Solution-focused couples therapy groups: an empirical study

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The professional literature contains numerous theoretical and case study articles regarding the development and use of solution-focused therapy. However, as with many models of systems-oriented therapy in use with couples, very little has been subjected to empirical investigation. This project was designed to make a contribution to the empirical literature regarding the effectiveness of solution-focused therapy in use with couples’ groups. This study utilized pre-test comparisons of treatment and comparison groups, and examined pre- to post-test changes in the scores of the treatment group couples. Twenty-three treatment group couples participated in a six-week solution-focused couples therapy (SFCT) group. A separate group of thirteen couples served as a comparison group. The Dyadic Adjustment Scale (DAS) was used to assess changes in the couples’ relationships. Scores on the Marital Status Inventory (MSI), as a pre-test measure indicating the couples’ likelihood of divorce, indicated no significant differences between groups. The remaining analyses revealed significant improvement in DAS scores. Self-reports from the couples involved indicate improvement in a variety of areas after completing the six-week solution-focused couples group therapy process.

Solution-focused brief therapy has evolved over the last twelve to fifteen years from family therapy ideas and the contributions of Milton Erickson (O’Hanlon, 1987). Numerous articles have explored a number of solution-focused approaches, including: clients defining goals which are meaningful to themselves (using scaling and the miracle question); focusing on clients’ strengths to find meaningful and effective solutions to problems; searching for

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exceptions to the problem at the time of problem description; externalizing the problem; helping the client to recognize the first signs of progress (eliciting news of a difference, scaling); cheer-leading (amplifying the differences), and helping changes to continue (betting, predicting, identifying possible future problems) (Bonnington, 1993; de Shazer et al., 1986; Jordan and Quinn, 1994; Kral and Kowalski, 1989; Lipchik, 1988; McConkey, 1992; Molnar and de Shazer, 1987). Additional tools used in a solution-focused approach can include: writing (Nunnally and Lipchik, 1989; Webster, 1990; Zimmerman and Shepherd, 1993); homework assignments (Goldstein-Roca and Crisafulli, 1994), acknowledging and respecting the emotional aspect of a client’s story (Kiser et al., 1993), and emphasizing the use of language as a key to change behaviour (Berg, 1994; Friedman, 1993; Gale and Newfield, 1992; Riikonen, 1993; Webster et al., 1994).

While the majority of the articles about solution-focused brief therapy have been theoretical, and some have used a case study format (e.g. Molnar and de Shazer, 1987), very few studies have been empirically based. Empirical studies have researched the individual therapy session format with couples or families (Adams et al., 1991), or group sessions with individuals or families (Leahey and Wallace, 1988). However, no published articles have explored the use of solution-focused therapy groups, particularly for couples.

A growing body of literature on couples therapy has explored a variety of theoretical orientations, including psychodynamic theory (Feld and Urman-Klein, 1993; Kaslow, 1981), the integration of systemic and emotionally focused therapies (Goldman and Greenberg, 1992), cognitive restructuring (Huber and Milstein, 1985), the integration of communication skills training and emotionally focused couples therapy (James, 1991), behavioural marital therapy (Jacobson, 1984; Jacobson and Addis, 1993), behavioural-cognitive therapy (Montag and Wilson, 1992), and communication and conflict management (Gottman, 1979; Gottman and Krokoff, 1989). However, only behavioural marital therapy, and more recently emotion-focused couple therapy (James, 1991), have been empirically tested to a significant degree. One article was recently published supporting the efficacy of strategic couples therapy (Goldman and Greenberg, 1992), and insight-oriented couples therapy (Jacobson and Addis, 1993). After reviewing the published research on behavioural, emotionally focused, systemic/gestalt blend, insight-oriented and strategic
couples therapy, Jacobson and Addis (1993) called for more empirical, comparative studies in the newer theoretical orientations.

Given the groundswell of interest in solution-focused therapy, the type of research called for by Jacobson and Addis (1993) seems all the more important. Evaluating the effectiveness of solution-focused therapy would provide a basis for learning more about what works in this approach, what needs refinement, and what requires reconsideration. Similarly, further research into the effectiveness of the couples group format would be a valuable addition to the literature. Marett (1988) reviewed the relevant literature (only five studies had been published by the time of his review) and found that couples groups were as effective as either individual, conjoint or non-spouse group formats. However, there are relatively few of these studies to date. Again, behaviourally oriented marital therapies are the couples group treatment models with the most sound empirical research base (e.g. Montag and Wilson, 1992).

