

RELATIONSHIP EDUCATION AND SINGLES: Impact on Symptom Distress, Social Roles & Isolation

The PAIRS Foundation, Inc.
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Summary

A new study indicates participation in 9-12 hours of marriage and relationship education produces significant and perceived benefits in reducing the level of disturbance single adults experience around issues of interpersonal relationships, symptom distress and social role functioning, for both clinically distressed and non-clinically distressed people, alike.

The study is one of the first comparing the benefits of a brief, group educational program on single participants attending without a significant other using a standard assessment typically used to measure the impact of traditional therapy, counseling, and psychiatric interventions.

Overview of the PAIRS Approach

PAIRS (Practical Application of Intimate Relationship Skills) classes provide a comprehensive system to enhance self-knowledge and develop the ability to sustain pleasurable intimate relationships. PAIRS delivers a unique technology built on a skills-based approach to enhancing empathy, bonding, attachment, and emotional literacy. PAIRS curricula integrate a wide range of theories and proprietary methods from psychology, education and psychotherapy - particularly from the work of Virginia Satir, Daniel Casriel, and George Bach - and presents them in an educational format in classes ranging in length from nine to 120 hours. PAIRS acts to bridge therapy, marital enrichment, and marriage and family development through a cost-effective group educational approach to reducing marital and family breakdown. This study evaluates the impact of the *PAIRS Essentials* curricula delivered in public settings such as churches, schools and community centers by non-mental health professionals.

PAIRS programs focus on enhancing competencies in three areas: (1) emotional literacy; (2) skills for building and maintaining intimacy; and (3) practical knowledge, strategies and attitudes for sustaining positive marriage and family life with the goal of enabling couples to create relationships that both partners can live with joyfully. For this to happen, each partner must be able to identify his or her own feelings and needs, communicate them in such a way that they can get met, and integrate skills that lead to constructive conflict resolution based on empathy, good will and a shared relationship vision.

Federally Funded, Multi-Year Grant Project

In October 2006, PAIRS Foundation, a 501(c)(3) nonprofit headquartered in Weston, Florida, was awarded a \$5 million grant from the U.S. Department of Health and Human Services, Administration for Children and Families, to conduct a multi-year demonstration project in South Florida to evaluate the impact of marriage and relationship education.

Voluntary Participation

Under the grant, services are provided at no cost to participants. In addition to providing an informed consent prior to beginning the program, participants are asked to voluntarily provide detailed demographic information and confidential assessments to help measure the impact of services. Assessments are requested prior to beginning services, six and 12 months following program completion.

To date, data has been collected from 5,110 singles and couples who have participated in grant-funded classes delivered in English, Spanish, and French/Creole. All data is from participants who attended classes in Florida's Miami-Dade, Broward, and Palm Beach counties.

Overall, participants represent a highly diverse pool of adult men and women in all stages of relationship with significant inclusion of minorities, singles, and couples entering the program at high levels of marital and personal distress.

Methodology

For this study on the impact of services on single adults who were not in a monogamous relationship at the time of their participation, the OQ-45.2 assessment was used. The OQ-45.2 is a 45-item self-report scale designed to track and measure client progress in psychotherapy. Thirty percent of the participants in PAIRS grant-funded classes attend as singles. Dr. Paul Peluso of Florida Atlantic University analyzed the data.

The OQ-45 scale is designed specifically with the purpose of being repeatedly administered (e.g., either pre- and post-treatment, or after every psychotherapy session), providing an assessment of progress, deterioration, or no change. The items address common symptoms and problems (mostly depressive and anxiety-based) that occur across the most frequently occurring psychiatric disorders.

Each item is rated using a 5-point Likert scale (0 = never, 1 rarely, 2 = sometimes, 3 = frequently, 4 = always), with a range of 0 to 4, yielding a range of possible scores from 0 to 180. The OQ45.2 provides a total score and three subscale scores. The three subscales are operationalizations of the three aspects of a client's life functioning--social role, symptom distress, and interpersonal relationships.

Lambert et al. (1996) reported the 3-week test-retest reliability for the total score to be .84. Additionally, internal consistency values were found to be high ($[\alpha] = .93$). Concurrent validity was estimated by correlating the OQ-45.2 Total Score with corresponding total scores on the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, 1983), Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), Taylor Manifest Anxiety Scale (TMA; Taylor, 1953), State-Trait Anxiety Inventory (STAI; Spielberger, 1983, Spielberger, Gorsuch, & Lushene, 1970), Inventory of Interpersonal Problems (IIP; Horowitz et al., 1988), and the Social Adjustment Scale (SAS; Weissman & Bothwell, 1976). The concurrent validity for the total score was significant at the .01 level (ranging from .55-.85). Sensitivity to change of the OQ-45.2 has been reported by Vermeersch, Lambert, and Burlingame (2000).

