EXAMINING FACILITATOR EXPERIENCES OF GROUP DYNAMICS AND ROLE OF CULTURE IN COUPLE RELATIONSHIP EDUCATION

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GROUP DYNAMICS AND CULTURE IN RELATIONSHIP EDUCATION

ABSTRACT

Given the high degree of marital instability and its adverse consequences, especially for low-income ethnic minority couples, couple relationship educational programs (CREPs) have gained popularity as a means to strengthen marriages and stabilize families. Despite the abundance of CREPs available, research is limited on how to lead effective culturally sensitive programs. This qualitative study explored the perspectives of couple relationship education facilitators who had experience working with diverse groups from one federally funded program, entitled Supporting Healthy Relationships (SHR). Utilizing a semi-structured interview created for this study, eight facilitators were asked about their perceptions of success for the workshops, group dynamics observed, how cultural similarities and differences were navigated between them and the group members, and modifications made to the curriculum. Thirteen themes were developed from their responses utilizing a five-stage model of analysis. Results demonstrated that the participants believe that the SHR workshop successfully improves couple functioning, particularly those in high distress, due to the wraparound approach. This approach included benefits such as meals, transportation assistance, employment services, monetary incentives for program completion, and supplementary events for the participants to further build social support. Per the participants, the power of the workshop appears to come from the curative nature of the group format which revealed that their problems were universal within a cohesive atmosphere and enabled interpersonal learning. The group facilitators tended to enhance the group through the use of self-disclosure, informality, flexibility with group discussions and their ability to connect and deepen couples' understanding via experiential exercises. The study’s findings also highlight the utility of discussing cultural identity within the context of couple relationship education. When facilitators can successfully navigate challenging moments within the working alliance or within
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group, the relationships were strengthened. Conversely, when they avoided discussions of
culture, they reported negative responses from the group members. Suggestions for
implementing an optimal culturally sensitive CREP are proposed, and limitations and
implications for research are discussed.
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CHAPTER I: INTRODUCTION

The United States continues to hold the highest divorce rate in the Western world (Ortiz-Ospina & Roser, 2020) and those from disadvantaged groups fare worse (Raley & Sweeney, 2020). Likewise, those in committed partnerships typically require extra support or intervention to re-establish relationship satisfaction and stability (Copen et al., 2012). Furthermore, divorce rates are not the same across all demographic groups in the United States. African American, U.S.-born Hispanic, and Native American women have the highest rates of divorce (Raley & Sweeney, 2020). Additionally, African American women are the least likely to marry at all and have higher rates of marital instability than women of all ethnic groups (Raley & Sweeney, 2020). Likewise, couples in poor communities with lower educational attainment are more vulnerable to fracturing due to systemic hardships such as lack of economic resources, oppression, and limited upward mobility (Hawkins & Ooms, 2012).

Moreover, divorce has been classified as one of the most stressful life events during adulthood and has significant impacts on individual and child well-being (Amato, 2014). For adults, divorce is associated with more physical health problems, greater mortality risk, and lower levels of psychological well-being including, depression, anxiety, and somatization (Amato, 2014). Additionally, when compared with children with married parents, children of divorced parents display more externalizing behaviors, more psychological distress, lower academic achievement, more difficulties maintaining social relationships, and weaker emotional ties with parents (Amato, 2014). Furthermore, divorce has a significant economic impact on the family and the national economy, including lower wealth accumulation, elevated poverty rates, and a higher need for government support (Raley & Sweeney, 2020). Given the disruptive nature of marital distress and its adverse physical, psychological, and economic effects, it has been considered a public health concern (Halford et al., 2008).
To address this crisis, the federal government has funded several programs to help strengthen marriages and stabilize families, particularly in poor communities, such as the “Healthy Marriage Initiative” sponsored by the Administration for Children and Families. Likewise, 10 states have taken a preventative approach to reduce divorce by implementing premarital education promotion policies (Clyde et al., 2019). These policies encourage engaged couples to participate in premarital education courses to learn how to enhance the longevity and success of their marriage in exchange for discounts off their marriage license fees (Clyde et al., 2019). With this focus on supporting marriage and fragile families, the availability of couple therapies and couple relationship education programs (CREP) have surged in the last two decades.

