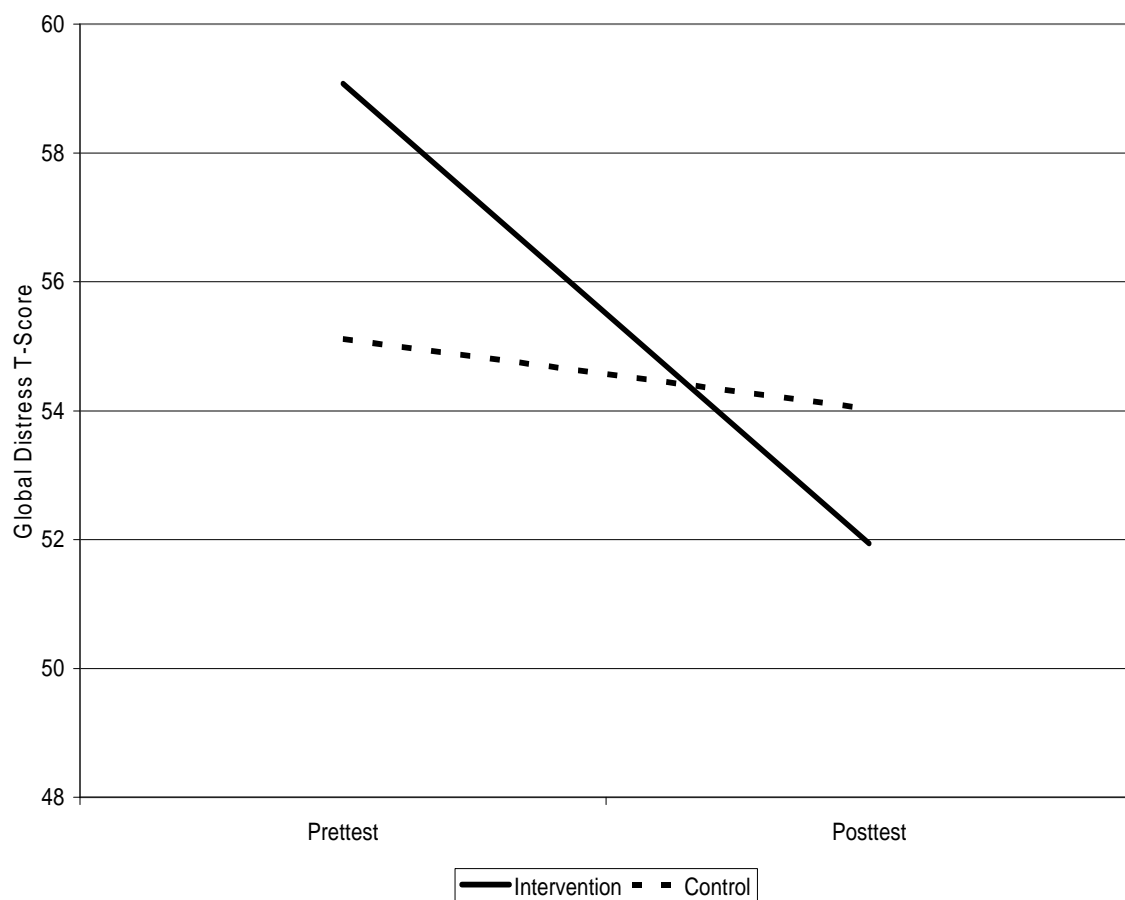


Figure 1. Pretest and posttest T-Scores for the Global Distress scale of the MSI-R for intervention and control groups.

Hypothesis 2 Findings

The second null hypothesis stated that there will not be a significant difference between reports of marital satisfaction and conflict resolution skills for those participating in the program, Couples in Contact, compared to those who participate in the control condition as measured by the Problem solving communication scale of the MSI-R.

Table 6

Descriptive statistics for Hypothesis 2

Group - Treatment or Control		Mean	Std. Deviation	N
PSCPRE Problem-Solving	1.00 Intervention	59.3400	7.68144	50
Communication Scale – Prettest	2.00 Control	51.3889	11.74072	36
	Total	56.0116	10.31218	86
PSCPOST Problem-Solving	1.00 Intervention	49.5600	8.13197	50
Communication Scale – Postttest	2.00 Control	50.7500	11.70195	36
	Total	50.0581	9.73937	86

The assumption of equality of covariance matrices was not met, Box's $M = 21.29$, $F(3, 479427.26) = 6.91$, $p < .001$. To address this issue, Pallai's Trace was used to evaluate the statistical significance. Similarly, the assumption of homogeneity of variances was not met for pretest, $F(1, 84) = 10.33$, $p = .002$ or posttest, $F(1, 84) = 6.68$, $p = .011$. To address this issue, a more stringent value was used to determine significance. The null hypothesis was rejected, by using Pallai's Trace = .279, $F(1,84) = 32.54$, $p < .001$, $\eta^2 = .279$. Further, post hoc t-tests showed that the Problem-solving

communication significantly decreased for intervention group, $t(49) = 8.11, p < .001$ and it did not change significantly for control group, $t(35) = 0.74, p = .466$.

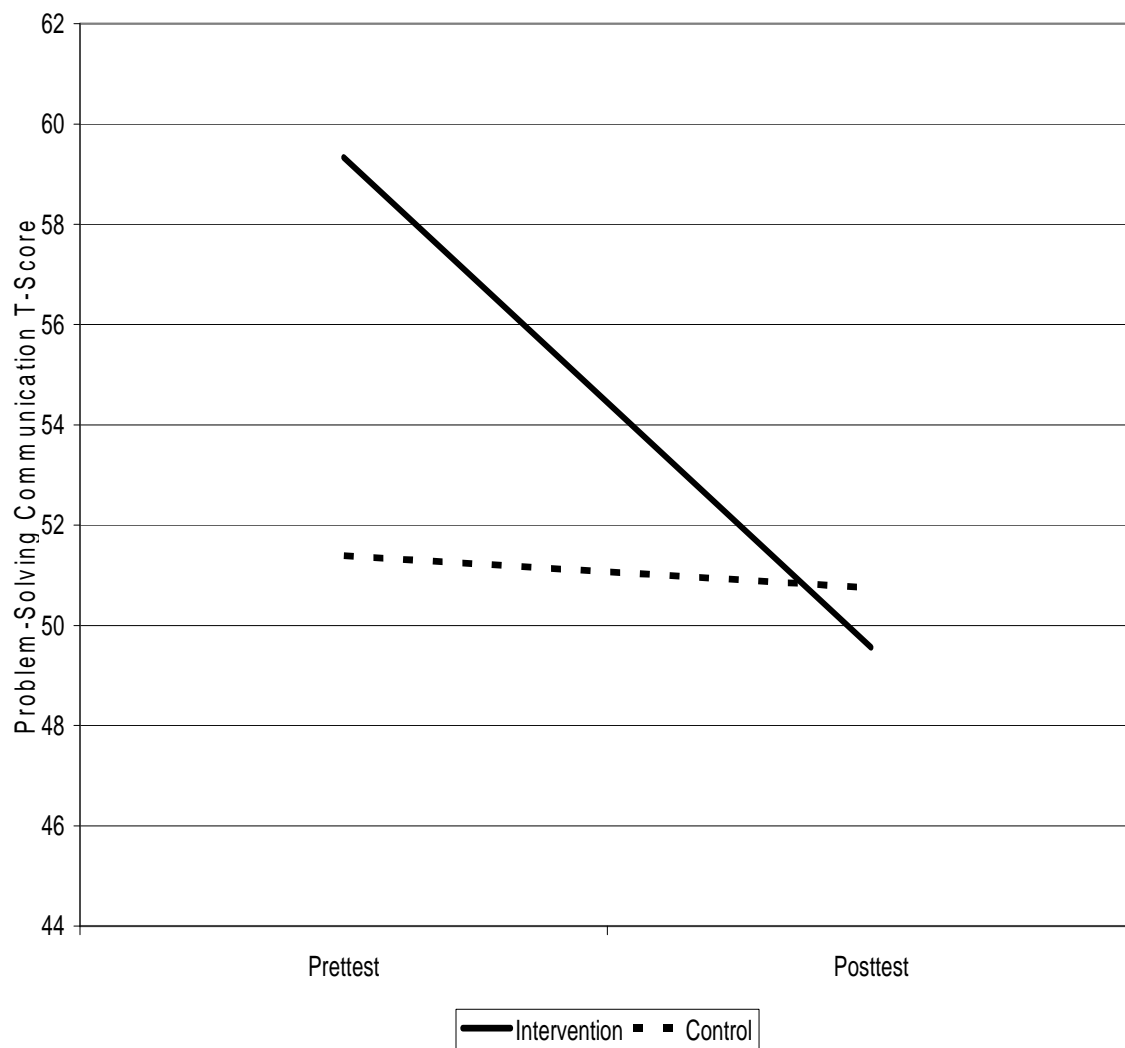


Figure 2.

Prettest and posttest T-Scores for the Problem-Solving Communication scale of the MSI-R, for intervention and control groups.

Hypothesis 3 Findings

The third null hypothesis stated that there will not be a significant difference between the perception of fairness in the division of household labor and marital satisfaction for those participating in the program, Couples in Contact, compared to those who participate in the control condition as measured by the Role Orientation scale of the MSI-R.

Table 7

Descriptive statistics for Hypothesis 3

Group - Treatment or Control		Mean	Std. Deviation	N
RORPRE Role Orientation Scale - Pretest	1.00 Intervention	47.5400	5.62868	50
	2.00 Control	48.8889	5.99418	36
	Total	48.1047	5.78849	86
RORPOST Role Orientation Scale - Posttest	1.00 Intervention	47.2400	5.80837	50
	2.00 Control	49.6389	4.78780	36
	Total	48.2442	5.50494	86

The assumption of equality of covariance matrices was met, Box's $M = 2.08$, $F(3, 479427.26) = 0.68$, $p = .567$. Similarly, the assumption of homogeneity of variances was met, for pretest, $F(1, 84) = 0.16$, $p = .687$ and posttest, $F(1, 84) = 0.36$, $p = .511$. The null hypothesis was retained, Wilk's $\Lambda = 0.99$, $F(1,84) = 0.63$, $p = .429$, $\eta^2 = .007$. The changes between time points are the same for both groups.

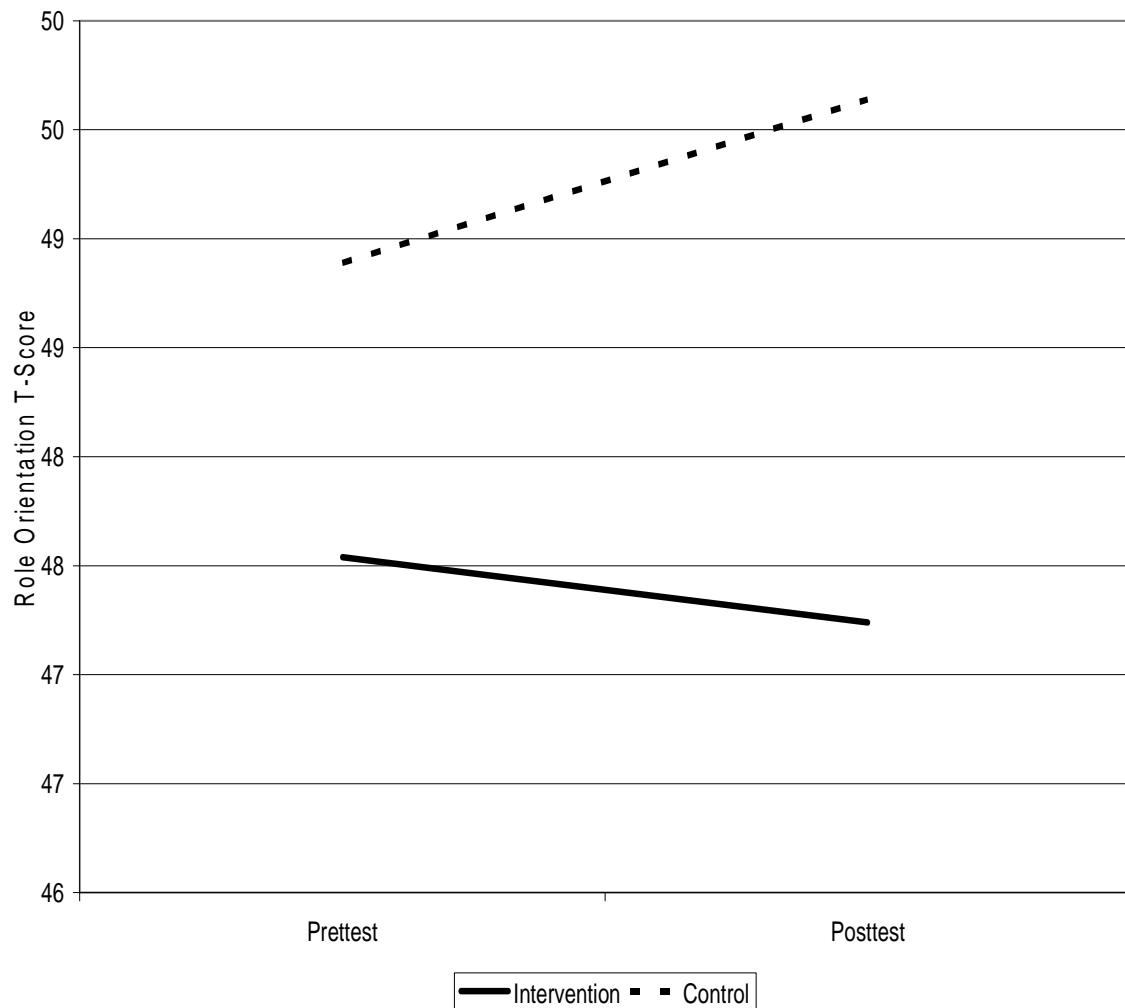


Figure 3.

Pretest and posttest T-Scores for the Role Orientation Scale of the MSI- R for intervention and control groups.

Hypothesis 4 Findings

The fourth null hypothesis stated that there will not be a significant difference between reports of marital satisfaction and affective communication skills for those

participating in the program Couples in Contact compared to those who participate in the control condition as measured by the Affective communication scale of the MSI-R?

Table 8

Descriptive statistics for Hypothesis 4

Group - Treatment or Control		Mean	Std. Deviation	N
AFCPRE Affective	1.00 Intervention	58.9800	7.90889	50
Communication Scale - Prettest	2.00 Control	51.2222	10.64522	36
	– Total	55.7326	9.87620	86
AFCPOST Affective	1.00 Intervention	49.2600	9.69496	50
Communication Scale - Posttest	2.00 Control	51.3611	9.99186	36
	– Total	50.1395	9.81735	86

The assumption of equality of covariance matrices was met, Box's $M = 21.99$, $F(3, 479427.26) = 7.13$, $p < .001$. To address this issue, Pallai's Trace was used to evaluate the significance. On the contrary, the assumption of homogeneity of variances was not met, for pretest, $F(1, 84) = 8.69$, $p = .004$, but was met for posttest, $F(1, 84) = 0.14$, $p = .713$. To address this issue, a more stringent value was used to determine significance. Specifically, for this ANOVA, a p-value of less than .01 was used to determine significance instead of .05. The null hypothesis was rejected, Pallai's Trace = 0.27, $F(1,84) = 31.33$, $p < .001$, $\eta^2 = .272$. Lastly, Post hoc t-tests showed that the affective communication dissatisfaction significantly decreased for intervention group, $t(49) =$

7.10, $p < .001$ and it did not change significantly for control group, $t(35) = -0.168$, $p = .868$.