Method

The purpose of this study was to compare the effects of a solution-focused couples therapy and psychoeducational group process with a comparable no-treatment group. Couples involved in a six-week solution-focused couples therapy (SFCT) group were compared, on three self-report measures, to couples who were not involved in couples group therapy. Within- and between-group differences were explored utilizing repeated measures analysis of variance and paired t-tests. The relationships among various demographic variables and the scale scores were investigated using stepwise multiple regression analysis.

Subjects

The treatment group (SFCT) consisted of twenty-three married couples. The comparison group contained thirteen married couples. The sample sizes are uneven (more couples in the treatment group) because more couples were interested in participating in the group therapy versus serving as a member of the control group. All the participants in this study were volunteers. An attempt was made to obtain demographically comparable subjects in each group (SFCT versus comparison group). The primary method for ensuring comparability involved soliciting them as volunteers from
the same community (a medium-sized university town). Although this was a convenience sample, there was no evidence to suggest that the participants were not typical of the average marital dyad that would respond to a study of this type. Chi-square analysis was used to determine if there were differences between groups. Both male and female participants’ age, vocation, ethnicity, religious preference, educational level, income, number of marriages, length of marriage, history of therapy (individual, marital or both), number of children, and number of children currently living in the home were analysed.

The participants from both groups were, in fact, comparable on all but two demographic variables. On the demographic questionnaire, respondents indicated to which of eight age categories they belonged. The majority of women in both groups were over 30 years of age (either category 5 – 30 to 34 years of age, or category 6 – 35 to 39 years of age). However, the treatment group women ($M = 6.14$, $SD = 1.28$) were significantly more likely than comparison group women ($M = 5.00$, $SD = 1.52$) to be aged between 35 and 39 – $\chi^2(2, N = 36) = 4.39, p < 0.05$. Second, treatment group participants ($M = 2.14$, $SD = 1.14$) were significantly more likely than those in the comparison group ($M = 1.00$, $SD = 0.00$) to have been married more than once – $\chi^2(1, N = 72) = 5.53$, $p < 0.05$. This difference was factored into subsequent analyses. The following sections provide a more detailed description of the two groups.

The majority of the forty-six SFCT group participants were Caucasian (91.3%). The average couple in this group had been married for approximately twelve years, and the majority (54%) were in their first marriage. Most of the partners were aged between 30 and 49 years (73.9%). Nearly all (89.1%) had at least some college education. Regarding religious orientation, the participants identified themselves as either Protestant (35%), Roman Catholic (26%), spiritual but not religious (13%) or agnostic/atheist (26%). Most of the SFCT couples (73.9%) had children (their own or stepchildren) at home. Most of the couples (84%) reported not currently being in therapy of any kind. Just over one-half (52.2%) reported an income of under US$30,000 per year, while another 41.3% reported earning between US$31–75,000, 2.2% over US$75,000; 4.3% declined to answer the question.

Most of the thirteen comparison group couples (85%) were in their first marriage. The majority (82.1%) also were Caucasian. All were under age 50, with 75% being 30 to 49 years of age. Nearly all
(89.3%) had at least some college education. Of the twenty-six people, 31% were Protestant, 38% Catholic and 31% ‘spiritual but not religious’. More than one-half of the couples (57.1%) had lived together for between three and nine years (mean = 7). Most (64.3%) had joint biological children at home; none were in blended family situations. The majority of individuals (89.3%) were not currently in therapy of any kind. More than one-half (57.1%) reported incomes of under US$30,000 per year and 42.9% reported incomes of between US$30–75,000.

**Instruments**

Couples in both groups completed a demographic questionnaire and three other instruments. The three latter instruments were considered as the pre-test measures. Two of the instruments were administered as the post-test measures after six weeks. The three instruments were chosen because they are widely used in measuring different aspects of couple relationships. The instruments included the Marital Status Inventory (MSI) and the Dyadic Adjustment Scale (DAS).

The MSI is a self-report measure consisting of fourteen true/false questions which measure the global commitment of the individual participants to the couple relationship (Snyder, 1981). In this study, the MSI was used to assess a baseline level of marital distress (pre-test only). It was important to establish whether or not there were significant differences in the ‘starting points’ of the couples in the two groups (treatment versus comparison). The MSI is widely used in assessing marital satisfaction in clinical and experimental research, and has been found to be internally consistent and reliable in discriminating between distressed and non-distressed couples (Weiss and Cerreto, 1980).