In brief, CREPs provide couples with a structured learning experience to attain knowledge, skills, and attitudes that promote long-term relationship satisfaction (Halford & Snyder, 2012). Couple relationship education programs are presented by various organizational settings in various formats. For example, the healthy marriage initiative grantees include various agencies based in the nonprofit, for-profit, educational, and faith-based sectors (Hawkins & Ooms, 2012). Programs may be offered in schools, hospitals, prisons, or welfare agencies. Others, such as the Hold Me Tight program, operate autonomously from the government or other institutions. Programs vary in duration, engagement, and content, ranging from a more skills-based approach to a more hands-on experiential approach. Some utilize clinically trained staff, whereas others, such as the Prevention and Relationship Enhancement Program (PREP), utilize trained paraprofessionals who are often residents of the community. Additionally, even though CREPs are typically delivered in person in a group format, online interventions and self-guided manuals have been designed to help decrease barriers to attending (Halford & Snyder, 2012).
Several crucial factors have been understudied in the field of CREPs. To further understand which components of CREPs are most helpful, it would be beneficial to not only evaluate the standardized curriculum and techniques but also examine how it is implemented practically and how the leading facilitator contributes to the group and couple outcome. It is clinically relevant and necessary to investigate the CREP facilitator’s experiences of working with low-income, diverse groups to better understand what may contribute to the success and failure of CREPs for underserved groups. The literature review below will further discuss CREPs, culturally specific CREPs, and examine understudied aspects of CREPs including the role of the facilitator and group cohesion. Next, the author will discuss one federally funded CREP, the Supporting Healthy Relationships (SHR) program, in more depth including its multicultural approach and tailored interventions.
CHAPTER II: REVIEW OF THE LITERATURE

Couple Relationship Education Programs (CREPs)

CREPs have several important characteristics that distinguish them from traditional couple therapy. They are typically shorter in duration with approximately 8-12 hours of group instruction, and less exploratory in scope than traditional couple therapies (Halford & Snyder, 2012). Halford & Snyder (2012) discuss two commonly used approaches in CREPs. The first, the assessment and feedback approach, typically uses structured inventory-based assessments, followed by a feedback session that informs couples about their current relationship strengths and challenges. The second, the curriculum-based approach, focuses on the active training of key relationship skills, such as positive communication, conflict management, and positive expression of affection.

CREPs have been demonstrated to improve communication, relationship satisfaction, relationship stability, and parenting, and they reduce the likelihood of intimate partner violence as well (Stanley et al., 2019). However, only a limited number of curricula have emerged with strong research support including PREP, Relationship Enhancement, Couple Communication, Couple CARE, and Couples Coping Enhancement Training (Stanley et al., 2019). Communication has been the single greatest focus in CREP research as the mediator of relationship satisfaction, with smaller bodies of research examining and supporting couples’ expectations, beliefs, and commitment (Stanley et al., 2019). However, the mechanism of change is largely unknown, and more research is needed to discern what aspects are most efficacious for specific groups (Stanley et al., 2019).
Target Audience

Overall, CREPs have an extensive research base and have generally proven to be effective with a wide range of couples (Busby et al., 2020; Halford et al., 2008; Hawkins and Erickson, 2015). Due to assumptions that distressed couples were unlikely to attend CREPs, the field originally targeted couples satisfied and committed in their relationship with aims to enhance satisfaction and prevent future distress (Halford & Snyder, 2012). Early research of CREP studies primarily consisted of White middle-class samples, yet more recently, studies have begun to examine the need and effectiveness of these interventions with lower income and racially diverse groups. Current research shows that those at greater risk, including highly distressed couples, and those with economic disadvantage and minority status, benefit the most from CREPs (Bradford et al., 2017; Stanley et al., 2019).

In a meta-analysis of 38 studies focusing on the effectiveness of CREPs with lower-income participants, with a majority of ethnic-minority participants, Hawkins and Erickson (2015) found small, positive effects on participants’ relationships, particularly regarding relationship quality, communication and aggression. Additionally, within the larger sample of 1,034 couples in the Supporting Healthy Marriage Project couples randomized trial, Williamson et al. (2016) found that higher risk couples improved their relationship satisfaction and observed communication and had higher levels of relationship satisfaction at 30 months than couples in the control condition. Lastly, Wheeler et al. (2020) examined the influence of adverse childhood experiences (ACE) on changes in distress for 223 economically and ethnically diverse participants who completed an individual-oriented CREP. They found that those who endured more adversity in childhood presented with greater psychological and interpersonal distress. Likewise, those who endorsed four or more adverse childhood experiences improved the most
following the intervention in regards to symptoms and interpersonal distress, when compared to other ACE frequency groups (Wheeler et al., 2020). Although this intervention was an individually oriented CREP, these results hold promise that relationship-focused interventions can strengthen disadvantaged couples.

**Culturally Specific CREPs**

Understanding the experiences of diverse groups and developing culturally informed CREPs is crucial for couple and family success. In a meta-analytic review of culturally adapted mental health interventions, Smith and Griner (2006) found that interventions targeted to specific groups were four times more effective than interventions provided to groups comprised of participants of varying cultural backgrounds. Likewise, in a meta-analysis of 154 studies, Cabral and Smith (2011) found that African Americans strongly preferred to be matched with African American therapists, tended to evaluate African American therapists more favorably than other therapists, and had better outcomes in therapy when they were matched with African American therapists. Additionally, in the CREP literature specifically, studies have found that ethnic minority clients are less likely to abandon treatment and have better outcomes when they feel that treatment is consistent with their cultural beliefs (Quirk et al., 2014).