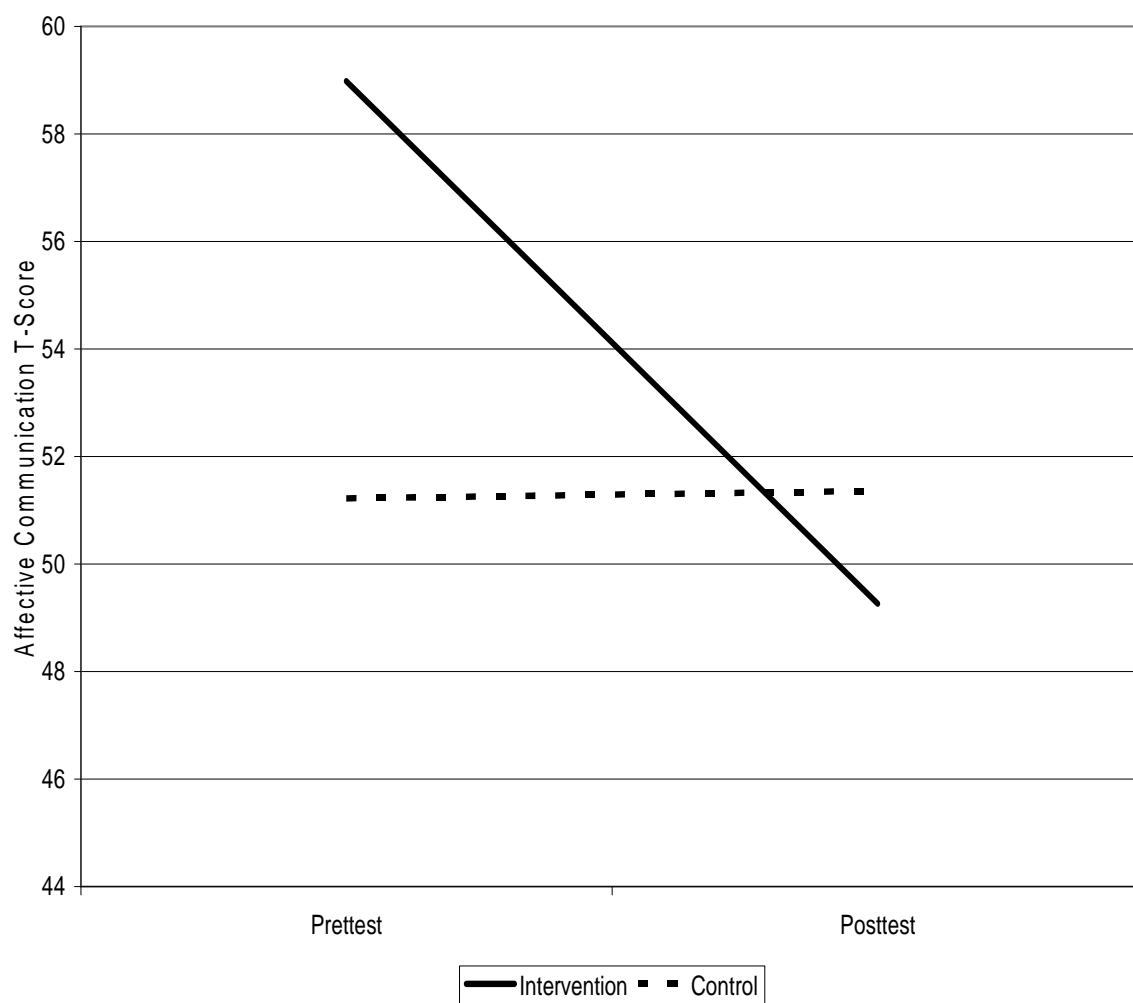


Figure 4. Prettest and posttest T-Scores for the Affective Communication subscale of the Marital Satisfaction Inventory, Revised for intervention and control groups

From summary of results:

Table 9

MSI-R Means Across Time Points

Variable	Pretest <i>M(SD)</i>		Posttest <i>M(SD)</i>	
	Intervention	Control	Intervention	Control
Global Distress	59.08 (6.99)	55.11 (5.87)	51.94 (6.85)	54.03 (7.13)
Problem-Solving Communication	59.34 (7.68)	51.39 (11.74)	49.56 (8.13)	50.75 (11.7)
Role Orientation	47.54 (5.63)	48.89 (5.99)	47.24 (5.81)	49.64 (4.79)
Affective Communication	58.98 (7.91)	51.22 (10.65)	49.26 (9.69)	51.36 (9.99)

Summary

Based on the finding of the Two-way ANOVAs, the null hypothesis for research questions 1, 2, and 4 were rejected. The results of this study indicated that there were significant differences between the intervention group and wait-list control group. Global distress, conflict resolution difficulties and dissatisfaction with affective communication skills decrease significantly in the intervention group and not in the control group. In relation to hypothesis 3, the role orientation and perceptions of fairness no significant change occurred among groups.

In the following chapter, a brief summary of the study will be provided, main findings will be presented and conclusions will be drawn based on the findings. In addition, the social change implications of these findings, the limitations of this study and recommendations for future action and future research will be discussed.

Chapter 5: Discussion

Introduction

Ten years ago, while conducting parenting groups for Latino families, participants would approach this researcher and ask if there were any Spanish classes for couples. I offered to seek an answer, and was told by my supervisor that there was nothing available, but if I was willing to prepare a curriculum for it, I was encouraged to do so. Since I have a background as a Marriage and Family Therapist, I used the evidence-based theories I use in my interventions with couples. I developed a program, and Couples in Contact was piloted with positive results. At that time, research was not involved; the program was the answer to a social need.

While pursuing doctoral studies in clinical psychology at Walden University, the gap in evidence-based resources for the Latino population became apparent. As such, I decided to evaluate Couples in Contact as an effective program for Latino couples. The focus of this study was to fill the gap in research that exists on the identification of interventions that are effective at improving the marital satisfaction of Latino couples. The purpose of this study was to investigate the effectiveness of the psycho-educational program Couples in Contact intervention on marital satisfaction in Latino married individuals.

The first section of this chapter includes a brief overview of the study and a review of the research questions. The second section provides the interpretation of findings. In the third section, limitations of the study and generalizability are discussed.

The fourth section includes the recommendations for further investigation. The last section discusses implications for social change, followed by a conclusion.

Study Overview

This study used a quantitative, experimental design with repeated measures, comparing the pre- and posttreatment marital satisfaction scores for those who received the treatment (experimental condition) with those who did not receive the treatment (control condition). The MSI-R, along with a demographic questionnaire, was administered to all participants before and after the intervention. The MSI-R was chosen because it is a standardized test that is translated in Spanish and was used in a sample of 86 bilingual Mexican American couples (Negy & Snyder, 2000). Participants were randomly assigned to experimental and control conditions. The research questions for this study examined the relationship between Couples in Contact and the marital satisfaction of Latino couples as measured by the MSI-R. For the purpose of this study, four scales of the instrument were used. The four null hypotheses were tested using a two-way ANOVA. The objective was to examine the treatment effect and to determine whether participants in the experimental condition (program participants) demonstrated an increase in their marital satisfaction when compared to participants in the control condition (waitlist).

Interpretation of the Findings

The data analysis for this study used Two-way ANOVA. Results of this study indicated that the psycho-educational program Couples in Contact produced significant results at the $p < .001$ level for three out of the four research questions assessed. It

supported the first, second and fourth research hypotheses. The third hypothesis was not supported by this study's findings.

The results supported the first hypothesis which stated that there is a significant relationship between Couples in Contact and marital satisfaction by decreasing global distress in couples participating in the intervention group as measured by the MSI-R Global Distress Scale (GDS), when compared to those in the control group. The GDS measures the level of pessimism regarding the future of the relationship, general relationship dissatisfaction, or unfavorable comparison to other relationships (Snyder, 2004). These results suggested that the level of satisfaction in the participants in the program increased, and they felt a strong commitment to their relationship, since there was a significant decrease in their levels of relationship distress after the intervention when compared with participants in the control condition.

The second hypothesis was also supported by the two-way ANOVA stating that there is a significant relationship between Couples in Contact and marital satisfaction by increasing the couples' ability of conflict resolution in participating couples as measured by the MSI-R Problem-Solving Communication Scale (PSC). The PSC scale measures the couples' general inability to problem-solve, their criticism, and non-constructive communication used when they disagree about resolving their differences (Snyder, 2004). The results indicated a decrease in their inability of solving their problems. This suggested that couples who participated in the program were committed to resolving their differences in a way that is reasonable for both individuals, and they are receptive to

compromise if they disagree; when compared with participants in the control condition. These results did not change significantly for the control group.

The fourth hypothesis was also supported by the Two-way ANOVA stating that there is a significant relationship between Couples in Contact and marital satisfaction by decreasing the couples' dissatisfaction with the amount of affection and understanding expressed by their partner and increasing their emotional intimacy between each other, in participating couples as measured by the MSI-R Affective Communication Scale (AFC). The AFC scale measures the dissatisfaction with their partner's emotional responsiveness and understanding (Snyder, 2004). These results suggested that couples felt supported and understood by each other, felt loved and were able to confide their intimate thoughts and feelings in each other without fear of being unappreciated. It also suggested that the individuals felt close to each other and the amount of affection expressed to one another is fulfilling for both. This was not observed in the control group.

The third hypothesis was not supported by the Two-way ANOVA stating that there are no significant differences in the reported levels of marital satisfaction related to the perception of fairness in the division of household labor, for those participating in the program, Couples in Contact, compared to those who participate in the control condition as measured by the Role Orientation scale (ROR) of the MSI-R. The ROR scale measures each partner's view of parental roles and the level of traditional versus non-traditional marital and parental roles (Snyder, 2004). These results corroborate the results on other studies about gender roles in Latinos. For instance, Rafaelli and Ontai (2004) examined in their study what is traditionally known as well-defined gender roles for men and

women. While the women in Latino families learned primarily how to be a mother instead of a wife and be responsible for the family life inside the house, men learned that their role is to be a provider and to engage in social interaction with others outside the home. Roles in the Latino families are very well set. The cultural component plays an important role and as mental health providers we need to be sensitive in not trying to “fix something that is not broken.”

Literature Review and Research Findings

The results of this study align with prior research that indicated that marriage education programs are geared to develop and maintain a healthy relationship to couples. These should include skills such as relational knowledge and attitudes towards marriage, commitment, desire to enhance the communication and seek common benefits for the couple (Hawkins, Carroll, Doherty, & Willoghby, 2004). Similarly, DeMaria (2005) found that psycho-educational groups provide couples with the opportunity to learn new skills to enhance their marriage and to receive support from other participants by sharing their challenges as couples. Further, The Hispanic Healthy Marriage Initiative (HHMI) aimed to improve the well-being of children by providing marriage education to their parents, based on the premise that the ideal environment for raising children is in a house with two-parent married families (ACF, 2008). The programs offered were mainly preventive and many included the family as a unit. These programs are gradually being developed into research and look promising since they benefit minorities. Based on this initiative, Kotrla, Dyer and Stelzer (2010), developed the Hispanic Active Relationships Project (HARP). They used an active communication curriculum based on the

PREPARE/ENRICH which is a marital satisfaction inventory designed to help couples determine the strengths and work areas of their relationships (Kotral, Dyer, & Stelzer, 2010).

There are some religious and spiritually based programs in the form of weekend retreats and workshops geared to teach couples skills to enhance their marriage. These are offered mostly in English and Spanish and usually there is a cost to participate. Couples attending these retreats usually have a desire for a more satisfying relationship with one another, whereas others attend to decrease the level of distress in their relationship (Rhoades, Stanley, & Markman, 2009). However, these are not evidenced-based interventions but they still provide with marriage education and an opportunity for couples to enhance their marital relationship.

The results of the present study extended the knowledge of previous studies, specifically that there was a significant relationship between Couples in Contact program and its impact on marital satisfaction. This is by its nature, a unique program, since it was developed by this researcher and with this study, brings the opportunity to work with couples in group settings and also could be adapted in individual couple therapy.

Theoretical Framework and Research Findings

The theoretical framework guiding this study emerged from Cognitive Behavioral Therapy adapted by Dattilio (2010). Also, it applied the principles of Gottman's theory (1994) with his work with "Love maps," "The four horsemen of the apocalypse," and the "Seven principles to improve marriage." Lastly, it used the communication approaches under stress by Virginia Satir and was guided by the Family System principles adapted to

the Latino community. Dattilio (2010) is well known as one of the most prominent psychologists in the area of cognitive-behavior therapy. He has applied the principles of CBT in his work with couples, helping them with their marital discord, their couple dysfunction and presented his intervention in many case studies with couples. During the intervention piece of this study, the principles of CBT, educating participants about cognitive distortions; thoughts and feelings; the cognitive, behavioral and emotional process our system goes through and how it affects our relationship with each other were used. Each successive week, couples took home a homework activity to practice and needed to comment about that on the following session. Couples shared that they were becoming more aware of their thoughts, feelings and behavior in their interactions with each other. They also acknowledged how difficult it was to make behavioral changes, since they were used to thinking and acting in a different way. This was an important step and necessary before change can happen.

From Gottman (1994), I applied the different principles throughout the intervention. Couples received information about the different principles Gottman developed and learned how to do their love maps, how to recognize the four horsemen and what to apply the principles to enhance their marriage. As a marriage and family therapist, I used the Family Systems theory as a basic approach while working with couples. This was especially helpful to help couples understand how we communicate, and how important is to keep in mind all the generational influence we have from our ancestors and also from the culture we belong. The results of this study align with these theories and provide evidence of their efficacy.

Participants in Couples in Contact indicated that they became more aware of their own patterns of behavior with each other and within themselves. They were able to understand and internalize that information. This motivated couples to modify their attitude, disposition, and have the desire and interest in better their marital relationship with their spouse.

Limitations of the Study

Despite the strong findings, there are limitations that need to be acknowledged. One limitation of this study was in relation to the administration of the instrument used. Individuals were advised to complete the self-reported questionnaires alone and in a very objective way. All the questionnaires were mailed to the participants, and it was out of control of this researcher how the couples responded to them. It is unknown if couples encouraged each other in answering questions one way or another or did them as advised. Therefore is unknown if each spouse answered independently or consulted on their answers before returning them. Further, due to the social desirability effect, participants may have limited or changed their responses to present themselves better than they think they are. This researcher encouraged each individual that their responses were confidential and nobody but this researcher would look at them. However, given that the researcher was also the clinician providing the intervention, this may have clouded their objectivity.

Another limitation of this study was the size and nature of the sample. Participants were recruited from local churches, and a mental health agency. Therefore, the sample may not be a true representation of the larger target population. A larger sample, from a

broader population base may have added to the generalizability and significance of the study outcomes.

A third limitation to this study was the participants' personal and cultural histories. There is no way to identify whether during the time of the group, couples lives were impacted either in a positive or negative way by external or internal circumstances (work change, illness, family stressors, achievements, immigration status, etc.). It is uncertain to know how these circumstances may impact couples in either positive or negative way during the time of the intervention. However, there is no evidence to suggest that either the intervention group or the comparison group would have been differentially impacted.

A fourth limitation of this study was that since the study did not provide a follow up, there was no way to know if couples were making permanent changes to better their relationship. It is also not known how consistent couples will be in continuing to do what they have learned. Since the program has a cognitive and behavioral component, it is easier to say that the cognitive component was achieved. However, the behavioral component is harder to achieve since it requires time and consistency to change a behavior that became a patterned response or a habit. The hope is that by the principle of self-efficacy (Bandura, 1994), people need to have a sense of personal accomplishment and personal well-being, and this is affected by not only their cognitive processes but also by their motivational and affective processes and being optimistic that they can change.

A final limitation of this study was the sample only used married Latino couples who were either first or second generation in the United States. Therefore, the findings

may not be applicable to Latino married persons in which one or more of the spouses is third generation or higher. Further, since no other committed relationships were studied, the findings may not apply to other relationships.

Recommendations for Action

Working with a specific cultural community is both challenging and motivating. There is much to learn from them and much need. Taking into consideration the values that Latinos embrace, clinicians should be attentive to their relationship struggles and cognizant of their cultural values. For instance, Latinos hold pride with respect to their gender roles as a general consensus- and they may experience a sense of loss if the clinician attempts to focus on role change as the intervention. As these results support it is important that couples identify their struggles and acknowledge their values prior to intervention. In general, Latinos have great respect for the professional they are working with and will be loyal to the process when they feel understood and feel the provider is sensitive to their needs in their intervention. Based on the findings of this study, it support that Couples in Contact can be an effective tool to help Latino couples enhance their marital relationship. By using a program such as this, it may help prevent divorce and separation, will help enhance the family unit, and therefore can lead to healthier families and a safer society.

Recommendations for Future Research

While this study proved to be effective based on constructs measured and evaluated, it will be important to test the other constructs, also on the scales of the MSI-R to evaluate program efficacy. For example, other important constructs include aggression,

dissatisfaction with children, conflict over child rearing, sexual dissatisfaction, and time together. Future studies should include evaluating the efficacy of this program in other populations. It will be important to do a research with Whites, African Americans, and other specific cultural populations and see if the program will be as beneficial to them as it is to the Latino married individuals. Given my Latino heritage, one future research project I would like to do, is to bring this program to my country of origin, Peru. It would be an honor to bring them back something that couples can use to better themselves and their relationships.

Also, it will be interesting to replicate this study with any type of committed relationship, not only married couples, but cohabitating ones, same-sex relationships and see what kind of results it may bring. Further, a longitudinal study using this program with some type of mentoring or monitoring the couples after the program ends, may bring stronger results in the behavioral changes couples need to have to maintaining a healthier marriage. Lastly, another research could be done on young couples who are preparing for marriage and see if they can benefit as well from it.

Implications for Social Change

This study addressed the gap in clinical services and research as it involved evaluating the effectiveness of a psycho-educational program that focused on enhancing the marital satisfaction of the married individuals in the Latino culture. The program was developed to teach different skills that Latinos could use to improve their marriages. Topics addressed included affective communication, intimacy, fidelity, conflict resolution, and individual differences. It also evaluated commitment to children as

parents, gender roles, among other values that are important for them (Oropesa & Landale, 2004; Raley, Durden, & Wildsmith, 2004). The program proved to be effective for the participants. Further, the information and knowledge gained from this study is an important contribution to the clinical research community. The findings suggest positive changes in the individual couple level, and an effective tool for mental health providers to use when working with the Latino couple population.

Positive Social Change for Individual Couples

Couples in Contact could be used to assist Latino couples in understanding their spouse better and to have a stronger marriage. It could be a viable option in providing marital therapy to Latino married individuals who are in distress or are looking to enhance the quality of their marriage, reduce the rate of divorce, diminish the mental health issues that are associated with a poor marital relationship (Gabriel et al., 2010; Kronmüller et al., 2010). Further, it could assist in improving the couple's interactions with their children and extended family since this a cultural quality Latinos exhibit (Cabrera et al., 2006 & Calzada et al., 2010).

From the beginning of the intervention program, this researcher requested all couples to sit in front of each other in order to encourage their communication. Couples shared with each other different topics of discussion and were able to integrate it to their challenges and personal experiences. It was very powerful to experience how they were little by little internalizing and embracing the different topics. Their comments at the end of the sessions and in their final feedback revealed how the program impacted each one of them. Each topic proved to be important, challenging yet encouraging to them. They

showed their interest by participating, crying, talking, and holding hands when needed to do so. A program like this offers the opportunity for couples to share with others in an environment that is safe and nonjudgmental about common topics that affect all.