The DAS is a thirty-two-item, self-report, pencil-and-paper instrument that was originally presented by Spanier (1976) as a global measure of marital adjustment. Spanier also indicated that the DAS could be used to measure the separate components of marital adjustment. The four subscales of the DAS include: Dyadic Consensus (agreement between partners around matters of money, recreation, religion, friends, domestic tasks and time together); Dyadic Satisfaction (amount of tension in the relationship and commitment to continuing the relationship); Affectional Expression (satisfaction with affection and sex in the relationship),
and Dyadic Cohesion (common interests and activities) (Spanier, 1976). The majority of the items utilize a Likert-type scale (5 or 6 points) defining the amount of agreement or the frequency of an event. The DAS is widely used in assessing marital satisfaction in clinical and experimental research. It has been found to be reliable (\( r = 0.96 \), Cronbach’s alpha) and valid (content, criterion-related and construct validity) (Spanier, 1976). The test-re-test reliability has recently been confirmed, with coefficients alpha ranging from 0.70 (affectional expression scale) to 0.95 (total score) (Carey et al., 1993). The DAS has also been found to be reliable in discriminating between distressed and non-distressed couples (Heyman et al., 1994; Metz and Dwyer, 1993; Spanier, 1989).

Recent critiques of the DAS (e.g. Kazak et al., 1988; Crane et al., 1991) have suggested that there are problems with use of the subscales. The main debate has been whether or not the DAS is a unidimensional or multidimensional instrument; i.e., whether the subscales can be used as valid and reliable measures of the original constructs thought by Spanier (1976) to comprise dyadic adjustment. Some of the literature has supported the DAS as a valid measure, and suggested that the subscales could be used in order to examine the separate components of marital adjustment (Spanier, 1976; Spanier and Thompson, 1982). Other research has concluded that the DAS can only be used as a general assessment tool and that the subscales should not be used separately (Kazak et al., 1988). Spanier (1989) himself has suggested that further work be undertaken to refine the DAS so that the subscales might be used more confidently. On the other hand, several studies have supported the multidimensional structure of the DAS (e.g. Shek, 1995), particularly with distressed couples (Crane et al., 1991). A recent study utilizing first- and second-order confirmatory factor analyses suggested that the seemingly contradictory results of these studies might be reconciled under a hierarchical model (Sabourin et al., 1990).

Several studies have utilized the DAS subscales as separate measures. Carey et al. (1993), in studying the reliability of the measure, found that the subscales were internally consistent and stable over time. Kurdek (1992) investigated not only the DAS’s reliability, but also its validity. The reliability was found to be acceptable. However, it was found that the Dyadic Satisfaction subscale accounted for most of the variance in Dyadic Adjustment in the sample studied (Kurdek, 1992). This sample was with both hetero-
sexual and homosexual couples. Ehrle and Day (1994) utilized the subscales of the DAS to assess the adjustment of guardian versus non-guardian grandmothers. However, the applicability of these results to the present study may be limited. No studies were found that utilized the subscales as separate measures in order to test the effect of a treatment approach.

As the debate has continued, the evolving consensus became that the original DAS is suitable as a global measure, but a revision of the DAS is necessary to ensure that the subscales are useful as independent measures (Busby et al., 1995). However, until a revised version of the DAS became available, doubters continued to find fault with it, while believers continued to use it (Thompson, 1988). Eddy et al. (1991) conducted confirmatory factor analyses on archival data from 1,307 male and 1,515 female married individuals. Despite questioning the clinical significance of some DAS items, these researchers found that a multidimensional model fits the data better than a one-factor model and that the DAS classified distressed and non-distressed couples well.

Recently, a Revised DAS (RDAS) was developed by Busby and his colleagues (1995) in order to address some of the concerns regarding the original DAS. Unfortunately, this instrument was not known to the authors of the current study until after data had been collected and analysed. Based on its previous use, and in the absence of a better scale, the DAS was administered in this study before and after treatment in order to measure change in global marital adjustment as well as its separate components.