Findings

Previous research analysis on participation in PAIRS brief, grant-funded programs has consistently indicated statistically significant, positive change across all key groups in terms of demographic, socio-economic, ethnic, and relationship status measures. This study considers the impact on a subset of single participants using the OQ-45 as a pre/post-test measure.

Paired samples t-tests revealed that the post-test scores were significantly lower from pre-test scores on the total scale $t(125) = 3.70, p. < .001$, the symptom distress subscale $t(125) = 4.34, p. < .001$, the interpersonal relations subscale $t(125) = 2.49, p. < .001$, and the social role subscale $t(125) = 2.89, p. < .001$.

This provided evidence that the PAIRS program had a beneficial impact on participants.

The OQ 45 also provides clinical threshold scores, which indicate that a person has symptoms of clinical significance. Forty-four participants had scores of clinical significance for the interpersonal relationship scale. Paired samples t-tests revealed that the post-test scores were significantly lower from pre-test scores on the total scale $t(43) = 2.71, p. < .001$, the symptom distress subscale $t(43) = 2.64, p. < .001$, the interpersonal relations subscale $t(43) = 4.54, p. < .001$, and the social role subscale $t(43) = 2.50, p. < .001$.

This provided evidence that the PAIRS program had a beneficial impact on participants who have significant problems with interpersonal relationships.

In addition, for those individuals who were above the clinical threshold for *Social Roles* ($n=55$), the total scale, social roles and symptom distress scales were significantly lower. Again, for those individuals who were above the clinical threshold for *Symptom Distress* ($n=26$), the total scale, social roles and symptom distress scales were significantly lower.

Lastly, Lambert and his associates have published indicators of “reliable change” for follow-up tests like the ones conducted to evaluate the PAIRS program. As shown in Table 2, for participants who were above the clinical threshold for symptom distress, interpersonal relations, and social role subscales, 27%, 30%, and 15% (respectively) of participants experienced “reliable change.” At the same time, 65%, 70%, and 58% of participants with experienced some beneficial effect in the symptom distress, interpersonal relations, and social role subscales, respectively, from participating in PAIRS.

Conclusion

Taken together, these findings indicate that participation in PAIRS produces significant and perceived benefit for participants in reducing the level of disturbance around issues of interpersonal relationships, symptom distress and social role functioning, for both clinically distressed and non-clinically distressed people, alike.

Tables

Table 1. Clinical Cutoffs for OQ 45 Scales and Pre-Test Mean Scores

	OQ Clinical Cutoff	PAIRS Average (Pre-Test)
Symptom Distress	36	26.4
Interpersonal Relations	15	13.5
Social Role	12	9.78
Total	63	49.6

Table 2: Percentage of Change and Percentage of Reliable Change for Participants

	N	OQ “Reliable Change”	Percent of Reliable Change	Percent of Group Changing or Remaining the Same
Symptom Distress	26	10	27%	65%
Interpersonal Relations	44	8	30%	70%
Social Role	55	7	15%	58%
Total	126	14	35%	65%

Related Program Testimonial

Chaplain David Wateska, VA Health Care System, Palo Alto, CA

“I wanted to write to tell you guys how much I appreciate being a part of the PAIRS training last week ... I found myself using these tools in my life as a way of cognitive therapy - it works. This program has equipped me with practical tools to overcome anxiety. I believe anxiety is the main problem with returning Soldiers. Anxiety has to do with memory and the effects of it can be catastrophic. Since Jan 2000 I have served in the Army as a chaplain and been taught 3 different, but similar programs:

1. Prepare/Enrich – a marriage enhancement tool which uses tests to compare differences and styles with hope to focus on qualities; 2. PREP (Preventative Relationship Enhancement Program) – also a marriage enhancement tool that encourages off site instruction and uses Speaker Listener Technique, and other instruction such as Danger signs and other examples— Power point, and; 3.BSRF – Building Strong and Ready Families. This is an extension from PREP but suited for post deployment situations.

These programs didn’t work with anxiety to the extent that PAIRS does. Soldiers need a tool to integrate back into the civilian world and family situations that will take practice but is practical towards relieving emotions and exposing false beliefs. Soldiers have bad habits and need a program that is attractive to overcome. Soldiers are sensitive and know when they are being treated like a number. They cannot handle command driven programs. They will choose something that is colorful, quality, and honest. This was portrayed in the instructors – I can tell you practice this in your lives and that you care. The Soldiers will want what you have and begin to believe in themselves. Thank you for all that you do.