There was considerable consistency from the participants in Couples in Contact. From the 29 couples participating in the program, an average of 25 couples participated on a weekly basis. Half of the participants had a perfect attendance and the ones who did not come on a regular basis were factors such as a minor accident (in the case of one couple) and he did not go because he knew he had to be with his wife. The feedback from some of the participants at the end was:

- “It helped me to understand my spouse better”
- “How to resolve conflicts in a positive way”
- “To implement this program in a consistent basis, so many couples can benefit from it and possibly saving their marriages”
- “The fact to understand that forgiveness does not mean to forget and how this helped me to let things that were affecting our relationship go”
- “To listen to each other”
- “To trust and communicate with my spouse so our children can benefit from it”
- “Take each day a special time to talk and make my spouse feel how important he is for me,”
- “I learned to have more patience and to value my spouse even more,”
- “To walk together in life and to understand that both of us are important, not only me.”

Positive Social Change for Mental Health Professionals

The mental health field could potentially benefit from the use of a culturally focused intervention as Couples in Contact is. Using a treatment program designed to address cultural issues within Latino marriages could improve the integrity of the relationship between the therapist and the Latino family (Sperry, 2010; Sullivan & Cottone, 2006). It could also be used to assist other therapists in advancing their cultural-

based skills when working with Latino married persons. Furthermore, social services agencies, counseling centers, and community mental health providers could benefit by providing group therapy sessions to Latinos who may need the services to save or enhance their marital relationship.

The findings of this study help inform clinicians of the importance of addressing the challenges couples face in their relationship and provide with tools they can help their clients enhance their marital satisfaction. Many times couples are aware of the difficulties they are facing, but may not be able to make the desirable changes without guidance from the mental health professionals. These results may suggest to the professionals in the area that they need to assess for marital satisfaction with their Latino married clients since it provides with a clear picture on how to assist them better. This research study demonstrates the importance of psycho-educational programs and interventions being geared to couples to promote marital satisfaction and therefore, a healthier family life and a stronger community.

Researcher Experiences

This was in so many ways a significant experience for me as the researcher. From the beginning of my doctoral studies, I envisioned to put into practice what I believed could be a great resource for the Latino community. It was indeed, a very long process, and I spent 10 years in completing this phase. When looking in retrospect, I know there were times in which I could have moved faster; however, I took it slowly to be available to my family; it was my desire to keep a balance between family, work and school (as I emphasized in the Couples in Contact program).

The writing experience was very challenging to me given that English is my second language. However, the practical experience was very enjoyable and fulfilling. I had a double role in my study: the researcher and the clinician. As a researcher, I learned to do a scientific study and appreciated learning those requirements. As a clinician, this study provided me the opportunity for what I love to do; provide mental health services and now in the form of a psycho-educational program for Latino Couples. I was able to see the emotional pain, the desire and hope of a better relationship in the eyes of the participants. They were very open and shared many difficulties that a married couple goes through. I strived to provide a safe and trusting environment for them, so they could benefit from the experience. I benefited from the experience and the opportunity the program offered for them. The participants shared their struggles, emotions, and testimonies of life. These couples opened themselves, and I saw how they were making changes and transforming their relationships. Many couples asked what was coming after this, and I felt I needed to do more, to offer them more, and I know this is not the end, but the beginning of new challenges for future studies, research and clinical interventions. As a researcher, the biggest challenge was to do the analysis and find scientifically what I thought was common sense. If a couple attended a program that was designed to enrich their marriage, of course they would be better, and therefore their children, their families and the whole society would benefit. I learned that in order to say it so, I had to prove it scientifically, and I did.

My thoughts and my beliefs have been enriched. I have a lot of respect for married people, for their struggles, desires, needs, and mostly love to see how they want

to continue to belong to the other and with the other continue in life to make, with their marriage, the most wonderful adventure in life.

Conclusion

The present research was designed to evaluate the efficacy a psycho educational program as a tool to enhance the marital satisfaction in Latino couples. The results revealed significant relationship enhancement between Couples in Contact intervention and marital satisfaction. Further, it elucidated the importance of traditional roles in the couple participants. Therefore, this evaluation study demonstrates that Couples in Contact can have a positive impact on the marital satisfaction in Latino couples. The benefits of using a psycho-educational program to work with couples were demonstrated in this culture. The importance of this type of program is highlighted by the fact that Latino couples face many challenges in their marriage, and their rate of divorce is higher than White or Non-Hispanics (Gibbs & Payne, 2011). This program can fulfill a need for Latino couples who wish to improve their marital satisfaction. Of note, however, mental health providers must take in consideration the cultural values Latinos present, and to be sensitive to their needs.

References

- Administration for Children and Families (2008). *Hispanic Healthy Marriage Initiative*. U.S. Department of Health and Human Services.
<http://www.healthymarriageinfo.org/educators/recursos-en-espaol/hispanic-healthy-marriage-initiative/index.aspx>
- Ahrens, C. E., Rios-Mandel, L. C., Isas, L., & Lopez, M. del C. (2010). Talking about interpersonal violence: Cultural influences on Latinas' identification and disclosure of sexual assault and intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(4), 284-295. doi:10.1037/a0018605
- Amato, P., Johnson, D., Booth, A., & Rogers, S. (2003). Continuity and change in marital quality between 1980 and 2000. *Journal of Marriage and Family*, 65(1), 1-22.
- American Academy of Pediatrics (2003). Family pediatrics report of the task force on the family. *Pediatrics*, 111(6), 1541-1571.
- American Community Survey (2011). *Language spoken at home by ability to speak English for the population 5 years and over*. Retrieved from <http://www.infoplease.com/ipa/A0762163.html>
- Arcienaga, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G. (2008). Toward a fuller conception of machismo: Development of a traditional machismo and caballerismo scale. *Journal of Counseling Psychology*, 55(1), 19-33.
doi:10.1037/0022-0167.55.1.19
- Arieta, M. T. (2008). *Women's couple relationship satisfaction: The impact of family structure and interparental conflict* (Doctoral Dissertation). Available from

ProQuest Dissertations and Theses.

<http://search.proquest.com.ezp.waldenulibrary.org/docview/304821954?accountid=14872>

- Asoodeh, M. H., Khalili, S., Daneshpour, M., & Lavasani, M. G. (2010). Factors of successful marriage: Accounts from self-described happy couples. *Procedia Social and Behavioral Sciences*, 5, 2042-2046. doi:10.1016/j.sbspro.2010.07.410
- Atkins, D. C., Eldridge, K. A., Baucom, D. H., & Christensen, A. (2005). Infidelity and behavioral couple therapy: Optimism in the face of betrayal. *Journal of Consulting and Clinical Psychology*, 73(1), 144-150. doi:10.1037/0022-006X.73.1.144
- Atkins, D. C., Baucom, D. H., Yi, J., & Christensen, A. (2005). Infidelity in couples seeking marital therapy. *Journal of Family Psychology*, 19(3), 470-473. doi:10.1037/0893-3200.19.3.470
- Atkins, D. C., Marin, R. A., Lo, T. T. Y., Klann, N., & Hahlweg, K. (2010). Outcomes of couples with infidelity in a community-based sample of couple therapy. *Journal of Family Psychology*, 24(2), 212–216. doi:10.1037/a0018789
- Balswick, K. O., & Balswick, J. K. (2000). *The Family: A Christian perspective on the contemporary home* (2nd ed.). Grand Rapids, MI: Baker Book House Co.
- Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998).

- Barker, C. H., Cook, K. L., & Borrego, J. (2010). Addressing cultural variables in parent training programs with Latino families. *Cognitive and Behavioral Practice, 17*(2), 157-166.
- Baron, R. A., Byrne, D., & Branscombe, N. R. (2006). *Social Psychology* (11th ed.). New York: Allyn & Bacon.
- Baucom, D. H., Hahlweg, K., & Kuschel, A. (2003). Are waiting list control groups needed in future marital therapy outcome research? *Behavior Therapy, 34*, 179-188. doi:005-7894/03/0179-0188
- Baucom, D. H., Hahlweg, K., Atkins, D. C., Engl, J. & Thurmaier, F. (2006). Long-term prediction of marital quality following a relationship education program: Being positive in a constructive way. *Journal of Family Psychology, 20*(3), 448-455. doi:10.1037/0893-3200.20.3.448
- Baucom, D. H., Snyder, D. K., & Gordon, K. C. (2009). *Helping couples get past the affair: A clinician's guide*. New York: Guilford Press.
- Behnke, A. O., MacDermid, S. M., Coltrane, S. L., Parke, R. D., Duffy, S., & Widaman, K. F. (2008). Family cohesion in the lives of Mexican American and European American parents. *Journal of Marriage and Family, 70*, 1045-1059.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55*, 83-96.
- Bermudez, J. M., Reyes, N. A., & Wampler, K. S. (2006). Conflict resolution styles among Latino couples: Innovations in clinical and education interventions *Journal of Couple and Relationship Therapy, 5*, 1-21.

- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing, 14*(1), 33-55. doi:10.1177/1074840707312237
- Bornstein, M. H., Hahn, C., Haynes, O. M., Belsky, J., Azuma, H., Kwak, K., Maital, S., ... Zingman de Galperin, C. (2007). Maternal personality and parenting cognitions in cross-cultural perspective. *International Journal of Behavioral Development, 31*(3), 193-209. doi:10.1177/0165025407074632
- Brooks, J. B. (5th ed.). (1999). *The Process of Parenting*. Mountain View, CA: Mayfield Publishing Company.
- Cabrera, N. J., Shannon, J. D., West, J., & Brooks-Gunn, J. (2006). Parental interactions with Latino infants: variation by country of origin and English proficiency. *Child Development, 77*(5), 1190-1207.
- Calzada, E. J., Fernandez, Y., & Cortes, D. E. (2010). Incorporating the cultural value of respeto into a framework of Latino parenting. *Cultural Diversity and Ethnic Minority Psychology, 16*(1), 77-86. doi:10.1037/a0016071
- Carroll, J. S. & Doherty, W. J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations, 52*, 105-118.
- Cofresi, N. I. (2002). The influence of marianismo on psychoanalytic work with Latinas: Transference and counter transference implications. *The Psychoanalytic Study of the Child, 57*, 435-451.
- Cohen, J. (1992). *Statistical power analysis for the behavioral sciences* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.

- Cox, M., & Paley, B. (1997). Family as systems. *Annual Review of Psychology*, 48, 243-267. doi:0084-6570/97/0201-0243
- Craig, L. (2006). Does father care mean fathers share? A comparison of how mothers and fathers in intact families spend time with children. *Gender & Society*, 20(2), 259-281. doi:10.1177/0891243205285212
- Cramer, D. (2003). Facilitativeness, conflict, demand for approval, self-esteem and satisfaction with romantic relationships. *The Journal of Psychology*, 137(1), 85-98.
- Crane, D. R., & Heaton, T. B. (2009). *Handbook of families & Poverty: Social Policy and Marriage*, 23-32.
- Crean, H. F. (2008). Conflict in the Latino parent-youth dyad: The role of emotional support from the opposite parent. *Journal of Family Psychology*, 22(3), 484-493. doi:10.1037/0893-3200.22.3.484
- Cuellar I., Arnold B., & Gonzalez, G. (1995). Cognitive referents of acculturation. Assessment of cultural constructs in Mexican Americans. *Journal of Community Psychology*, 23, 339-355.
- Dattilio, F. M. (2010). *Cognitive-Behavioral Therapy with Couples and Families*. New York: Guilford Press.
- DeMaria, R. M. (2005). Distressed couples and marriage education. *Family Relations*, 54(2), 242-253.
- DiLillo, D., Peugh, J., Walsh, K., Panuzio, J., Trask, E., & Evans, S. (2009). Child

maltreatment history among newlywed couples: A longitudinal study of marital outcomes and mediating pathways. *Journal of Consulting and Clinical Psychology*, 77(4), 680-692. doi:10.1037/a0015708

Dobson, D., & Dobson, K. S. (2009). *Evidenced-based practice of cognitive behavioral therapy*. New York: Guilford Press.

Donnellan, M. B., Larsen-Rife, D., & Conger, R. D. (2005). Personality, family history, and competence in early adult romantic relationships. *Journal of Personality and Social Psychology*, 88(3), 562-576. doi:10.1037/0022-3514.88.3.562

Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). Marital therapy, retreats, and books: The who, what, when, and why of relationship help-seeking. *Journal of Marital & Family Therapy*, 35(1), 18-29. doi:10.1111/j.1752-0606.2008.00093

Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *Journal of Personality and Social Psychology*, 96(3), 601-619. doi:10.1037/a0013969

Eiden, R. D., Colder, C., Edwards, E. P., & Leonard, K. E. (2009). A longitudinal study of social competence among children of alcoholic and nonalcoholic parents: Role of parental psychopathology, parental warmth, and self-regulation. *Psychology of Addictive Behaviors*, 23(1), 36-46. doi:10.1037/a0014839

- Epstein, N. B. & Baucom, D. H., (2002). *Enhanced cognitive-behavioral therapy for couples: A contextual approach*, (pp. 27-63). Washington, DC: American Psychological Association, xv, 570 pp.
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191.
- Faulkner, R. A. (2002). *Gender-related influences on marital satisfaction and marital conflict over time for husbands and wives*. A dissertation submitted in partial fulfillment of the requirements for the degree of PhD. University of Georgia (Georgia).
- Feldman, R., Masalha, S., & Derdikman-Eiron, R. (2010). Conflict resolution in the parent-child, marital, and peer contexts and children's aggression in the peer group: A process-oriented cultural perspective. *Developmental Psychology*, 46(2), 310-325. doi:10.1037/a0018286
- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology*, 16(4), 381-390. doi:10.1037//0893-3200.16.4.381
- Fincham, F. D., Grych, J. H., & Osborne, L. N. (1994). Does marital conflict cause child maladjustment? Directions and challenges for longitudinal research. *Journal of Family Psychology*, 8(2), 128-140.

- Fincham, F. D., & Beach, S. R. H. (2010). Marriage in the new millennium: A decade in review. *Journal of Marriage and Family*, *72*(3), 630-649.
- Gabriel, B., Beach, S. R. H., & Bodenmann, G. (2010). Depression, marital satisfaction, and communication in couples: Investigating gender differences. *Behavior Therapy*, *41*, 306-316.
- Ganiban, J. M., Ulbricht, J. A., Spotts, E. L., Lichtenstein, P., Reiss, D., Hansson, K., & Neiderhiser, J. M. (2009). Understanding the role of personality in explaining associations between marital quality and parenting. *Journal of Family Psychology*, *23*(5), 646-660. doi:10.1037/a0016091
- Garza, Y., Kinsworthy, S., & Watts, R. E. (2009). Child-parent relationship training as experienced by Latino parents: A phenomenological study. *International Journal of Play Therapy*, *18*(4), 217-228. doi:10.1037/a0017055
- Gill, D., Christensen, A., & Finchman, F. D. (1999). Predicting marital satisfaction from behavior: Do all roads really lead to Rome? *Personal Relationships*, *6*, 369-387.
- Glass, J., & Owen, J. (2010). Latino fathers: The relationship among machismo, acculturation, ethnic identity, and paternal involvement. *Psychology of Men & Masculinity*, *11*(4), 251-261. doi:10.1037/a0021477
- Gonzalez-Prendes, A. A., Hindo, C., & Pardo, Y. (2011). Cultural values integration in cognitive-behavioral therapy for Latino with depression. *Clinical Case Studies*, *10*(5), 376-394. doi:10.1177/1534650111427075

Gordon, K. C., Hughes, F. M., Tomcik, N. D., Dixon, L. J., & Litzinger, S. C. (2009).

Widening spheres of impact: The role of forgiveness in marital and family functioning. *Journal of Family Psychology*, 23(1), 1-13. doi:10.1037/a0014354

Gottman, J. M. (1994). *What predicts divorce? The relationship between marital process and marital outcomes*. Hillsdale, NJ: Erlbaum.

Gottman, J. M., Gottman, J. S., & De Claire, J. (2006). *Ten lessons to transform your marriage*. New York: Crown Publishers.

Guilbert, D. E., Vacc N. A., & Pasley K. (2000). The relationship of gender role beliefs, negativity, distancing, and marital instability. *The Family Journal: Counseling and Therapy for Couples and Families*, 8(2), 124-132.
doi:10.1177/1066480700082003

Halgin, P. R., & Whitbourne, K. S. (1993). *Abnormal psychology: The human experience of psychological disorders*. New York: Routledge Published.

Hall, S. S. (2006). Marital meaning: Exploring young adult's belief system about marriage. *Journal of Family Issues*, 27(10), 1437-1458.
doi:10.1177/0192513X06290036

Haub, C. (2006). *Hispanics account for almost one-half of U.S. population growth*.

Available at the Population Reference Bureau

Website:<http://www.prb.org/Articles/2006/HispanicsAccountforAlmostOneHalfofUSPopulationGrowth.aspx>

Hawkins, A. J., Carroll, J. S., Doherty, W. J., & Willoughby, B. (2004). A comprehensive framework for marriage education. *Family Relations*, 53(5), 547-558.

- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of Consulting and Clinical Psychology, 76*(5), 723–734. doi:10.1037/a0012584
- Heyman, R. E., Hunt-Martorano, A. N., Malik, J., & Slep, A. M. S. (2009). Desired change in couples: Gender differences and effects on communication. *Journal of Family Psychology, 23*(4), 474-484. doi:10.1037/a0015980
- Impett, E. A., Strachman, A., Finkel, E. J., & Gable, S. L. (2008). Maintaining sexual desire in intimate relationships: The importance of approach goals. *Journal of Personality and Social Psychology, 94*(5), 808-823.
- Johnson, M. D. (2012). Healthy marriage initiatives. *American Psychologist, 67*(4), 296-308.
- Josephs, L., & Shimberg, J. (2010). The dynamics of sexual fidelity. Personality style as a reproductive strategy. *Psychoanalytic Psychology, 27*(3), 273-295.
doi:10.1037/a0020455
- Karpel, M. A. (1999). The measurement of sunlight: Assessing intimacy in couples therapy. In J. Carlson & L. Sperry [Eds.]. *The Intimate Couple* (pp. 85-106). Philadelphia, PA: Brunner/Mazel.
- Katz, L. F., & Gottman, J. M. (1993). Patterns of marital conflict predict children's internalizing and externalizing behaviors. *Developmental Psychology, 29*(6), 940-950.