**Procedure**

An advertisement was placed in a local newspaper regarding a six-week couples therapy group emphasizing communication, improved problem-solving, conflict reduction, and focusing on positive aspects of the couple’s relationship. The goal was to target couples who wanted to improve their relationship. Neither partner had to have necessarily considered their relationship to be good or bad. They only needed to be interested in improving the relationship in some way. Therefore, participation was through self-selection. When a member of the couple called, they were assigned to the next available group. Six groups were offered over an eighteen-month period.

In order to recruit a comparison group, flyers were distributed to
two groups known to the investigators to consist predominantly of couples (university married student housing and a campus childcare centre). Interested couples called and received a pre-test packet (the same assessments and demographic questionnaire as were used in the treatment group), and an incentive coupon. Six weeks later, without participation in the six-week couples group, they received the post-test packet. Once the post-tests were completed, the partners were eligible to use their coupon. The coupon was redeemable for a one-hour, solution-focused consultation and interpretation of their scores.

Solution-focused Couples Therapy Groups

The SFCT groups were held at a marriage and family therapy (MFT) clinic associated with an AAMFT-accredited training programme at a state university. The group facilitators were two current and two recent graduate students from the MFT programme. Each six-week session was facilitated by a male/female therapy team who were supervised by a faculty member (AAMFT approved supervisor). All groups were audiotaped and reviewed by the supervisor to ensure that the facilitators were following the procedures. The facilitators were chosen because they all had similar therapy and presentation styles as well as a strong background and commitment to solution-focused therapy.

Three to five couples participated in each of the six experimental groups. Participants (a total of three couples) who dropped out or missed two group sessions had their pre- and post-test materials omitted from the analysis. These couples were not different in their demographics or their test scores from those couples who completed and were included in the study. The only reported reason for dropout was busy schedules.

Each group met once a week for six consecutive weeks. Each session lasted for ninety minutes. Session content was based on a solution-focused therapy model and Weiner-Davis’s (1992) book *Divorce Busting* as a non-professional’s reference for the participants. The goal of the group was to focus on individual and couple relationship strengths, improve communication skills, and reduce conflict through group processing of psychoeducational materials including: goal-setting; focusing on what works; pattern recognition; pattern interruption, and planning for setbacks as part of continued improvement. Weekly homework assignments and the
processing of those assignments were an important component of the therapy process.

There follows a brief outline of the sessions:

Session 1: Questionnaires/introductions/ground rules/goal-setting. After filling out pre-test questionnaires the first session began with welcoming couples, the introduction of facilitators, the introduction of the theoretical orientation on which the group was based, and establishing group ground rules. Introductions of the participants involved an ‘ice-breaker’ activity of sharing a joke or a funny story about one’s partner. The facilitators summarized themes by recognizing each couple’s story in the group summary, reframing the narratives using solution-oriented language, using terms which were normative and recognizing signs of inevitable change.

The psychoeducational component of the session covered myths that lead to relationship drain and guidelines for goal-setting (Weiner-Davis, 1992). These myths frequently addressed themes originally aired during the ice-breaker, thereby normalizing many of the couples’ issues and presenting the possibility that these issues are neither insurmountable nor intractable.

For homework, each participant was to individually establish a goal in writing, using the techniques and guidelines from the group meeting.

Session 2: Focusing on what works. Participants were asked about changes occurring, or differences noted, in their relationships during the past week. The question was not limited to positive changes, however; instead the focus was on positive aspects of change. The group members recognized a pattern: they often had a tendency to overlook small changes in their relationships. In addition, they recognized how differently they felt about themselves and the relationship when change and change possibilities were noticed. The goal-setting homework was reviewed using the guidelines to pare down general goals, convert them to positive terms, or make them more specific and attainable.

The psychoeducational component for the second class involved focusing on what works. Situations from stories shared in the first session’s ‘ice-breaker’ were cited as examples of focusing on what works. As a homework assignment the couples were invited to experiment with this new way of looking at their patterns during the
coming week and to just take notes.

Session 3: Pattern recognition and interruption. The third session opened with the question which would begin each of the remaining sessions: ‘What changes have you noticed in thoughts, behaviours, or feelings in yourself, your partner, or the relationship, in the last week or two? What would you like to continue to occur? What behaviours would you like to see more of?’ If a participant wanted to focus on a failure during the week, the group would use the information learned (feedback) from the ‘failed experiment’ in order to brainstorm adjustments for the next attempt to interrupt the pattern of interaction.

