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The Marriage Checkup: Adapting and Implementing a Brief Relationship Intervention for Military Couples

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Given the significant negative impact of relationship distress on the health and well being of members of the military, preventative and accessible care is needed in order to provide crucial relationship support to service members and their families. This paper presents the rationale, key considerations, and feasibility for adapting the Marriage Checkup (MC), a brief intervention for enhancing marital resiliency, for use by internal behavioral health consultants (IBHCs) working in an integrated primary care clinic serving an active duty military population. We detail the adapted MC protocol, which was revised to contain military-centric content and fit into the fast-paced environment of primary care (e.g., streamlined to fit within three 30-minute appointments). IBHCs working in primary care were trained to offer the intervention at two air force bases. Twenty couples and 1 individual have completed the MC and a 1-month follow-up assessment. The MC intervention appeared to be well-received by both couples and IBHCs. In this paper, we provide specific guidance for clinicians and providers who are interested in integrating the Marriage Checkup into their practice.

Many of the most challenging community problems faced by senior military leaders are closely linked to the quality of marriage relationships. These include family violence, spouse maltreatment, and suicide. Half (51%) of the service members who either completed or attempted suicide from 2008 to 2010 had a history of a failed intimate relationship, and for nearly one-third (30%) this failure had occurred within 30 days of the self-harm event (Bush et al. 2013). Relationship distress not only affects marriages but is also associated with depression, substance abuse, work role impairment (Whisman & Uebelacker, 2006), and poorer children's health (Cummings, Goeke-Morey, & Papp, 2003). These problems, in turn, may negatively impact the service member's military readiness (Cigrang et al., 2014). Despite the potential high costs of chronic marital distress, very few couples seek therapy. In a recent Air Force study, only 6% of Airmen in distressed relationships reported making use of couple counseling after returning from deployment (Snyder, Balderrama-Durbin, Cigrang, Talcott, Slep, & Heyman, 2015). Indeed, distressed couples wait an average of 6 years before seeking help, at which point their relationship likely has deteriorated dramatically (Notarius & Buongiorno, 1992, as cited in Gottman & Gottman, 1999).

Thus, there is a substantial need in the military for early detection and preventative care for couples in deteriorating relationships before serious and irreversible relationship damage has occurred. There are currently no widely available means to fill this need. Mild-to-moderately distressed couples may view therapy as reserved for only the most severely distressed couples, and thus delay seeking treatment until its efficacy is seriously diminished by the chronicity and severity of the accumulated relationship dysfunction.

The Marriage Checkup (MC; Cordova, 2009; Cordova, 2013, Cordova et al., 2014; Cordova, Scott, Dorian, Mirgain, Yaeger & Groot, 2005; Morrill et al., 2011) addresses this issue by providing a less-threatening option for couples to seek early preventative care before they begin to identify as distressed. Intended to be the relationship health equivalent of the annual physical or dental checkup, the MC is a 4- to 5-hour assessment and feedback intervention (Cordova, Gee and Warren, 2005, Cordova, Scott, Dorian, Mirgain, Yaeger and Groot, 2005). Studies conducted with civilian samples have shown that couples

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receiving a Marriage Checkup demonstrate significant and lasting improvement across a range of marital health variables (Cordova et al., 2014; Cordova, Gee and Warren, 2005, Cordova, Scott, Dorian, Mirgain, Yaeger and Groot, 2005; Gee, Scott, Castellani, & Cordova, 2002; Morrill et al., 2011). In addition, the MC has been shown to attract couples across the distress continuum and be perceived by couples as more accessible than traditional therapy (Fleming & Cordova, 2012).

In recognition of the limited reach and potential stigma of tertiary mental health treatment, the military services and the Department of Veterans Affairs have implemented collaborative care models in primary care (Maguen et al., 2010; Seal et al., 2011). In a collaborative care model, mental health providers are embedded into the primary care setting and serve as Internal Behavioral Health Consultants (IBHCs) to the medical providers. The IBHC provides brief, focused assessments and interventions for patients referred by their primary care provider (Cigrang, Dobmeyer, Becknell, Roa-Navarrete, & Yerian, 2006; Goodie, Isler, Hunter, & Peterson, 2009; Wilson, 2003). Despite the prevalence of marital problems in the military, there has been no effort toward development of marital interventions suitable for primary care. Therefore, the current study was an investigation of the feasibility of using the MC with military couples in Air Force primary care clinics.

The Current Study

The purpose of this study was to test the feasibility of adapting a brief marital intervention for military couples in a primary care setting based on the existing Marriage Checkup program. This brief intervention includes assessment of the couple's relationship history, strengths, and concerns and provides individualized feedback to the couple with a list of options addressing the couple's primary concerns. A positive aspect of using the Marriage Checkup model is that it has been shown to attract couples with a wide range of relationship functioning from very distressed to very satisfied (Morrill et al., 2011). Therefore the "check-up" model may prove to reduce treatment-seeking barriers for service men and women. Since relationship distress is a primary concern for military couples, it is necessary to create an intervention specifically addressing the needs of military couples.

The Marriage Checkup

The goal of the MC is to provide the theory, structure, and tools for clinicians to provide regular checkups for couple's relationship health with the twin goals of prevention and early intervention. The MC is designed to lower the barriers to seeking marital health care by being easily accessible, brief, and advertised for all couples interested in maintaining their health with a regular checkup. The objectives of the MC are (a) early identification of relationship health deterioration, (b) prevention and early intervention, (c) motivating appropriate help seeking, and (d) fostering long-term marital health and preventing divorce.

The MC consists of two phases: a therapeutic assessment phase and a motivational feedback phase. In order to fit into the structure of integrated behavioral health care, the assessment phase was conducted in two separate half-hour appointments and the feedback phase in the third and final half-hour appointment. Within this broad structure, the MC has three components: a relationship history interview, the therapeutic assessment of relationship strengths and concerns, and motivational feedback.

The therapeutic goal of the MC is to reorient partners toward intimacy as the foundation of long-term relationship health. Active-duty couples are often under considerable strain, including repeated deployments, which can exacerbate problematic relationship patterns, damaging long-term relationship health by interfering with the intimate connection between partners. Diminished relationship health in turn affects all other health systems, including increased risk of suicide (Bush et al., 2013). At the heart of the MC is a process designed to reignite the vibrant intimate connection between partners, based on a behavioral theory of intimacy (Cordova & Scott, 2001). The presumption is that the complexity of the day-to-day life of making a living and raising a family, combined with our natural tendency to turn away from each other in response to the mounting emotional complexity of a long-term intimate relationship, undermines the intimacy process by decreasing our willingness to remain emotionally open and vulnerable with each other. Further, this complexity diminishes our availability to respond to each other's vulnerability with compassion, understanding, and empathy. The stressors and demands of active-duty military service may uniquely affect these processes by adding in factors such as frequent deployments (including the unique stressors associated with transitioning out of and then reintegrating back into the family household), unpredictable schedules, frequent moves to new bases, the complexities of communicating long-distance between home base and theater, and interrupted social support networks.

The Adapted MC Protocol

Several adaptations were made to the original MC in order to tailor the protocol for military couples. The researchers at Clark University worked with the members of the Air Force research team to develop military-specific content for the assessment tools used in the MC. In addition, the team developed and piloted a protocol to use when only one member of the couple is available to come in