- Katz, L. F., & Low, S. M. (2004). Marital violence, co-parenting, and family-level processes in relation to children's adjustment. *Journal of Family Psychology, 18*(2), 372-382. doi:10.1037/0893-3200.18.2.372
- Kelly, A. B., & Finchman, F. D. (1998). Marital health. In H. S. Friedman [Ed.], *Encyclopedia of Mental Health* (Vol. 2, pp. 605-619). San Diego, CA: Academic Press.
- Kinnunen, U., & Pulkkinen, L. (2003). Childhood socio-emotional characteristics as antecedents of marital stability and quality. *European Psychologist, 8*(4), 223-23. doi:10.1027//1016-9040.8.4.223
- Koivunen, J. M., Rothaupt, J. W., & Wolfgram, S. M. (2009). Gender dynamics and role adjustment during the transition to parenthood: current perspectives. *The Family Journal: Counseling and Therapy for Couples and Families, 17*(4), 323-328. doi:10.1177/1066480709347360
- Kotrla, K., Dyer, P., & Stelzer, K. (2010). Marriage education with Hispanic couples: Evaluation of a communication workshop. *Family Science Review, 15*(2), 1-14.
- Kouros, C. D., Papp, L. M., & Cummings, E. M. (2008). Interrelations and moderators of longitudinal links between marital satisfaction and depressive symptoms among couples in established relationships. *Journal of Family Psychology, 22*(5), 667-677. doi:10.1037/0893-3200.22.5.667
- Krishnakumar, A., & Buehler, C. (2000). Interparental conflict and parenting behaviors: A meta-analytic review. *Family Relations, 49*, 25-44.

- Kronmüller, K. T., Backenstrass, M., Victor, D., Postelnicu, I., Schenkenbach, C., Joest, K., ... Mundt, C. (2010). Quality of marital relationship and depression: Results of a 10-year prospective follow-up study. *Journal of Affective Disorders, 128*, 64-71.
- Lawrence, E., & Bradbury, T. N. (2007). Trajectories of change in physical aggression and marital satisfaction. *Journal of Family Psychology, 21*(2), 236-247.
doi:10.1037/0893-3200.21.2.236
- Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., & Bradbury, T. N. (2008). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology, 22*(1), 41-50. doi:10.1037/0893-3200.22.1.41
- Leidy, M. S., Guerra, N. G., & Toro, R. I. (2010). Positive parenting, family cohesion, and child social competence among immigrant Latino families. *Journal of Family Psychology, 24*(3), 252-260. doi:10.1037/a0019407
- Li, T., & Fung, H. H. (2011). The dynamic goal theory of marital satisfaction. *Review of General Psychology, 15*(3), 246-254. doi:10.1037/a0024694
- Markman, H., Halford, K., & Lindahl, K (2000). Marriage. In A. E. Kazdin [Ed.], *Encyclopedia of psychology* (Vol. 5, pp. 109-114). Washington, DC: American Psychological Association.
- McLeod, S. A. (2007). *Experimental design*. Retrieved from <http://www.simplypsychology.org/experimental-designs.html>
- Meijer, A. M., & van den Wittenboer, G. L. H. (2007). Contribution of infants' sleep and crying to marital relationship of first-time parent couples in their 1st year after

- childbirth. *Journal of Family Psychology*, 21(1),49-57. doi:10.1037/0893-3200.21.1.49
- Miller, J. G., Gubits, D., Alderson, D. P., & Knox, V. (2012). *The supporting healthy marriage evaluation. Final implementation findings*. OPRE Report, 1-179.
Retrieved from <http://acf.gov.programs/opre/index/html>
- Minuchin, S., Lee, W. Y., & Simon, G. M. (1996). *Mastering Family Therapy*. New York: John Wiley & Sons, Inc.
- Mitchell, A. E., Castellani, A. M., Herrington, R. L., Joseph, J. I., Doss, B. D. & Snyder, D. K. (2008). Predictors of intimacy in couples' discussions of relationship injuries: An observational study. *Journal of Family Psychology*, 22(1), 21-29.
doi:10.1037/0893-3200.22.1.21
- Moore, K. A., Jekielek, S. M., Bronte-Tinkew, J., Guzman, L., Ryan, S., & Redd, Z. (2004). What is "Healthy marriage"? Defining the concept. *Child Trends*, 16, 1-8.
- Murphy-Graham, E. (2009). And when she comes home? Education and women's empowerment in intimate relationships. *International Journal of Educational Development*, 30, 320-331. doi:10.1016/j.ijedudev.2009.09.004
- Negy, C., & Snyder, D. K. (2000). Relationship satisfaction of Mexican American and non-Latino White American interethnic couples: Issues of acculturation and clinical intervention. *Journal of Marital and Family Therapy*, 26(3), 293-304.
- Nichols, M. P., & Schwartz, R. C. (2007). *Family therapy. Concepts and Methods*. Needham Heights, MA: Allyn & Bacon.

- Norman, G. (2010). Likert scales, levels of measurement and the “laws” of statistics. *Advances in Health Sciences Education, 15*(5), 625-632. doi:10.1007/s10459-010-9222-y
- Olsen, C. S., & Shirer, K. (2007). Offering relationship and marriage education in your community. *The Forum for Family and Consumer Issues, 12* (1), 1-12. Retrieved from <http://ncsu.edu/ffci/publications/2007/v12n12007spring/indexv12n1may2007.php>
- Olsen, C. S., Skogrand, L., & DuPree, W. J. (2010). Long live the healthy family! A program for building and maintaining strong Latino marriages and families. Retrieved from www.ksre.ksu.edu/library/famlf/2s154.pdf
- Ooms, R. (2007, March). *Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What are the issues.* (Brief No. 10) 1-11.
- Oropesa, R. S., & Landale, N. S. (2004). The future of marriage and Hispanics. *Journal of Marriage and Family, 66*(4), 901-920.
- Pardo, Y., Weisfeld, C., Hill, E., & Slatcher, R. B. (2012). Machismo and marital satisfaction in Mexican American Couples. *Journal of Cross-Cultural Psychology, 44*(2) 1–17. doi:10.1177/0022022112443854.
- Pyrczak, F. (2010). *Making sense of statistics: A conceptual overview* (5th ed.). Glendale, CA: Pyrczak Publishing.
- Raffaelli, M., & Ontai, L.L. (2004). Gender socialization in Latino/a families: Results from two retrospective studies. *Sex Roles: A Journal of Research, 50*, 287-299. doi 10.1023/B:SERS.0000018886.58945.06

- Raley, R. K., Durden, T. E., & Wildsmith, E. (2004). Understanding Mexican-American marriage patterns using a life course approach. *Social Science Quarterly*, 85(4), 872-890.
- Randall, A. K., & Bodenmann, G. (2009). The role of stress on close relationships and marital satisfaction. *Clinical Psychology Review*, 29, 105-115.
doi:10.1016/j.cpr.2008.10.004
- Renshaw, K. D., Blais, R. K., & Smith, T. W. (2010). Components of negative affectivity and marital satisfaction: The importance of actor and partner anger. *Journal of Research in Personality*, 44, 328-334. doi:10.1016/j.jrp.2010.03.005
- Russell, M., & Doucette, D. W. (2012). Latino acculturative stress implications, Psychotherapeutic processes, and group therapy. *Graduate Journal of Counseling Psychology*, 3(1), Art. 9
- Salkind, N. J. (2010). *Encyclopedia of research design*. Thousand Oaks, CA: Sage Publications, Inc. doi:10.4135/9781412961288
- Sanford, K. (2010). Assessing conflict communication in couples: comparing the validity of self-report, partner-report, and observer ratings. *Journal of Family Psychology*, 24(2), 165-174. doi:10.1037/a0017953
- Santiago-Rivera, A. L., Arredondo, P., & Gallardo-Cooper, M. (2002). *Counseling Latinos and la familia*. Thousand Oaks, CA: Sage Publications, Inc.
- Schoppe-Sullivan, S. J., Schermerehorn, A. C., & Cummings, E. M. (2007). Marital conflict and children's adjustment: Evaluation of the parenting process model. *Journal of Marriage and Family*, 69, 1118-1134.

- Schulz, M. S., Cowan, C. P., & Cowan, P. A. (2006). Promoting healthy beginnings: A randomized controlled trial of a preventive intervention to preserve marital quality during the transition to parenthood. *Journal of Consulting and Clinical Psychology, 74*(1), 20-31. doi:10.1037/0022-006X.74.1.20
- Shechtman, Z., & Gilat, I. (2005). The effectiveness of counseling groups in reducing stress of parents of children with learning disabilities. *Group Dynamics: Theory, Research, and Practice, 9*(4), 275-286. doi:10.1037/1089-2699.9.4.275
- Simpson, L. E., & Christensen, A. (2005). Spousal agreement regarding relationship aggression on the Conflict Tactics Scale-2. *Psychological Assessment, 17*(4), 423-432. doi:10.1037/1040-3590.17.4.423
- Skogrand, L., & Shirer, K. (2006). Working with low resource and culturally diverse audiences. *The Forum for Family and Consumer Issues, 12* (1). Online: <http://ncsu.edu/ffci/publications/2007/v12n12007spring/indexv12n1may2007.php>
- Snyder, D. K. (2004). *Manual for the Marital Satisfaction Inventory-Revised*. Los Angeles: Western Psychological Services.
- Snyder, D. K., Heyman, R. E., & Haynes, S. N. (2005). Evidenced-based approaches to assessing couple distress. *Psychological Assessment, 17*(3), 288-307. doi:10.1037/1040-3590.17.3.288
- Sperry, L. (2010). Culture, personality, health, and family dynamics: Cultural competence in the selection of culturally sensitive treatments. *The Family Journal, 18*: 316-320. doi:10.1177/1066480710372129
- Spotts, E. L., Hanson, K., Cederblad, M., Neiderhiser, J. M., Towers, H., Lichtenstein, P.,

- Pedersen, N. L., & Reiss, D. (2004). Genetic and environmental influences on marital relationships. *Journal of Family Psychology, 18*(1), 107-119.
doi:10.1037/0893-3200.18.1.107
- St. Clair, M. (2000). *Object relations and self-psychology: An introduction* (3rd ed.). Pacific Grove, CA: Brooks/Cole-Wadsworth.
- Stone, E. A., & Shackelford, T. K. (2007). Marital satisfaction. In R. Baumeister & K. Vohs (Eds.), *Encyclopedia of Social Psychology* (pp. 541-544). Thousand Oaks, CA: Sage Publications, Inc.
- Sullivan, C., & Cottone, R. R. (2006). Culture based couple therapy and intercultural relationships: A review of the literature. *The Family Journal, 14*, 221-225.
doi:10.1177/1066480706287278
- Torres, L., Hyra, A. & Bouchet, S. (2013). HHMI Grantee implementation evaluation: Hispanics and family-strengthening programs: Cultural strategies to enhance program participation. OPRE Report 2013-19. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from:
<http://www.acf.hhs.gov/programs/opre>
- Trevino, Y. A., Wooten, H. R., & Scott, R. E. (2007). A correlational study between depression and marital adjustment in Latino couples. *The Family Journal, 15*(1), 46-52. doi:10.1177/1066480706294033
- Umaña-Taylor, A. J., & Bámaca, M. (2004). Conducting focus groups with Latino populations: Lessons from the field. *Family Relations, 53*(3), 261-272.

- Umberson, D., Williams, K., Powers, D. A., Chen, M. D., & Campbell, A. M. (2005). As good as it gets? A life course perspective on marital quality. *Social Forces*, *84*(1), 493-511.
- U.S. Census Bureau, *The Hispanic Population: 2010*. (2010). Retrieved on August 2012 from <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>
- U.S. Hispanic Chamber of Commerce. (2007). *Statistics: Population and economic strength*. Retrieved from <http://www.usfcc.com/res-statistics.html>
- Van Doorn, M. D., Branje, S. J. T., & Meeus, W. H. J. (2007). Longitudinal transmission of conflict resolution styles from marital relationships to adolescent-parent relationships. *Journal of Family Psychology*, *21*(3), 426-434. doi:10.1037/0893-3200.21.3.426
- Vasquez, M. J. T. (1998). Latinos and violence: Mental health implications and strategies for clinicians. *Cultural Diversity and Mental Health*, *4*, 319-334.
- Villareal, R., Blozis, S. A., & Widaman, K. F. (2005). Factorial invariance of a Pan-Latino familism scale. *Latino Journal of Behavioral Sciences*, *27*(4), 409-425. doi:10.1177/0739986305281125
- Weeks, G. R., & Treat, S. R. (2nd ed.). (2001). *Couples in treatment. Techniques and approaches for effective practice*. Philadelphia, PA: Brunner-Routledge.
- Whisman, M. A., Gordon, K. C., & Chatav, Y. (2007). Predicting sexual infidelity in a population-based sample of married women. *Journal of Family Psychology*, *21*(2), 320-324. doi:10.1037/0893-3200.21.2.320

- Whitton, S. W., Olmos-Gallo, P. A., Stanley, S. M., Prado, L. M., Kline, G. H., St. Peters, M., & Markman, J. (2007). Depressive symptoms in early marriage: Predictions from relationship confidence and negative marital interaction. *Journal of Family Psychology, 21*(2), 297-306. doi:10.1037/0893-3200.21.2.297
- Wilcox, W. B., Doherty, W. J., Fisher, H., Galston, W. A., Glenn, N. D., Gottman, J., ... Wallerstein, J. (2005). *Why marriage matters, (2nd ed.) Twenty-Six conclusions from the Social Sciences*. New York: Institute for American Values.
- Yeh, H. C, Lorenz, F. O., Wickrama, K. A. S., Conger, R. D., & Elder Jr., G. H. (2006). Relationships among sexual satisfaction, marital quality, and marital instability at midlife. *Journal of Family Psychology, 20*(2), 339-343.
- Zayas, L. H. (1992). Childrearing, social stress and child abuse: Clinical considerations with Hispanic families. *Journal of Social Distress and the Homeless, 1*, 291-309.

Appendix A: Flyer invitation about the program (English & Spanish)

Desert Mountain Children's Center

Cordially invites you and your spouse
To participate in

Couples in Contact

*This is a research study that focuses on providing tools
that couples can use to better their marital relationship*

**Duration: 1 time a week for 10
Weeks**

Free of charge for all participants

**For purpose of this study session will be in
Spanish only.**

If you are interested in participating, please contact

Maria Jesus Ampuero, LMFT at 760-843-3982 xt 224 or email her at:

maria_ampuero@sbcss.k12.ca.us

To see if you qualify for the study

Sessions will be provided on different days and times for your
convenience.

Light snacks and childcare will be provided

Participation is voluntary

We'll look forward to see you!



Desert Mountain Children's Center

Le invita cordialmente a usted y su esposo(a) a participar en nuestro programa:

Parejas en Contacto

“Un Matrimonio Feliz Mejora el Comportamiento y Bienestar Emocional de los Hijos”

Duración: 2 horas por 10 Semanas

A partir del 24 de Marzo

Las sesiones se ofrecerán en español solamente

¡El programa es Gratis!

Si usted está interesado(a) en participar, por favor comuníquese con:

Maria Jesus Ampuero, LMFT at 760-843-3982 xt 224 o por email al:
maria_ampuero@sbcss.k12.ca.us

Las sesiones serán ofrecidas en diferentes días y horas para su conveniencia

Se ofrecerá cuidado de niños y bocadillos

Su participación es voluntaria

Esperamos verlos en el grupo!



Appendix B: Letter of Invitation to the Study

Dear: -----

Greetings,

My name is Maria Jesus Ampuero, and I am a doctoral student working on my dissertation in the Clinical Psychology Program at The Walden University. The reason of this letter is to inform you that I am doing a research study in the community that is planning to use an intervention program that I developed; geared to provide couples with tools they can use to better or enhance their marriage. This program is called Couples in Contact and will be offered to Latino married individuals only (for the purpose of the study the program will be offered in Spanish only). The intervention will be given in weekly sessions of 2 hours each. The program consist on 10 weeks of psycho-educational groups and will provide married individuals with an opportunity to discuss themes related to their marriage with the object to strengthen the marital relationship, and increase their marital satisfaction.

I am providing this letter to you and would like to ask your permission to extend the invitation to any married individual in the Latino community that would like to participate in this study and that would qualify to the requirements of the same.

I would appreciate your response and if you agree for me to announce it in your community, please respond to this letter via email at maria_ampuero@sbcss.k12.ca.us or by phone at 760-946-8207.

I appreciate your support.
Warm Regards.

Maria Jesus Ampuero

Appendix C: Informed Consent

Purpose of the Study:

This researcher is conducting a study to explore changing patterns of marital satisfaction among Latino married persons that will be participating in Couples in Contact group.

You are invited to participate in this research. Your participation is voluntary.

This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

Information about the researcher

This study is being conducted by Maria Jesus Ampuero, LMFT, a doctoral candidate in the Clinical Psychology program at Walden University. Mrs. Ampuero is also a Licensed Marriage and Family Therapy providing counseling services to the community both through the DMCC and a private entity. Also, Mrs. Ampuero is a Behavioral Counselor at this facility, but this study is separate from her role within this facility.