The psychoeducational component for the third session included pattern recognition and interruption strategies. Two or three couples would plot a cycle of interaction and the group would brainstorm five or six options to interrupt or change the pattern. The homework assignment was to experiment around pattern recognition and interruption in order to break a negative cycle or to enhance a positive cycle. The group was cautioned not to expect big changes (non-achievable goals), but instead to note small differences in behaviours which are too often overlooked.

Session 4: What to do when techniques don’t work. The session opened with the familiar questions about change and differences and group processing of the responses. The facilitators then recapped the shared information, emphasizing the changes occurring in each person’s narrative and relating that change to small differences in the participants’ behavioural choices. The couples then shared their experiences with the homework assignment – successes, partial successes and perceived failures.

The psychoeducational component for the fourth session included evaluating pattern interruption failures. These points frequently addressed the themes around perceived failures, again normalizing the couples’ patterns and their struggles with pattern interruption. The group exercise of ‘doing a 180’ usually had a humorous component to it, and the group was reminded that humour was another important tool for change. The homework assignment was to continue to use pattern interruption techniques, information from their successes and failures, to try a ‘180’ if possible, and to ‘surprise your partner’ with a new behaviour.
Session 5: How to keep the changes going. Successes were shared more easily by the fifth session, and the facilitators focused attention on the use of ‘possibility thinking’ by the participants. It was frequently in the fifth session that the facilitators noticed marked behavioural differences in the participants. For example, one couple who were particularly distant with each other were cuddly and playful during the session. Another couple discussed their change by using the metaphor ‘We used to have a lot of cumbersome worn out baggage which we took every place, now we travel light and only bring what we need’.

Participants were asked to share how the changes in their relationship had affected other aspects of their lives: in their relationships with their children, friends, at work or with extended family. Connecting these changes back to the participants’ behavioural choices reinforced the benefits of their choices and encouraged a sense of internalized locus of control. The homework assignment included generating a list of choices/behaviours which the participant needed to maintain in order to sustain the positive changes.

The psychoeducational component was to consider the importance of ‘making yourself happy’. The homework assignment was a challenge to each participant to first, find one or two small things to do during the week to make him or herself happier, and second, to notice if this impacted on the couple’s relationship.

Session 6: Plans to reverse backsliding/hopes for the future. For the final session, participants were asked to bring food to share in the celebration of the end of the class. In most of the final sessions, participants spontaneously brought other items of celebration: roses, interesting and helpful articles or cartoons about relationships, and invitations to a follow-up dinner.

The group focused on planning for backsliding. What is it, what to do when it happens, who would notice it first, and what options are available when it is noticed. Next, the couples’ hopes for themselves for the future were explored. Prior to ending, each participant filled out the post-test questionnaires. They were also involved in a focus group soliciting feedback regarding their experience in the group.

Results

As previously reported, the MSI was administered only as a pre-test measure in order to determine if the two groups were significantly
different in the level of relationship distress as reflected in likelihood of divorce. The MSI has been successful in discriminating between distressed and non-distressed couples in this respect. The means and standard deviations for the two groups are presented in Table 1. A t-test analysis revealed no significant differences between treatment (\(M = 3.93, SD = 2.69\)) and comparison (\(M = 1.43, SD = 2.03\)) groups (\(t(70) = 1.76, p = 0.11\)).

While the comparison group data were useful in providing a comparison for the treatment group in terms of a ‘starting point’, a comparison between the two groups in terms of change in scores (pre- to post-test) was not made because of the differences in the two groups (i.e., the treatment group couples were committed to improving their relationships but the comparison group couples were not necessarily so). Measures of pre- to post-test change in the treatment group were investigated using a paired t-test. The paired t was used because of the within-group relationship between pre- and post-test scores. The means and standard deviations are summarized in Table 1.

As demonstrated in Table 2, the changes in scores were significant for the DAS total scores and all four DAS subscales. It is interesting to note (Table 1) that the treatment group post-test scores approach the comparison group pre-test scores.