Procedures:

If you decide to participate both of the members of the couple will be asked to:

- Complete a 10- minute demographic questionnaire
- Complete a survey called Marital Satisfaction Inventory-R (MSI-R) which measures relationship satisfaction among couples. In 10 weeks both of you will be asked to complete the MSI-R again.
- Both members of the couple need to complete each survey individually in order to participate and to be included in this study.
- Questionnaires will have an identification number. These will be based on their own anonymous code so no one will know their responses.
- Instructions to design the code:
 - M for male and F for female
 - Wedding date
 - Last four numbers of telephone
 - Example: M00/00/00/9999 or F/00/00/00/9999

Your participation in this research is entirely voluntary.

Your participation in this research is completely voluntary and no one will know your answers. You may decide to skip a question if you find it too difficult. Your questionnaires will be assigned a specific identification number to protect your identity. That is, your responses will remain anonymous in a sense as they are connected to an ID code that you will develop, and not to your name. You may choose to not continue in the study at any time. You may withdraw from the study at any time. Neither this researcher nor anyone at DMCC will know whether you participated in this study.

Whether or not you participate in the study, will in no way affect your participation in Couples in Contact.

Risks and Benefits of Being in the Study:

Risks and discomforts may be associated with persons participating in a research study. These may include: (1) emotional stress generated from the assessment question content, or (2) discovery, or resurfacing of issues that were thought to have been resolved. If you experience significant stress, you are under no obligation to continue participating in the study. You may refuse to answer any questions you consider invasive or stressful. Participation in this research study is strictly voluntary. You may withdraw from the study at any time. If you wish to withdraw from this study, you can contact this researcher and provide only the code you designed to request the withdrawal of data. Your identity will still be anonymous. Emotional issues or distress resulting from the assessment process may be addressed by calling 211 for assistance to find a therapist or you can contact Desert Mountain Children's Center for resources. Assistance will be made in finding appropriate support or counseling resources.

Participation in the study may benefit you in creating an opportunity for self-reflection about your marital satisfaction. Your participation could provide beneficial information for the larger community. There are likely other couples that are struggling with similar challenges in their marriage. Your participation in this study will help mental health professionals to better assist Latino couples in the future as it will give a better understanding of how Latino couples are different from other couples. The information provided will also be utilized to revise parts of the Couple in Contact as per your responses.

Compensation:

THERE IS NO financial compensation for participating in this study and filling out the surveys

Confidentiality:

The records of this study will be kept confidential and anonymous. In any published report, no identifying information about any participant will be included. The data will be assigned a code developed by you. Research records will be kept secured at all time; this researcher is the only person who will have access to the records. Do not sign your name to the consent letter or surveys. By completing and returning the surveys, your consent is implied.

You are encouraged to ask any questions you may have about participating in this study.

If you have any questions on how to fill out the forms or about the study, contact Maria Ampuero at 760-843-3982 EXT. 224. If you want to talk privately about your rights as a participant, contact Dr. Leilani Endcott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 3121210. Walden University's approval number for this study is 02-26-14-0102833 and it expires on February 25, 2015.

Statement of Consent:

I have read the above information. I consent to participate in the study. I understand that my completion and return of the surveys is my implied consent since I am not being asked to provide my name or signature. Your participation in completing these surveys is appreciated. You may feel free to keep this form.



CONSENTIMIENTO DE PARTICIPACION EN EL ESTUDIO

Propósito del Estudio:

Esta investigadora está conduciendo un estudio con el fin de explorar cambios en la satisfacción matrimonial entre personas casadas que sean Latinas, y que participarán en el grupo “Parejas en Contacto.”

Usted está invitado a participar en este estudio de investigación. Su participación es completamente voluntaria.

Esta forma es parte del proceso llamado “Consentimiento Informado,” que le permite a usted entender sobre este estudio antes de decidir participar en él.

Información acerca del investigador

Este estudio está siendo conducido por la Señora Maria Jesús Ampuero, terapeuta familiar licenciada en el estado de California. Ella es una candidata para obtener el doctorado en Psicología Clínica a través de Walden University. La Sra. Ampuero, como Licenciada en Terapia de Matrimonios y familiar provee servicios de consejería a la comunidad a través de DMCC y a través de otra entidad privada. La Sra. Ampuero es una Consultora del Comportamiento en esta entidad, pero este estudio está separado de su rol dentro de esta entidad.

Procedimientos:

Si usted decide participar en este estudio, se le va a pedir a cada persona, lo siguiente:

- Completar un breve cuestionario demográfico que le tomara 10 minutos en hacerlo.
- Completar cada uno de ustedes ahora un cuestionario acerca de satisfacción matrimonial y relación matrimonial con su pareja que se llama Inventario de Satisfacción Matrimonial (MSI-R) según Snyder que mide la satisfacción matrimonial entre las parejas. Después de 10 semanas, se le pedirá a ustedes dos otra vez que cada uno vuelva a completar otro cuestionario del MSI-R.
- Las dos personas del matrimonio tienen que completar estos cuestionarios de forma individual para poder participar y ser incluidos en este estudio.
- Los cuestionarios tendrán un número de identificación. Este código va a estar basado en su propio código anónimo y de esa forma nadie va a saber sus respuestas.
- Instrucciones para el código:
 - H si es hombre y M si es mujer
 - Fecha de su matrimonio.
 - Ultimos cuatro números de su teléfono
 - Ejemplo: H00/00/00/9999 o M00/00/00/9999

Su participación en este estudio es completamente voluntaria.

Su participación en este estudio es completamente voluntaria y nadie va a tener acceso a sus respuestas. Usted puede decidir dejar de contestar una pregunta si esta le resulta ser muy incómoda. Sus cuestionarios van a ser asignados con el código de identificación

diseñado por usted. De esta manera, sus respuestas se mantendrán anónimas en el sentido de que serán conectadas con el código de identificación que usted diseñara pero no con su nombre. Ud. Puede decidir discontinuar el estudio en cualquier momento. Ni esta investigadora ni nadie en DMCC va a saber si usted participó en este estudio o no. El hecho de que participe o no en este estudio, no va a afectar de ninguna manera su participación en el grupo “Parejas en Contacto.”

Riesgos y beneficios al participar del estudio:

Los riesgos y molestias pueden estar asociados en algunas personas participantes de un estudio de investigación. Estas podrían incluir: (1) estrés emocional generado por las preguntas del Inventario o (2) El descubrir o el reaparecer de asuntos que se pensaban ya estaban resueltos. Usted no se debe sentir en la obligación de continuar participando en el estudio si experimenta un estrés significativo. Usted puede rehusarse a responder cualquier pregunta que usted considere invasivo o estresante. La participación en este estudio es estrictamente voluntaria. Usted puede retirarse del estudio en cualquier momento. Si usted desea retirarse de este estudio, usted puede contactar a esta investigadora y proveerle solamente el código que usted diseñó y pedirle que retire sus datos. Su identidad se mantendrá anónima. Si experimenta un sufrimiento emocional como resultado del proceso de este estudio, puede llamar al 211 para que le asistan a encontrar un terapeuta o usted puede contactarse al DMCC para buscar recursos que le ayuden. Se ofrecerá asistencia para que pueda encontrar ayuda apropiada o servicios de consejería.

Su participación en este estudio podría beneficiarlo a usted en creando una oportunidad de hacer una auto-reflexión acerca de su satisfacción matrimonial. Y su participación podría proveer información que podría ser de beneficio para la comunidad. Es mas que seguro que hay otras parejas que están pasando por retos similares en su matrimonio. Su participación en este estudio, ayudara a profesionales de la salud mental a asistir mejor a las parejas latinas en el futuro y ayudara a tener un mejor entendimiento de como las parejas Latinas son diferentes unas de otras. La información obtenida de sus respuestas será también utilizada para revisar partes del programa “Parejas en Contacto.”

Compensación:

NO HABRA compensación financiera para usted o su pareja por participar en este estudio o contestar los cuestionarios.

Confidencialidad:

Los expedientes de este estudio se mantendrán estrictamente confidenciales y anónimos. En cualquier reporte profesional publicado, no aparecerá ni se incluirá ninguna información que identifique a ninguno de los participantes. Los datos serán asignados con un código anónimo desarrollado por usted. Los records del estudio serán archivados en un lugar seguro en todo momento. Esta investigadora es la única persona que tendrá accesos a estos records. Esta investigadora no requiere que usted firme su nombre en el consentimiento o en los cuestionarios. Al completar los cuestionarios, usted está

implícitamente ya dando su consentimiento de participación. Siéntase libre de retener una copia de esta forma.

Se le anima a hacer todas las preguntas que tenga acerca de su participación en este estudio.

Si usted tiene preguntas de cómo llenar las formas o acerca de este estudio. Puede contactarse con Maria Ampuero al teléfono: 760-843-3982 ext. 224. Si usted quiere hablar con alguien en forma privada acerca de sus derechos como participante, por favor contáctese con Dr. Leilani Endcott. Ella es la representante de Walden University y puede discutir esto con usted. Su número de teléfono es: 1-800-925-3368, extensión 3121210. El número de aprobación de Walden University para este estudio es 02-26-14-0102833 y expira el Febrero 25, 2015.

Declaración de Consentimiento:

He leído la información de este documento. He hecho las preguntas y he recibido respuestas. Yo doy mi consentimiento para participar en este estudio. Mi consentimiento queda implícito al completar los cuestionarios.

Aprecio su participación al llenar estos cuestionarios. Puede quedarse con esta forma si así lo quiere.



Appendix D: Invitation Letter (Intervention Group)

I am contacting you because you have both agreed to participate in the Couples in Contact group.

My name is Maria Jesus Ampuero, LMFT. I am doctoral candidate in the Clinical Psychology program at Walden University.

I am conducting a study to evaluate the Couples in Contact intervention. I would like to invite both of you to participate in this evaluation. Please note that participation of the group is voluntary. If you choose to participate, each of you are asked to complete two questionnaires, at the beginning and one at the end of the group. Enclosed are the forms to be done before the group starts. You will find in this packet:

- The consent form.
- Demographic questionnaire (one for each of you)
- The Marital Satisfaction Inventory-R (Snyder, 1997) (one for each of you).
- Instructions on how to design your anonymous code

If you agree to participate in this study, please complete demographic forms and the Marital Satisfaction surveys and return the completed packet in the self-addressed envelope provided. As it states in the consent form, returning the completed forms implies your voluntary consent. Please **DO NOT** write your name on any forms as your answers will be anonymous. Just fill out the code on the top of the forms.

If you choose not to participate in the evaluation, please just return the uncompleted questionnaires in the self-addressed envelope provided.

Whether or not you complete your form, does not in any way affect your participation in the Couples in Contact group.

After the group is completed you will be contacted to do the final forms for the evaluation.

Thank you for your time and consideration.

Sincerely,

Maria Jesus Ampuero, LMFT

Carta de Invitación (Grupo de Intervención)

Mi nombre es Maria Jesús Ampuero, LMFT. Soy una candidata para obtener el Doctorado en Psicología Clínica a través de la Universidad de Walden.

Le escribo, porque ustedes dos aceptaron participar en el grupo Parejas en Contacto.

Estoy realizando un estudio para evaluar el programa Parejas en Contacto. Me gustaría invitarles a ustedes dos para que participen en esta evaluación. Por favor, sepa que su participación en este estudio es completamente voluntaria. Si ustedes deciden participar, se les pedirá completar dos cuestionarios al comienzo de este grupo y uno al final de él. Dentro de este paquete, usted encontrará:

- Un consentimiento de participación en el estudio

- Un cuestionario demográfico (uno para cada uno)
- El cuestionario de Satisfacción Matrimonial Revisada. Snyder (1997) (uno para cada uno).
- Instrucciones de como diseñar su código anónimo

Si ustedes aceptan participar en este estudio, por favor contesten estos cuestionarios y regresen el paquete completo en el sobre que está incluido y que ya tiene una estampilla del correo para su conveniencia. Como se indica en la forma de consentimiento, al devolver las formas completas, implícitamente, ustedes están aceptando participar en el estudio. Por favor NO escriban sus nombres en ninguna forma pues sus respuestas son anónimas. Solo llene el código secreto como está indicado en la parte de arriba del cuestionario demográfico.

Si ustedes deciden no participar, por favor regresen todo el paquete como lo recibieron en el sobre que está incluido y que ya tiene una estampilla del correo para su conveniencia. Sea que ustedes complete o no las formas, no les afecta en ninguna forma su participación en el grupo “Parejas en Contacto.”

Una vez concluida las sesiones del grupo, se les contactará otra vez para que llenen las formas finales de la evaluación.

Gracias por su tiempo y consideración.

Atentamente,

Maria Jesus Ampuero, LMFT

Invitation Letter for Control Group

My name is Maria Jesus Ampuero, LMFT. I am doctoral candidate in the Clinical Psychology program at Walden University. I am contacting you because you have both agreed to participate in the Couples in Contact group.

I am conducting a study to evaluate the Couples in Contact intervention. I would like to invite both of you to participate in this evaluation. Please note that participation of the group is voluntary. If you choose to participate, each of you is asked to complete two questionnaires. At this time you are on a wait list for the group and it is anticipated that you will begin the Couples in Contact group in an approximate 10 weeks.

For the purpose of this study, I am requesting that both of you complete the enclosed forms now. Enclosed are the forms to be done now. You will find in this packet:

- The consent form.
- Demographic questionnaire (one for each of you)
- The Marital Satisfaction Inventory-R (Snyder, 1997) (one for each of you).
- Instructions on how to design your anonymous code

In 10 weeks, before you start the group, I will ask to both of you to complete one questionnaire. If you agree to participate in this study, please complete demographic forms and the Marital Satisfaction surveys and return the completed packet in the self-

addressed envelope provided. As it states in the consent form, returning the completed forms implies your voluntary consent. Please DO NOT write your name on any forms as your answers will be anonymous. Just fill out the code on the top of the forms.

If you choose not to participate in the evaluation, please just return the uncompleted questionnaires in the self-addressed envelope provided.

Whether or not you complete your form, does not in any way affect your participation in the Couples in Contact group.

Thank you for your time and consideration.

Sincerely,

Maria Jesus Ampuero, LMFT

Carta de Invitación (Grupo de Control)

Mi nombre es Maria Jesús Ampuero, LMFT. Soy una candidata para obtener el Doctorado en Psicología Clínica a través de la Universidad Walden.

Les escribo, porque ustedes dos aceptaron participar en el grupo Parejas en Contacto.

Estoy realizando un estudio para evaluar el programa Parejas en Contacto. Me gustaría invitarles a ustedes dos para que participen en esta evaluación. Por favor, sepa que su participación en este estudio es completamente voluntaria. Si ustedes deciden participar, se les pedirá completar dos cuestionarios. Usted y su esposo(a) han sido asignados a una lista de espera. El grupo Parejas en Contacto empezara en 10 semanas aproximadamente. Por propósito del estudio, le pido a usted y su esposo (a) que completen las formas.

Dentro de este paquete, usted encontrara las formas que deben ser llenadas ahora:

- Un consentimiento de participación en el estudio
- Un cuestionario demográfico (uno para cada uno)
- El cuestionario de Satisfacción Matrimonial Revisada. Snyder (1997) (uno para cada uno).
- Instrucciones de como diseñar su código anónimo

En 10 semanas, antes de comenzar el grupo se les pedirá que ustedes contesten otro cuestionario.

Si ustedes aceptan participar en este estudio, por favor contesten estos cuestionarios y regresen el paquete completo en el sobre que está incluido lo más pronto posible. Un sobre con estampilla y la dirección de retorno ha sido incluido con este paquete para su conveniencia. Como se indica en la forma de consentimiento, al devolver las formas completas, implícitamente, ustedes están aceptando participar en el estudio. Por favor NO escriban sus nombres en ninguna forma pues sus respuestas son anónimas. Solo llenen el código secreto como está indicado en la parte de arriba del cuestionario demográfico.

Si ustedes deciden no participar, por favor regresen todo el paquete como lo recibieron en el sobre que está incluido y que ya tiene una estampilla del correo para su conveniencia.

Sea que ustedes complete o no las formas, no les afecta en ninguna forma su participación en el grupo “Parejas en Contacto.”

Gracias por su tiempo y consideración.
Atentamente,

Maria Jesús Ampuero, LMFT

Posttest Letter

My name is Maria Jesus Ampuero. I am contacting you one more time.

Enclosed you will find the final survey for the research study to evaluate the Couples in Contact intervention.

I would like to invite both of you to complete the survey and return it at your earliest convenience in the self-addressed envelope.

Please remember to write the same code you used the first time you've sent the questionnaires

- M for male and F for female
- Wedding date
- Last four numbers of telephone (please use same number as the one you use previously)
- Example: M00/00/00/9999 or M/00/00/00/9999

If you choose not to participate in this part of the evaluation, please just return the uncompleted questionnaires at your earliest convenience in the self-addressed envelope provided.

Thank you for your time and consideration. Your help with the evaluation of the Couples in Contact group is greatly appreciated.

Sincerely,

Maria Jesus Ampuero, LMFT

Carta Final

Mi nombre es Maria Jesús Ampuero. Me estoy comunicando con ustedes una vez más.

Junto con esta carta, ustedes encontrarán el cuestionario final para el estudio que estoy realizando que consiste en evaluar la intervención "Parejas en Contacto."

Me gustaría invitarle a usted y su esposo (a) que completen el cuestionario y me lo regresen lo más pronto posible en el sobre que ya tiene dirección y estampilla para su conveniencia.

Por favor recuerde de poner nuevamente el mismo código que uso la primera vez:

- H si es hombre y M si es mujer
- Fecha de **SU MATRIMONIO**.
- Ultimos cuatro números de su teléfono (Por favor usar el mismo número de teléfono que uso la primera vez)
- Ejemplo: H00/00/00/9999 o M00/00/00/9999

Si usted decide no participar, por favor regrese todo el paquete lo más pronto posible en el sobre que está incluido y que ya tiene una estampilla del correo para su conveniencia. Gracias por su tiempo y consideración. Su ayuda para evaluar el grupo “Parejas en Contacto” es apreciado inmensamente.
Sinceramente,

Maria Jesús Ampuero, LMFT

Appendix E: Couples in Contact Curriculum

1st Week: Introduction, expectations of the class. Share their love stories.

Objective: To introduce the couples to the course, to get to know each other and know their expectations

Presentation:

Introduction. Get to know each other.

Couples will respond to the following questions:

- How long have you been married?
- How many kids do you have?
- How and when did you both meet?

Exercise:

Please indicate how much pleasure it is to talk with your partner about the following themes.

Discussion time: Share about your findings

2nd Week: Communication approaches under stress

Objective: Identify different communication approaches as insecurities we use in order to be approved by others and instead stick with own personality.

We review the model presented by Virginia Satir. (See separate paper at the end)

Exercise

Discussion time: Compare the answers and process with the group. Allow them to express their feelings.

Listen to a Love song

3rd week: Lost & Found. Recognizing values in the marriage. What happen to them?

Objective: To realize about the values we brought in to the marriage and the values we have now.

Dynamic: Use a jewelry box and place different little boxes with a value name inside (i.e., “trust, honesty, love, compassion, passion, respect, etc.”) Hide the little boxes around the room and ask couples to find one and bring it to the table. Discuss about the loss and found.

What values have we lose? How come? How can we get them back?

Discussion time:

Watch a video clip

4th week: Couples dialogue and Communication.

Objective: For the couples to learn to talk and to listen to each other, since these are The fundamental building blocks for good communication.

Dynamic:

Negative perspective: Discuss about a marital issue that is hard to talk about.

Exercise: Using 3 by 5 flashcards, write 5 things you love about your spouse and 5 things you don't like about him/her. Share them, looking at each other eyes.

Discussion Time: Share your reflections

Listen to a love song

5th Week: Conflict Resolution

Objective: Learn problem solution strategies for those areas in which they disagree.

Exercise: Focus on one disagreement you have with your partner and practice these concepts

Discussion time: Share your thoughts with the groups

6th week: Keys to Improve the relationship

Objective: Help couples realize that in order to have a better relationship, there has to be changes.

The traditional idea of 50%-50% versus 100% -100%. Discussion about this.

keys to improving the relationship

Using fighting in a Positive Way

Fair Fighting: Ground rules

7th week: Are we two or more? Parenting issues, others in the relationship

Objective: Teach spouses that children are the product of their love and it has to be a common way to discipline them. Also, what is the role of extended family and friends in the couple relationship?

The importance of Parenting classes, and the role of each parent in the life of their child. Discussion about role of extended family members and friends in the relationship of the couple. What is healthy and what is not.

Talk about Parenting classes and the benefit of attending.

8th week: Intimacy and Sex

Objective: For them to be aware of their own ideas and taboos about sex and intimacy.

To be able to discuss openly and share their concerns and their expectations

Definition: Intimacy, Sex, Making love

Questions

Explanation

Sharing**Conflicts with Sex**

Discussion: Open discussion about the theme. Promote dialogue, asking and answering questions.

9th week: Forget or Forgive? Issues of Spirituality

Objective: To help couples understand that emotional pain is part of the marital life. To understand that when we forgive, we keep ourselves healthy both emotionally and physically.

Forgiveness is a decision to suffer less

Listen to a song.

Week 10: Graduation. A review of the past weeks & looking forward.

Objective: Couples review what was learned and shared through the 10 weekly sessions, and share what they look forward to in their relationship.

Evaluations

Posttestment assessment: Using the MSI-R to participants

COUPLES IN CONTACT

Maria Jesus Ampuero, MS
 Maria_ampuero@sbcss.k12.ca.us



Week 1: Share their love stories.

Objective: Couples introduce themselves, express their expectations for the class, and share their stories.



Week 2: Communication approaches under stress

Objective: Identify different communication approaches as expressions of our own insecurities that we use in order to be approved by others. We review the model of communication approaches under stress developed by Virginia Satir.



Week 3: Lost & Found. Recognizing the role of values in the marriage.

Objective: Talking and Listening: The Foundations of Dialogue. Discussions of good and bad things about each other to help couples explore the values brought into the marriage and the values they have now.



Week 4: Couples dialogue and Communication.

Objective: For the couples to learn to talk and to listen to each other, since these are the fundamental building blocks for good communication.

Communication skills:

- Empathy
- Validation
- Paraphrasing.



Introduction: The Marital Relationship is the foundation for a healthy and happy family. A happy and stable marriage projects love and support to everyone around the marriage, especially to their children, family and friends.

Objectives: To help couples develop a better communication and a healthier relationship. A happy marriage impacts the behavior and emotional well-being of their child.

Method: A 10-week class offered to help couples learn and apply skills that will help them improve their relationship. Measure used: Marital Satisfaction Inventory-R (Snyder, 1997). Study is in progress at the present time at

Desert Mountain Children's Center. Apple Valley, CA.



Week 10: Graduation. A review of the past weeks & looking forward.

Objective: Couples review what was learned and shared through the 10 weekly sessions, and share what they look forward to in their relationship.

Week 9: Forget or Forgive?

Objective: To help couples understand that emotional pain is part of marital life. To understand that when we forgive, we keep ourselves healthy both emotionally and physically.



Week 8: Intimacy and Sex

Objectives: Help couples become aware of their own ideas and taboos about sex and intimacy.

To be able to discuss openly and share their concerns and their expectations.

Definition of Sex, Making love and Intimacy.

Own view of Sex
 Conflicts with Sex



Week 7: Are we two or more? Parenting issues, others in the relationship

Objective: Teach spouses that children are the product of their love and that there needs to be a common approach to discipline. Also, what is the role of extended family and friends in the couple's relationship?



Week 5: Conflict Resolution

Objective: Couples learn effective problem solution strategies for areas in which they disagree.

Conflicts can be solved through negotiation in three major ways

- Agreement as a gift
- Bargaining
- Coexistence



Week 6: Keys to Improve the relationship

Objective: Help couples realize that in order to have a better relationship, there has to be changes

A couple needs to give 100-100% each instead of 50-50% into the relationship.

Appendix F: Letters to obtain permission to use MSI-R

Email sent from:
 Maria Ampuero (mampuero_24@msn.com)
 To: Dr. Douglas Snyder: d-snyder@tamu.edu

Date: February 10, 2013

Hello Dr. Snyder

My name is Maria Jesus Ampuero, student at Walden University in the Clinical Psychology PhD program.

I met you back in 2010 in Boston at the World Congress of Behavioural and Cognitive Therapies. And I had the privilege to attend a couple of your workshops.

I am currently working on my dissertation. I am interested in seeing if the marital satisfaction of Latino couples will be impacted by an intervention program I developed. I would like to use the MSI-R in Spanish since it has been already standardized in the Spanish language. I am writing to ask your permission to use it.

I am excited that finally, I am at the end of my proposal stage and want to be prepared.

I am sorry about the informality of this letter. If there is any formal letter I need to send in order to ask your permission to use the MSI-R in Spanish please let me know.

Warm Regards,
 Maria

Dr. Douglas Snyder
 2/11/13
 To: Maria Ampuero
 Cc: weinberg@wpspublish.com

Hello, Maria. Thank you for such a lovely note.

Regarding the Spanish MSI-R - you may be able to receive a student-research discount from WPS in purchasing these materials.

I suggest you direct your request to:
 Susan Weinberg, Asst. to the President
 Western Psychological Services: weinberg@wpspublish.com

Best wishes to you.

Douglas K. Snyder, Ph.D., Professor
 Department of Psychology - Mailstop 4235
 Texas A&M University

College Station, TX 77843-4235
PH: 979.845.2539 FAX: 979.845.4727

From: no-reply@wpspublish.com

Sent: Tuesday, September 03, 2013 4:11:11 PM (UTC-08:00) Pacific Time (US & Canada)

Subject: Attachment in Support of Discount Application - 2573

RESEARCH DISCOUNT APPLICATION

Your Name: Maria Jesus Ampuero

Your Status: Graduate Student

Highest earned degree of principal investigator: Master of Science

Brief summary of the nature of the study, including estimated timeline for conducting the project: A dissertation study with couples to investigate if a psycho-educational program helps to increase marital satisfaction as measured by the Marital Satisfaction Inventory, Revised (MSI-R). The population of this study will include 90 Latino married individuals, all of which are living in the same household. They will be randomly assigned to the experimental or a wait list control group. Marital satisfaction will be assessed before and after the experimental group participates in the intervention.

Full institutional street address for principal investigator:

Address 1: Walden University

Address 2: 100 Washington Avenue South, Suite 900

City: Minneapolis, MN. 55401. USA

Email Address of principal investigator: mampu001@waldenu.edu

Describe how and to whom the results of the research will be distributed: Results will be used for dissertation purposes only.

Daytime telephone number: 760-9468207

Fax Number: 760-946-0819

Additional notes: I am thrilled to be able to use this inventory in our couples.

Original E-mail

From : "Thomas Russo" [thomas.russo@waldenu.edu]

Date : 03/28/2013 01:02 PM

To : weinberg@wpspublish.com

Subject : research supervision

Ms Weinberg

I am the research supervisor for the Dissertation for Ms Maria Ampuero. I agree to the terms as listed in your letter. That is, I agree to supervise the ethical and professional use of the Marital Satisfaction Inventory - Revised (MSI-R).

Tom Russo, Ph.D.

Walden University
100 Washington Avenue South
Suite 900
Minneapolis, MN 55401

Hello Maria,

WPS is pleased to offer to you a Research Discount for the purchase of the MSI-R materials needed for use in conducting the indicated scholarly study. See attached for:

- Guidelines on placing an order with WPS.
- WPS Order Form.
- A Memo of Discount Authorization; use of the discount indicates agreement to its terms; please provide a copy of the discount memo when placing the order

NOTE: If you have any questions about pricing, placing or tracing an order please directly contact WPS Customer Service (tel: 800/648-8857 or 424/201-8800, 7:30am to 4:00pm Pacific; fax: 424/201-6950; or e-mail customerservice@wpspublish.com).

Thanks for your research interest in our material.

Best wishes for a successful project--

Sincerely,

Sandra I. Ceja

Rights & Permissions Assistant

d 424.201.8857

t 800.648.8857 or 424.201.8800

f 424.201.6950

625 Alaska Avenue, Torrance, CA 90503

www.wpspublish.com

Appendix G: MSI-R (English and Spanish)

MSI-R AutoScore™ Form

Douglas K. Snyder, Ph.D.

Directions

First fill in the background information on this page, then proceed to the inventory items on the next page and on the back of this booklet. Please do *not* make any stray marks on the booklet.

The MSI-R inventory consists of 150 statements about you and your relationship with your partner. Read each statement and decide whether it is true or false for you. If the statement is true or mostly true for you, fill in the circle labeled *T*. If the statement is false or not usually true for you, fill in the circle labeled *F*. Mark only one response for each statement. If you want to change an answer, draw an *x* through your original answer, then fill in the circle that shows your new answer.

Example

Original Response Changed Response

SAMPLE

Administration date _____

Individual ID _____

Gender (required) Female Male

Age _____

Education (years completed) _____

Are you currently employed outside your home? Yes No

If yes, how many hours per week do you usually work? _____

What is your present occupation?

- Executive Advanced Professional
- Business Manager Lower Professional Teacher
- Administrative Personnel Small Business Owner
- Clerical Sales Technical
- Skilled Manual
- Semi-skilled Machine Operator
- Unskilled

Couple ID _____

Duration of current marriage or relationship _____

Number of previous marriages or significant relationships _____

Number of children _____

Age of oldest (or only) child _____

Age of youngest child _____

What is your ethnicity?

- Asian
- Black
- Hispanic
- Native American
- White
- Other: _____

Published by
wps WESTERN PSYCHOLOGICAL SERVICES
 12031 Wilshire Blvd., Los Angeles, CA 90025-1251
 Publishers and Distributors

MSI-R AutoScore™ Form

Douglas K. Snyder, Ph.D.

- | | | | |
|---|---|--|---|
| 1. When my partner and I have differences of opinion, we sit down and discuss them. | <input type="radio"/> T <input type="radio"/> F | 38. My partner and I need to improve the way we settle our differences. | <input type="radio"/> T <input type="radio"/> F |
| 2. I am fairly satisfied with the way my partner and I spend our available free time. | <input type="radio"/> T <input type="radio"/> F | 39. My partner and I spend a good deal of time together in different kinds of play and recreation. | <input type="radio"/> T <input type="radio"/> F |
| 3. My partner almost always responds with understanding to my mood at a given moment. | <input type="radio"/> T <input type="radio"/> F | 40. My partner doesn't take me seriously enough sometimes. | <input type="radio"/> T <input type="radio"/> F |
| 4. My childhood was probably happier than most. | <input type="radio"/> T <input type="radio"/> F | 41. My parents' marriage was happier than most. | <input type="radio"/> T <input type="radio"/> F |
| 5. There are some things my partner and I just can't talk about. | <input type="radio"/> T <input type="radio"/> F | 42. My partner is so touchy on some subjects that I can't even mention them. | <input type="radio"/> T <input type="radio"/> F |
| 6. It is sometimes easier to confide in a friend than in my partner. | <input type="radio"/> T <input type="radio"/> F | 43. Whenever I'm feeling sad, my partner makes me feel loved and happy again. | <input type="radio"/> T <input type="radio"/> F |
| 7. My partner seems to enjoy sex as much as I do. | <input type="radio"/> T <input type="radio"/> F | 44. I am somewhat dissatisfied with how we discuss better ways of pleasing each other sexually. | <input type="radio"/> T <input type="radio"/> F |
| 8. I wish my partner shared a few more of my interests. | <input type="radio"/> T <input type="radio"/> F | 45. My partner and I don't have much in common to talk about. | <input type="radio"/> T <input type="radio"/> F |
| 9. During an argument with my partner, each of us airs our feelings completely. | <input type="radio"/> T <input type="radio"/> F | 46. When we argue, my partner and I often seem to go over and over the same old things. | <input type="radio"/> T <input type="radio"/> F |
| 10. I was very anxious as a young person to get away from my family. | <input type="radio"/> T <input type="radio"/> F | 47. All the marriages on my side of the family appear to be quite successful. | <input type="radio"/> T <input type="radio"/> F |
| 11. I would prefer to have sexual relations more frequently than we do now. | <input type="radio"/> T <input type="radio"/> F | 48. One thing my partner and I don't fully discuss is our sexual relationship. | <input type="radio"/> T <input type="radio"/> F |
| 12. Even when angry with me, my partner is able to appreciate my viewpoints. | <input type="radio"/> T <input type="radio"/> F | 49. My partner's feelings are too easily hurt. | <input type="radio"/> T <input type="radio"/> F |
| 13. My partner likes to share his or her leisure time with me. | <input type="radio"/> T <input type="radio"/> F | 50. It seems that we used to have more fun than we do now. | <input type="radio"/> T <input type="radio"/> F |
| 14. There is a great deal of love and affection expressed in our relationship. | <input type="radio"/> T <input type="radio"/> F | 51. Sometimes I feel as though my partner doesn't really need me. | <input type="radio"/> T <input type="radio"/> F |
| 15. I am sometimes unhappy with our sexual relationship. | <input type="radio"/> T <input type="radio"/> F | 52. My partner sometimes shows too little enthusiasm for sex. | <input type="radio"/> T <input type="radio"/> F |
| 16. There are many things about our relationship that please me. | <input type="radio"/> T <input type="radio"/> F | 53. Our relationship has been disappointing in several ways. | <input type="radio"/> T <input type="radio"/> F |
| 17. A lot of our arguments seem to end in depressing statements. | <input type="radio"/> T <input type="radio"/> F | 54. Minor disagreements with my partner often end up in big arguments. | <input type="radio"/> T <input type="radio"/> F |
| 18. Even when I am with my partner, I feel lonely much of the time. | <input type="radio"/> T <input type="radio"/> F | 55. My partner and I have never come close to ending our relationship. | <input type="radio"/> T <input type="radio"/> F |
| 19. I trust my partner with our money completely. | <input type="radio"/> T <input type="radio"/> F | 56. Our financial future seems quite secure. | <input type="radio"/> T <input type="radio"/> F |
| 20. There are some things about my partner that I do not like. | <input type="radio"/> T <input type="radio"/> F | 57. There are times when I wonder if I made the best of all possible choices in a partner. | <input type="radio"/> T <input type="radio"/> F |
| 21. Our relationship has been very satisfying. | <input type="radio"/> T <input type="radio"/> F | 58. I get pretty discouraged about our relationship sometimes. | <input type="radio"/> T <input type="radio"/> F |
| 22. My partner has slapped me. | <input type="radio"/> T <input type="radio"/> F | 59. I have worried about my partner losing control of his or her anger. | <input type="radio"/> T <input type="radio"/> F |
| 23. Some equality in marriage is a good thing but, by and large, the man ought to have the main say so in family matters. | <input type="radio"/> T <input type="radio"/> F | 60. Earning the family income is primarily the responsibility of the man. | <input type="radio"/> T <input type="radio"/> F |
| 24. The good things in my relationship far outweigh the bad. | <input type="radio"/> T <input type="radio"/> F | 61. My partner and I seldom have major disagreements. | <input type="radio"/> T <input type="radio"/> F |
| 25. My partner and I decide together in the manner in which our income is to be spent. | <input type="radio"/> T <input type="radio"/> F | 62. It is often hard for us to discuss our finances without getting upset with each other. | <input type="radio"/> T <input type="radio"/> F |
| 26. There are times when my partner does things that make me unhappy. | <input type="radio"/> T <input type="radio"/> F | 63. My partner occasionally makes me feel miserable. | <input type="radio"/> T <input type="radio"/> F |
| 27. Two people should be able to get along better than my partner and I do. | <input type="radio"/> T <input type="radio"/> F | 64. I have never felt better in our relationship than I do now. | <input type="radio"/> T <input type="radio"/> F |
| 28. I have never worried that my partner might become angry enough to hurt me. | <input type="radio"/> T <input type="radio"/> F | 65. My partner has never thrown things at me in anger. | <input type="radio"/> T <input type="radio"/> F |
| 29. There should be more daycare centers and nursery schools so that more mothers of young children could work. | <input type="radio"/> T <input type="radio"/> F | 66. The man should be the head of the family. | <input type="radio"/> T <input type="radio"/> F |
| 30. Our relationship is as successful as any that I know of. | <input type="radio"/> T <input type="radio"/> F | 67. The future of our relationship is too uncertain for us to make any serious plans. | <input type="radio"/> T <input type="radio"/> F |
| 31. Our relationship has never been in difficulty because of financial concerns. | <input type="radio"/> T <input type="radio"/> F | 68. My partner is forever checking up on how I spend our money. | <input type="radio"/> T <input type="radio"/> F |
| 32. My partner and I understand each other completely. | <input type="radio"/> T <input type="radio"/> F | 69. I have never regretted our relationship even for a moment. | <input type="radio"/> T <input type="radio"/> F |
| 33. My partner has slammed things around or thrown things in anger. | <input type="radio"/> T <input type="radio"/> F | 70. My partner sometimes screams or yells at me when he or she is angry. | <input type="radio"/> T <input type="radio"/> F |
| 34. Such things as laundry, cleaning, and child care are primarily a woman's responsibility. | <input type="radio"/> T <input type="radio"/> F | 71. A woman should take her husband's last name after marriage. | <input type="radio"/> T <input type="radio"/> F |
| 35. I have often considered asking my partner to go with me for relationship counseling. | <input type="radio"/> T <input type="radio"/> F | 72. My partner and I are happier than most of the couples I know. | <input type="radio"/> T <input type="radio"/> F |
| 36. There are some things about our relationship that do not entirely please me. | <input type="radio"/> T <input type="radio"/> F | 73. Trying to work out a budget causes more trouble with my partner than it is worth. | <input type="radio"/> T <input type="radio"/> F |
| 37. If a child gets sick, and if both parents work, the father should be just as willing as the mother to stay home from work and take care of the child. | <input type="radio"/> T <input type="radio"/> F | 74. The most important thing for a woman is to be a good wife and mother. | <input type="radio"/> T <input type="radio"/> F |