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<td>1.43 0.38</td>
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Notes: DAS = Dyadic Adjustment Scale; MSI = Marital Satisfactory Inventory. DAS-1 = Total DAS Scale Score; DAS-2 = Cohesion Subscale; DAS-3 = Consensus Subscale; DAS-4 = Affectional Expression Subscale; DAS-5 = Satisfaction Subscale. *n = 44. **n = 26. ***MSI was administered only in the pre-test package.
Regression analyses

The various demographic variables, as well as the MSI scores, were analysed with respect to their relationship to the DAS scale scores using automatic, stepwise, multiple regression. This statistical procedure is used in order to determine which independent variables have the most predictive value with respect to the dependent variable in question (Howell, 1987). In the treatment group, none of the variables were found to significantly predict total dyadic adjustment (DAS scores), affectional expression or dyadic satisfaction. On the other hand, two demographic variables predicted dyadic consensus. A greater length of marriage and fewer children predicted a higher level of agreement in marriage. Higher income was significantly related to dyadic cohesion in that the more money a couple reported earning in a year, the higher their reported marital closeness (Table 3).

In the comparison group, the number of children predicted total DAS scores. The greater the number of children, the lower the spouses’ total satisfaction scores (Table 3). Dyadic satisfaction in the comparison group was significantly predicted by spouses’ MSI scores and number of children. In other words, the lower the MSI
score (less predictive of divorce) and the fewer the children, the more satisfaction the spouses reported (Table 3). The age of the husband was a strong predictor of dyadic cohesion. Couples in which the man was older were more likely to report higher levels of relationship closeness. None of the independent variables were related to affectional expression or dyadic consensus (Table 3).

**Self-reports of change**

During the six weeks of group sessions, and particularly during the final meeting, partners reported on the changes they saw taking place in their relationships. Among the reported changes the participants noted: having shorter, less intense arguments; more acceptance of each other’s differences; increased physical affection; making more time for each other; more effective problem-solving, including less blaming, a focus on solutions, and the use of concrete tools; a greater sense of calm and a capacity for spontaneity in the relationship, and awareness of problematic patterns.

**Discussion**

As recommended by Baucom et al. (1990), all data were analysed separately for the partners because previous research has documented...
empirically... that calculating couple scores distorts differences between responses to treatment by [male and female partners]’ (p. 263). The sample did not meet the standard statistical assumption of equal group sizes. However, violating the statistical ‘equal sample size’ rule does not significantly increase statistical type I or II error except under quite unusual conditions (Agar and Jacobsen, 1980; Ban, 1960).

Despite the fact that their pre-test DAS scores were significantly different, the two groups were not different on the MSI (predicting likelihood of divorce). Therefore, while the two groups seemed to differ in terms of aspects of dyadic adjustment, they did not seem to differ in their likelihood of divorce. In other words, while couples in the treatment group may have been more distressed, they were not apparently sufficiently distressed to consider divorce more than the comparison group.

The comparisons of pre- and post-test scores suggest that treatment couples experienced some benefit from being involved in the solution-focused couples therapy groups. Since there were significant changes in the DAS total scores, changes in some of the subscale scores were to be expected. In fact, there were significant changes in all four subscales. And, as noted above, these scores approached the comparison group pre-test scores (which were significantly different from those of the treatment group).

These results indicate that the participants responding to the advertisement for couples ‘who want to improve their relationship’ perceived their relationships to be less well-adjusted (in terms of satisfaction, cohesion, consensus, affectional expression) than the volunteer couples in the comparison group. The treatment group couples’ DAS (overall affectional expression and satisfaction) scores improved significantly during the period they were involved in the therapy groups. Perhaps the positive focus and emphasis on strengths, skill-building and general ‘fellowship’ of the couples groups contributed to this improvement. The partners’ reports of the changes in their relationship were congruent with these results. The reports indicated that the partners may not have found a way to agree more (hence no significant change in DAS consensus scores), but instead may have learned some skills for avoiding escalating patterns of conflict and learned to ‘agree to disagree’.

The results of the regression analyses in both groups largely follow the results of previous studies in which the number of children, length of marriage and income tend to be related to marital
satisfaction, cohesion and adjustment. Perhaps a larger sample size would yield more uniform results (within samples from one subscale to another).

As Jacobson and Addis (1993) pointed out, ‘it is hazardous to form conclusions about a treatment based on the first investigation or two . . . (since in doing so one would) likely overestimate efficacy’ (p. 86). Follow-up investigations are necessary. Subsequent investigations should include comparisons of this intervention with other couples group treatments (for example, behavioural marital therapy groups). The sample could include couples previously identified as distressed in order to compare the effects of this type of intervention with non-distressed versus distressed versus comparison group couples. In addition, future studies should follow the recent recommendations of Busby et al. (1995) and others to use assessment instruments which have been developed according to construct hierarchy guidelines.

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References


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