75. When arguing, we manage quite well to restrict our focus to the important issues. (T) (F)
76. Our daily life is full of interesting things to do together. (T) (F)
77. Sometimes my partner just can't understand the way I feel. (T) (F)
78. My parents didn't communicate with each other as well as they should have. (T) (F)
79. My partner has no difficulty accepting criticism. (T) (F)
80. Just when I need it the most, my partner makes me feel important. (T) (F)
81. My partner has too little regard sometimes for my sexual satisfaction. (T) (F)
82. My partner doesn't take enough time to do some of the things I'd like to do. (T) (F)
83. My partner sometimes seems intent upon changing some aspect of my personality. (T) (F)
84. My parents never really understood me. (T) (F)
85. My partner and I nearly always agree on how frequently to have sexual relations. (T) (F)
86. My partner and I seem able to go for days sometimes without settling our differences. (T) (F)
87. I spend at least one hour each day in an activity with my partner. (T) (F)
88. My partner does many different things to show me that he or she loves me. (T) (F)
89. I have never seriously considered having an affair. (T) (F)
90. I have important needs in our relationship that are not being met. (T) (F)
91. Our arguments frequently end up with one of us feeling hurt or crying. (T) (F)
92. At times I have very much wanted to leave my partner. (T) (F)
93. My partner is a very good manager of finances. (T) (F)
94. My partner has all of the qualities I've always wanted in a companion. (T) (F)
95. There are some serious difficulties in our relationship. (T) (F)
96. My partner has never pushed me or grabbed me in anger. (T) (F)
97. Where a family lives should depend mostly on the man's job. (T) (F)
98. I might be happier if I weren't in this relationship. (T) (F)
99. My partner and I rarely argue about money. (T) (F)
100. There are times when I do not feel a great deal of love and affection for my partner. (T) (F)
101. I have often wondered whether our relationship may end in separation or divorce. (T) (F)
102. My partner has left bruises or welts on my body. (T) (F)
103. In a relationship the woman's career is of equal importance to the man's. (T) (F)
104. I believe that our relationship is as pleasant as that of most of the people I know. (T) (F)
105. I feel as though we live beyond our financial means. (T) (F)
106. I don't think any couple could live together with greater harmony than my partner and I. (T) (F)
107. My partner has never threatened to hurt me. (T) (F)
108. In a relationship, a major role of a woman should be that of housekeeper. (T) (F)
109. I have known very little unhappiness in our relationship. (T) (F)
110. My partner buys too many things without consulting with me first. (T) (F)
111. If a mother of young children works, it should be only while the family needs the money. (T) (F)
112. My partner has never injured me physically. (T) (F)
113. When we disagree, my partner helps us to find alternatives acceptable to both of us. (T) (F)
114. Our recreational and leisure activities appear to be meeting both our needs quite well. (T) (F)
115. I feel free to express openly strong feelings of sadness to my partner. (T) (F)
116. I had a very happy home life. (T) (F)
117. My partner and I rarely have sexual relations. (T) (F)
118. Sometimes I wonder just how much my partner really does love me. (T) (F)
119. I would like my partner to express a little more tenderness during intercourse. (T) (F)
120. The members of my family were always very close to each other. (T) (F)
121. My partner and I are often unable to disagree with one another without losing our tempers. (T) (F)
122. I often wondered whether my parents' marriage would end in divorce. (T) (F)
123. There are some things I would like us to do, sexually, that my partner doesn't seem to enjoy. (T) (F)
124. My partner often fails to understand my point of view on things. (T) (F)
125. Whenever he or she is feeling down, my partner comes to me for support. (T) (F)
126. My partner keeps most of his or her feelings inside. (T) (F)
127. Our sexual relationship is entirely satisfactory. (T) (F)
128. I believe our relationship is reasonably happy. (T) (F)
129. My partner often complains that I don't understand him or her. (T) (F)
- Couples WITHOUT children STOP here. Couples WITH children answer the following:**
130. For the most part, our children are well behaved. (T) (F)
131. My partner and I rarely argue about the children. (T) (F)
132. My children's value systems are very much the same as my own. (T) (F)
133. My partner doesn't spend enough time with the children. (T) (F)
134. Our relationship might have been happier if we had not had children. (T) (F)
135. My partner and I rarely disagree on when or how to discipline the children. (T) (F)
136. I wish my children would show a little more concern for me. (T) (F)
137. Our children often manage to drive a wedge between my partner and me. (T) (F)
138. My children and I don't have very much in common to talk about. (T) (F)
139. My partner doesn't display enough affection toward the children. (T) (F)
140. Our children do not show adequate respect for their parents. (T) (F)
141. My partner and I decide together what rules to set for our children. (T) (F)
142. Our children don't seem as happy and carefree as other children their age. (T) (F)
143. My partner doesn't assume his or her fair share of taking care of the children. (T) (F)
144. Having children has not brought all of the satisfactions I had hoped it would. (T) (F)
145. My partner and I nearly always agree on how to respond to our children's requests for money or privileges. (T) (F)
146. Our children rarely fail to meet their responsibilities at home. (T) (F)
147. Our relationship has never been in difficulty because of the children. (T) (F)
148. Rearing children is a nerve-wracking job. (T) (F)
149. My partner and I assume equal responsibility for rearing the children. (T) (F)
150. I frequently get together with one or more of the children for fun or recreation at home. (T) (F)

MSI-R Forma autocalificable

Douglas K. Snyder, Ph.D.

- | | | | |
|---|---|---|---|
| 1. Cuando mi cónyuge y yo tenemos opiniones diferentes, nos sentimos a hablar sobre ellas. | <input type="radio"/> V <input type="radio"/> F | 38. Mi cónyuge y yo necesitamos mejorar la forma como arreglamos nuestras diferencias. | <input type="radio"/> V <input type="radio"/> F |
| 2. Estoy satisfecho con la manera como mi cónyuge y yo pasamos nuestro tiempo libre. | <input type="radio"/> V <input type="radio"/> F | 39. Mi cónyuge y yo compartimos distintas formas de juego y diversión cuando pasamos tiempo juntos. | <input type="radio"/> V <input type="radio"/> F |
| 3. En todo momento mi cónyuge responde con comprensión a mi estado de ánimo. | <input type="radio"/> V <input type="radio"/> F | 40. A veces mi cónyuge no me toma lo suficientemente en serio. | <input type="radio"/> V <input type="radio"/> F |
| 4. Mi infancia probablemente fue más feliz que la de la mayoría de las personas. | <input type="radio"/> V <input type="radio"/> F | 41. El matrimonio de mis padres fue más feliz que el de la mayoría. | <input type="radio"/> V <input type="radio"/> F |
| 5. Hay algunas cosas de las que mi cónyuge y yo no podemos hablar. | <input type="radio"/> V <input type="radio"/> F | 42. Mi cónyuge es tan susceptible a algunos temas que ni siquiera puedo mencionarlos. | <input type="radio"/> V <input type="radio"/> F |
| 6. A veces es más fácil confiar en un amigo que en mi cónyuge. | <input type="radio"/> V <input type="radio"/> F | 43. Siempre que me siento triste, mi cónyuge me hace sentir amado y feliz nuevamente. | <input type="radio"/> V <input type="radio"/> F |
| 7. Parece que mi cónyuge disfruta del sexo tanto como yo. | <input type="radio"/> V <input type="radio"/> F | 44. Me siento un poco insatisfecho cuando hablamos de mejorar nuestra forma de darnos placer sexualmente. | <input type="radio"/> V <input type="radio"/> F |
| 8. Me gustaría que mi cónyuge compartiera más mis intereses. | <input type="radio"/> V <input type="radio"/> F | 45. Mi cónyuge y yo no tenemos mucho de qué hablar en común. | <input type="radio"/> V <input type="radio"/> F |
| 9. Durante una discusión con mi cónyuge los dos expresamos completamente nuestros sentimientos. | <input type="radio"/> V <input type="radio"/> F | 46. Cuando discutimos, parece que mi cónyuge y yo hablamos una y otra vez de las mismas cosas. | <input type="radio"/> V <input type="radio"/> F |
| 10. De joven estaba muy ansioso por salirme de mi casa. | <input type="radio"/> V <input type="radio"/> F | 47. Todos los matrimonios del lado de mi familia parecen haber funcionado bien. | <input type="radio"/> V <input type="radio"/> F |
| 11. Me gustaría que tuviéramos relaciones sexuales con más frecuencia que ahora. | <input type="radio"/> V <input type="radio"/> F | 48. Mi cónyuge y yo no hablamos lo suficiente de nuestra relación sexual. | <input type="radio"/> V <input type="radio"/> F |
| 12. Aun cuando esté enojado conmigo, mi cónyuge es capaz de reconocer mi punto de vista. | <input type="radio"/> V <input type="radio"/> F | 49. Es muy fácil herir los sentimientos de mi cónyuge. | <input type="radio"/> V <input type="radio"/> F |
| 13. A mi cónyuge le gusta pasar conmigo su tiempo libre. | <input type="radio"/> V <input type="radio"/> F | 50. Tal parece que antes nos divertíamos más que ahora. | <input type="radio"/> V <input type="radio"/> F |
| 14. En nuestra relación nos expresamos una buena cantidad de amor y afecto. | <input type="radio"/> V <input type="radio"/> F | 51. A veces siento como si mi cónyuge realmente no me necesitara. | <input type="radio"/> V <input type="radio"/> F |
| 15. A veces no me siento a gusto con nuestra relación sexual. | <input type="radio"/> V <input type="radio"/> F | 52. Mi cónyuge a veces muestra muy poco entusiasmo por el sexo. | <input type="radio"/> V <input type="radio"/> F |
| 16. Hay muchas cosas de nuestra relación que me agradan. | <input type="radio"/> V <input type="radio"/> F | 53. Nuestra relación ha sido decepcionante en muchos aspectos. | <input type="radio"/> V <input type="radio"/> F |
| 17. Muchas de nuestras discusiones terminan sin solución. | <input type="radio"/> V <input type="radio"/> F | 54. Los desacuerdos menores con mi cónyuge a menudo terminan en grandes discusiones. | <input type="radio"/> V <input type="radio"/> F |
| 18. Aun cuando estoy con mi cónyuge, casi todo el tiempo me siento solo. | <input type="radio"/> V <input type="radio"/> F | 55. Mi cónyuge y yo nunca hemos estado a punto de terminar la relación. | <input type="radio"/> V <input type="radio"/> F |
| 19. En las cuestiones de dinero confío totalmente en mi cónyuge. | <input type="radio"/> V <input type="radio"/> F | 56. Nuestro futuro financiero parece estar seguro. | <input type="radio"/> V <input type="radio"/> F |
| 20. Hay algunas cosas de mi cónyuge que no me agradan. | <input type="radio"/> V <input type="radio"/> F | 57. Hay ocasiones en que me pregunto si elegí al mejor de los cónyuges. | <input type="radio"/> V <input type="radio"/> F |
| 21. Nuestra relación ha sido muy satisfactoria. | <input type="radio"/> V <input type="radio"/> F | 58. A veces me desanima mucho nuestra relación. | <input type="radio"/> V <input type="radio"/> F |
| 22. Mi cónyuge me ha abofeteado. | <input type="radio"/> V <input type="radio"/> F | 59. Me preocupa que mi cónyuge pierda el control de su enojo. | <input type="radio"/> V <input type="radio"/> F |
| 23. En el matrimonio algo de igualdad es bueno pero, en general, el hombre es quien debe decir la última palabra en las cuestiones familiares. | <input type="radio"/> V <input type="radio"/> F | 60. Ganar el sustento de la familia es la principal responsabilidad del hombre. | <input type="radio"/> V <input type="radio"/> F |
| 24. En nuestra relación las cosas buenas superan a las malas. | <input type="radio"/> V <input type="radio"/> F | 61. Mi cónyuge y yo pocas veces tenemos grandes discusiones. | <input type="radio"/> V <input type="radio"/> F |
| 25. Mi cónyuge y yo decidimos juntos la manera como gastamos nuestros ingresos. | <input type="radio"/> V <input type="radio"/> F | 62. A menudo nos resulta difícil hablar de nuestras finanzas sin disgustarnos el uno con el otro. | <input type="radio"/> V <input type="radio"/> F |
| 26. Hay ocasiones en que mi cónyuge hace cosas que me desagradan. | <input type="radio"/> V <input type="radio"/> F | 63. Mi cónyuge a veces me hace sentir miserable. | <input type="radio"/> V <input type="radio"/> F |
| 27. Cualquier pareja se lleva mejor que mi cónyuge y yo. | <input type="radio"/> V <input type="radio"/> F | 64. En nuestra relación nunca me había sentido mejor que ahora. | <input type="radio"/> V <input type="radio"/> F |
| 28. Nunca me ha preocupado que mi cónyuge pueda enojarse lo suficiente como para hacerme daño. | <input type="radio"/> V <input type="radio"/> F | 65. Mi cónyuge nunca me ha lanzado objetos cuando está enojado. | <input type="radio"/> V <input type="radio"/> F |
| 29. Deberían existir más estancias infantiles y guarderías para que más mamás de niños pequeños puedan trabajar. | <input type="radio"/> V <input type="radio"/> F | 66. El hombre debe ser el jefe de la familia. | <input type="radio"/> V <input type="radio"/> F |
| 30. Nuestra relación es tan buena como cualquiera. | <input type="radio"/> V <input type="radio"/> F | 67. El futuro de nuestra relación es demasiado incierto para hacer planes serios. | <input type="radio"/> V <input type="radio"/> F |
| 31. Nuestra relación nunca ha estado en dificultades relacionadas con asuntos financieros. | <input type="radio"/> V <input type="radio"/> F | 68. Mi cónyuge siempre está revisando cómo gasto nuestro dinero. | <input type="radio"/> V <input type="radio"/> F |
| 32. Mi cónyuge y yo nos entendemos completamente. | <input type="radio"/> V <input type="radio"/> F | 69. Ni por un momento me he arrepentido de nuestra relación. | <input type="radio"/> V <input type="radio"/> F |
| 33. Mi cónyuge azota cosas o lanza objetos cuando está disgustado. | <input type="radio"/> V <input type="radio"/> F | 70. A veces mi cónyuge me grita cuando está enojado. | <input type="radio"/> V <input type="radio"/> F |
| 34. Lavar la ropa, hacer la limpieza y cuidar a los hijos son, principalmente, tareas cuya responsabilidad es de la mujer. | <input type="radio"/> V <input type="radio"/> F | 71. La mujer debe llevar el apellido del esposo al casarse. | <input type="radio"/> V <input type="radio"/> F |
| 35. Con frecuencia he considerado la posibilidad de pedir a mi cónyuge que busquemos asesoría matrimonial. | <input type="radio"/> V <input type="radio"/> F | 72. Mi cónyuge y yo somos más felices que la mayoría de las parejas que conozco. | <input type="radio"/> V <input type="radio"/> F |
| 36. Hay algunas cosas de nuestra relación que no me agradan del todo. | <input type="radio"/> V <input type="radio"/> F | 73. Tratar de elaborar un presupuesto me provoca más problemas con mi cónyuge que lo que el presupuesto vale. | <input type="radio"/> V <input type="radio"/> F |
| 37. Si uno de los hijos se enferma, y si los dos padres trabajan, el padre tanto como la madre debe estar dispuesto a quedarse en casa para cuidar al hijo. | <input type="radio"/> V <input type="radio"/> F | 74. Lo más importante para una mujer es ser una buena esposa y una buena madre. | <input type="radio"/> V <input type="radio"/> F |

75. Cuando discutimos, sabemos limitar nuestro enfoque a los asuntos importantes. V F
76. Nuestra vida diaria está llena de cosas interesantes para hacerlas juntos. V F
77. Mi cónyuge a veces no entiende cómo me siento. V F
78. Mis padres no se comunicaban entre sí como debían. V F
79. A mi cónyuge no le cuesta trabajo aceptar las críticas. V F
80. Precisamente cuando más lo necesito, mi cónyuge me hace sentir importante. V F
81. A veces a mi cónyuge no le importa mi satisfacción sexual. V F
82. Mi cónyuge no se toma el tiempo suficiente para hacer algunas de las cosas que me gustan. V F
83. Mi cónyuge a veces pretende cambiar algún aspecto de mi personalidad. V F
84. Mis padres nunca me entendieron en realidad. V F
85. Mi cónyuge y yo casi nunca estamos de acuerdo en la frecuencia de nuestras relaciones sexuales. V F
86. Mi cónyuge y yo podemos pasar varios días sin arreglar nuestras diferencias. V F
87. Yo hago alguna actividad con mi cónyuge por lo menos una hora al día. V F
88. Mi cónyuge hace muchas cosas para demostrarme que me ama. V F
89. Nunca he pensado seriamente en tener una aventura. V F
90. Tenemos importantes necesidades en nuestra relación que nunca se satisfacen. V F
91. Con frecuencia en nuestras discusiones uno de los dos termina lastimado o llorando. V F
92. Hay veces que siento deseos de dejar a mi cónyuge. V F
93. Mi cónyuge maneja muy bien las finanzas. V F
94. Mi cónyuge tiene todas las cualidades que siempre busqué en una pareja. V F
95. Hay algunas dificultades serias en nuestra relación. V F
96. Mi cónyuge nunca me ha empujado ni sujetado cuando está enojado. V F
97. El lugar donde vive la familia depende principalmente del trabajo del hombre. V F
98. Tal vez sería más feliz si no tuviera esta relación. V F
99. Mi cónyuge y yo rara vez discutimos por cuestiones de dinero. V F
100. Hay ocasiones en que no siento mucho amor ni afecto por mi cónyuge. V F
101. A menudo me he preguntado si nuestra relación podría terminar en la separación o el divorcio. V F
102. Mi cónyuge me ha dejado lesiones o marcas en el cuerpo. V F
103. En una relación la carrera de la mujer tiene la misma importancia que la del hombre. V F
104. Creo que nuestra relación es tan agradable como la de la mayoría de las personas que conozco. V F
105. Siento que el nivel en que vivimos esta por encima de nuestros ingresos. V F
106. No creo que alguna pareja viva en más armonía que mi cónyuge y yo. V F
107. Mi cónyuge nunca me ha amenazado con lastimarme. V F
108. En una relación, uno de los principales roles de la mujer es el de ama casa. V F
109. He tenido muy pocos momentos de infelicidad en nuestra relación. V F
110. Mi cónyuge compra muchas cosas sin consultarme. V F
111. Para que la madre de un niño pequeño trabaje, sólo puede ser cuando la familia necesita dinero. V F
112. Mi cónyuge nunca me ha lastimado físicamente. V F
113. Cuando no estamos de acuerdo, mi cónyuge me ayuda a encontrar opciones aceptables para los dos. V F
114. Nuestras actividades recreativas y de ocio parecen cubrir muy bien las necesidades de los dos. V F
115. Me siento libre de expresar abiertamente a mi cónyuge mis sentimientos de tristeza. V F
116. Tuve una vida familiar muy feliz. V F
117. Mi cónyuge y yo rara vez tenemos relaciones sexuales. V F
118. A veces me pregunto cuánto me ama realmente mi cónyuge. V F
119. Me gustaría que mi cónyuge me expresara un poco más de ternura durante la relación sexual. V F
120. Los miembros de mi familia siempre estuvieron muy unidos. V F
121. A mi cónyuge y a mí nos cuesta trabajo estar en desacuerdo sin perder el control. V F
122. Con frecuencia me pregunté si el matrimonio de mis padres terminaría en divorcio. V F
123. Hay algunas cosas que me gustaría que hiciéramos, sexualmente, pero parecen que no le agradan a mi cónyuge. V F
124. Mi cónyuge a menudo no entiende mi punto de vista. V F
125. Mi cónyuge busca mi apoyo siempre que se siente desanimado. V F
126. Mi cónyuge se guarda casi todos sus sentimientos. V F
127. Nuestra relación sexual es totalmente satisfactoria. V F
128. Creo que nuestra relación es feliz, dentro de lo razonable. V F
129. Mi cónyuge a menudo se queja de que no lo entiendo. V F
- Las parejas SIN hijos deben terminar aquí. Las parejas CON hijos sigan contestando.**
130. La mayor parte del tiempo, nuestros hijos se portan bien. V F
131. Mi cónyuge y yo rara vez discutimos por los hijos. V F
132. El sistema de valores de mis hijos es muy parecido al mío. V F
133. Mi cónyuge no pasa suficiente tiempo con nuestros hijos. V F
134. Nuestra relación podría estar mejor si no hubiéramos tenido hijos. V F
135. Mi cónyuge y yo rara vez estamos en desacuerdo acerca de cuándo o cómo disciplinar a nuestros hijos. V F
136. Me gustaría que mis hijos mostraran un poco más de interés por mí. V F
137. Nuestros hijos a veces logran separarnos a mi cónyuge y a mí. V F
138. Mis hijos y yo no tenemos mucho de qué hablar en común. V F
139. Mi cónyuge no muestra suficiente afecto por nuestros hijos. V F
140. Nuestros hijos no muestran respeto por nosotros, sus padres. V F
141. Mi cónyuge y yo decidimos juntos las reglas que vamos a aplicar a nuestros hijos. V F
142. Nuestros hijos no parecen tan felices y despreocupados como otros niños de su edad. V F
143. Mi cónyuge no asume la parte que le toca en el cuidado de nuestros hijos. V F
144. Tener hijos no me ha traído todas las satisfacciones que yo esperaba. V F
145. Mi cónyuge y yo casi siempre estamos de acuerdo en la manera como respondemos a las solicitudes de nuestros hijos de algunos privilegios. V F
146. Nuestros hijos rara vez dejan de cumplir sus responsabilidades en la casa. V F
147. Nuestra relación nunca ha estado en dificultades a causa de nuestros hijos. V F
148. Criar hijos es un trabajo desesperante. V F
149. Mi cónyuge y yo asumimos una responsabilidad equitativa en la crianza de nuestros hijos. V F
150. Con frecuencia juego en casa con uno o más de nuestros hijos. V F

Appendix H: Demographic Questions

Date _____

All the information provided here will remain confidential.

I. Please answer these questions as they pertain to **YOU**:

1. Date of Birth: _____

2. Age: _____

3. Gender: ___ Female ___ Male

4. Number of years living in the United States: _____

5. Race/Ethnicity:

___ Latino/Hispanic

(Please specify (e.g., Latino, Cuban, etc.) _____)

___ European American/White

___ African-American/Black

___ Asian American/Asian

___ Other (Please specify): _____

6. Place of Birth:

___ Mexico

___ United States

___ Other (Please specify): _____

7. Where were your parents born?

Mother? _____

Father? _____

8. Where were your grandparents born?

Your mother's mother? _____

Your mother's father? _____

123

Your father's mother? _____

Your father's father? _____

9. Religious Affiliation: ___ Catholic ___ Protestant ___ Judaism ___ Buddhist

___ Hindu ___ Muslim ___ None ___ Other (Please specify): _____

10. Your highest level of education completed (Check only one):

___ No formal education

___ Elementary School (K-5)

___ Middle School (6-8)

___ High School (9-12)

___ Some College

___ College Degree

___ Masters/Doctoral Degree

___ Other (Please specify): _____

11. Current Marital Status (Check only one):

___ Single

___ Married

- Divorced
 Separated
 Living together (but not legally married)
 Widowed
12. Date of current marriage: _____
13. Number of years in current marriage: _____
14. Number of children: _____
- Ages of children: _____
- Number of children living at home: _____
15. Are you currently employed? Yes No
If so, what is your occupation? _____
16. On average, how much income does your family make **each year**?
- Less than \$10,000
 \$10,000-19,999
 \$20,000-29,999
 \$30,000-39,999
 \$40,000-49,999
 \$50,000-69,999
 \$70,000 or more

Su código especial: _____

Ejemplo: H00/00/00/9999 o M00/00/00/9999

H (Hombre) or M (Mujer) + Fecha de matrimonio (mes/día/año)+ 4 últimos # de teléfono.

Datos Demográficos

Día _____

Toda la información obtenida se mantendrá en estricta confidencialidad.

I. Por favor de responder las preguntas referentes a usted:

1. Edad: _____

2. Género: ___ Femenino ___ Masculino

3. Número de años viviendo en los Estados Unidos: _____

4. Raza/Etnicidad:

___ Latino/Hispano

(Por favor especificar) (e.g., Mexicano, Cubano, etc.) _____

___ Europeo Americano/Blanco

___ Africano-Americano/Negro

___ Asiático-Americano/Asiático

___ Otro (Por favor describa): _____

5. Lugar de Nacimiento: _____

6. Donde nacieron sus padres?

Madre? _____

Padre? _____

7. Donde nacieron sus abuelos?

Su abuela materna? _____

Su abuela paterna? _____

Su abuelo materno? _____

Su abuelo paterno? _____

8. Afiliación Religiosa: ___ Católico(a) ___ Protestante ___ Judío(a) ___ Budista

___ Hindú ___ Musulmán ___ Ninguno ___ Otro (Por favor

especifique): _____

9. El nivel de educación completado (Marque solo uno):

- No educación formal
- Escuela Elementaria o su equivalente (K-5)
- Escuela media o su equivalente (6-8)
- Escuela secundaria o su equivalente (9-12)
- Algo de College
- Título de Bachillerato
- Título de Maestría/Doctorado
- Otro (Por favor especifique): _____

10. Estado Civil actual (Marque uno solamente):

- Soltero
- Casado
- Divorciado
- Separado
- Viviendo juntos (pero no legalmente casados)
- Viudo(a)

11. Años de Casado(a) actualmente: _____

12. Número de hijos: _____

Edades de los hijos: _____

Número de hijos que viven en la casa: _____

13. Tiene trabajo? Si No

Si es que es así, cuál es su ocupación? _____

14. Ingreso estimado anual familiar?

- Menos de \$10,000
- \$10,000-19,999
- \$20,000-29,999
- \$30,000-39,999
- \$40,000-49,999
- \$50,000-69,999

___ Arriba de \$70,000

15. Alguna vez ha participado con su esposo(a) en Terapia de Parejas?

___ Si ___ No

Appendix I: Curriculum Vitae**MARIA J. AMPUERO, LMFT****L.# 46425****Office Address**

17800 Highway 18
 Apple Valley, CA 92307
 (760) 843-3982 XT 224
 mampuero_24@msn.com

Academic Experience

12/04- 12/14 Candidate for Doctor of Philosophy- Clinical Psychology, Walden University

Minneapolis, Minnesota

07/00-06/02 Masters of Science

Marital and Family Therapy

With Certificate in Drug and Alcohol Counseling

Department of Counseling and Family Sciences

Loma Linda University, Loma Linda, California 2002

09/98-06/00 Bachelor of Arts.

Psychology

Department of Psychology,

California State University San Bernardino, San Bernardino (CSUSB)

Relevant Professional Experience

10/08-Present Licensed Marriage and Family Therapist

Behavioral Health Counselor

Desert Mountain SELPA Children Center (DMSCC)

Apple Valley, CA. 92307

- Provide School Based Mental Health Treatment for children in pre-school settings
- Evaluation and Treatment
- Conduct therapy with Individuals, and families with children from 0 -5 years old in a Bilingual community (English/Spanish)

- 7/08 –10/08 Marriage and Family Therapist Intern
Behavioral Health Counselor
Desert Mountain SELPA Children Center (DMSCC)
Apple Valley, CA. 92307
- 11/07 – 6/08 Marriage and Family Therapist Intern
Behavioral Health Counselor – Visiting Nurses Association in contract to
Desert Mountain SELPA Children Center (DMSCC)
Apple Valley, CA. 92708
- Provide School Based Mental Health Treatment for children in pre-school settings
 - Evaluation and Treatment
 - Conduct therapy with Individuals, and families with children from 0 -5 years old in a Bilingual community (English/Spanish)
- 12/04-10/06 Marriage and Family Therapist Intern
Research Specialist –LLU – S.A.R.T. project
Loma Linda, CA. 92408
- Assessment, Evaluation and Treatment
 - Conduct therapy with Individuals, and families with children from 0 -3 years old
- 03/06-01/07 Marriage and Family Therapist Intern
School Counselor
High Desert Academy
Victorville, CA
- Conduct therapy with Individuals, and families.
 - Spanish instructor
- 07/05-2012 Parenting Education Facilitator
CUIDAR-SB First 5 Grant Program
California State University, San Bernardino, CA.
- Facilitate group discussions to help parents develop, practice, and strengthen their approach to parenting.
 - Consult with leaders of the Child Social Skills Intervention group to foster the development of skills such as cooperating, sharing, and language development in children under the age of 5.

- Conduct educational and/or training workshops for parents of preschoolers or staff of Head Start programs in SB County.

02/04-Present Marriage and Family Therapist Intern

Marriage and Family Therapist

Behavioral Health Consultants, Victorville, CA

- Conduct therapy with couples, families, and children.
- Work with both English and Spanish speaking clients.
- Co-facilitator of group therapy for clients diagnosed with Bi-Polar.

02/04-08/04 Marriage and Family Therapist Intern

People's Choice

Victorville, CA

- Conduct therapy with couples, families, and children in English and Spanish language.
- Conduct Anger Management group therapy for adults and adolescents, Domestic Violence group therapy for individuals and couples, and Relapse Prevention group therapy for substance abusing clients.
- Provide therapy to county referred clients, such as clients referred by Child Protective Services.

02/02-06/03 Marriage and Family Therapist Intern

Early Steps First 5 Program @ Loma Linda University

Loma Linda, CA

(MFT Trainee July 2002- November 2002)

- Conduct therapy with couples, families, and children in English and Spanish.
- Provide home-based therapy, when needed.
- Provide play therapy to preschool aged children and their families.

11/02-06/03 Marriage and Family Therapist Intern

Caritas Counseling of Catholic Charities

Colton & Adelanto, CA

(MFT Trainee January 2001- November 2002)

- Conduct therapy with couples, families, and children in English and Spanish.

- Conduct Cooperative Parenting classes for English and Spanish speaking clientele.

Associated Professional Experience

09-00/06-02 Loma Linda University Graduate School, Dept. of Counseling and Family Sciences

Loma Linda, CA

- Conduct comprehensive literature reviews to assist faculty.
- Assist professors in presentations of practicum or conduct lab exercises.
- Organizational office activities such as filing, phone calls, and photocopying.

Community/Religious Work

1997/2003 Director of Religious Education

Christ the Good Shepherd Catholic Church. Adelanto, CA

- Participate in and provide training for Sunday school teachers to enable them to teach religious education.
- Organize and implement all religious education activities conducted through the parish.
- Provide community resources to parishioners in need.

2003-Present Speaker at different Conferences and Workshops through Diocese of San Bernardino,

CA. Catholic Church

- Annual Marriage Conference, June 2011
- Workshop at Joseph Catholic Church in Barstow, March 2011
- Specialization Classes about Jesus in different churches in the Diocese From 2003- to the present
- Young Child and Expo Conference in New York : April 2013
- 7th World Congress of Behavioral and Cognitive Therapies in Peru, South America: July 2013
- 27th Children's Network Conference in Ontario, CA: September 2013
- Young Child and Expo Conference in New York : April 2014
- Domestic Violence workshop at Diocese of San Bernardino: July 2014

Professional Membership

California Association of Marriage and Family Therapists (CAMFT),
Prelicensed Member

Ministry Formation Institute of Diocese of San Bernardino (MFI)

Other Experience

- | | |
|-----------|---|
| 1997 | Certificate in Spanish Interpreting and Translating in the School Environment |
| 1997-1999 | Ministry Formation Institute, Diocese of San Bernardino, San Bernardino, CA |
| 2001 | Certificate of Cooperative Parenting, Caritas Counseling, Colton, CA. |
| 2001-2003 | Gestalt Training Institute, Los Angeles, CA. |
| 2002 | Drug and Alcohol Counseling Certificate, Loma Linda University. Loma Linda, CA. |
| 2008 | Theraplay Certificate |
| 2009 | Infant Massage Certified |
| 2011 | Parent-Child Interaction Therapy (PCIT) certification (in progress) |
| 2014 | Parent-Child Dyadic Art Therapy Certificate |