Research consistently highlights the need for clinicians to be culturally informed and understand the background and values of those they serve (Hawkins & Ooms, 2012; Stanley et al., 2019). Allgood and Higginbotham (2013) emphasize the need for CREPs to work within participants’ cultural context including offering classes in their preferred language, understanding their traditions and customs, understanding their communication styles, and using examples that are consistent with their experiences and beliefs. For example, the Hispanic Healthy Marriage Initiative developed three curriculum modules that address culture, gender,
and communication that are specific to Hispanic couples, such as the concepts of *familismo* and *machismo*, which are the values for family and traditional masculine gender roles, respectively (Hawkins & Ooms, 2012). Similarly, in a revised version of PREP, known as Culturally Sensitive PREP, the curriculum was modified to include the use of African American presenters, a discussion of the impact of racism on marriage, and a discussion on how couples can support each other through racism (Beach et al., 2011). Furthermore, recruiting and retaining ethnically diverse and low-income populations has been shown to require a more active approach, including collaborating with other community leaders and agencies to increase awareness, selecting non-government locations to host CREPs, and flexibility with time frames (Vaterlaus et al., 2012).

Research shows that these culturally specific interventions attract more participants and are equally as effective. Barton et al. (2018) conducted a randomized controlled trial of a six-week intervention known as the Protecting Strong African American Families program, with 346 African American couples who lived in rural, low-income communities. A distinctive feature of the program is its emphasis on contextual stressors these couples faced. Each week couples were instructed on how to navigate specific stressors rural African American couples experience such as work, racism, extended family, and finances, utilizing cognitive-behavioral techniques. Compared with control participants, participants who received the intervention reported greater improvements in relationship communication, confidence, satisfaction, partner support, co-parenting, and parenting post-intervention and at follow-up 17 months later (Barton et al., 2018). Additionally, in a CREP known as the Hispanic Active Relationships Program, Kotrla et al. (2010) found significant and robust positive results for all five outcome measures assessed, including marital satisfaction, positive communication, conflict resolution, negative interaction,
and relationship commitment. This study garnered 275 Hispanic couples who were primarily Spanish speaking and at least half were first- or second-generation immigrants. Participants were recruited via announcements and flyers in local churches, billboard advertisements, and personal invitations by workshop leaders who were also members of the community. Notably, this study highlights the willingness of Spanish-speaking immigrants to participate in CREPs. This shows that diverse couples desire such programs and are eager to participate if outreach and interventions are carefully tailored to their specific needs. Given that low-income, ethnic minority families are more vulnerable to fracturing and highly benefit from CREPs, it would be beneficial to examine how to best tailor and implement existing CREPs to support them.

**Facilitation of CREPs**

CREP facilitators play a crucial role in couple engagement, retention, and outcome (Bourgeois, 1990; Ketring et al., 2017; Owen et al., 2011; Owen, 2012; Quirk et al., 2014; Stanley et al., 2019). They must balance the complexity of providing psychoeducation and skills, attending to individual reactions, couple reactions, and the whole group’s reactions. Markman and Ritchie (2015) recommend an overall set of skills facilitators should possess including structure, thoughtfulness, being active, and reinforcement. Structure refers to a facilitator’s ability to stay on task and manage time appropriately. Thoughtfulness includes being invested and confident in the program, as well as recognizing one’s limits and knowing when an individual or couple may need a referral. Being active is being fully present in the group, energizing, and holding the group to the educational nature rather than deviating to personal discussions. Reinforcement involves providing praise to participants and encouraging them along their journey.
Training Considerations

Due to CREPs historical stance as a preventative educational intervention, it was believed that CREPs should cater towards newlyweds or couples in a lower state of distress and could adequately be delivered by paraprofessionals, whereas couple therapy should be exclusively for trained clinicians working with those on the brink of divorce (Halford & Snyder, 2012). PREP in particular is known for its use of trained lay people or community leaders rather than clinicians with advanced degrees (Markman et al., 1988). However, given the current data that highly distressed couples attend and receive great benefit from CREPs, there is significant debate within the field whether programs should utilize trained clinicians as facilitators to meet the growing demands of the participants.

Bradford et al. (2015) express concerns about paraprofessionals having the skills necessary to de-escalate conflict that may arise in group with highly distressed couples and make necessary adjustments. They also note that distressed couples are more likely to seek extra support after class or throughout the program that paraprofessionals may not be equipped to navigate (Bradford et al., 2015). Research conducted by Pinquart and Teubert (2010) also supports this notion that outcomes fare better in CREPs when led by trained clinicians compared to paraprofessionals. In a meta-analysis of 21 CREP interventions for couples in transition to parenthood, facilitator training emerged as a significant moderator where significant effect sizes for both satisfaction and communication were found only when the leaders clinically trained (Pinquart & Teubert, 2010). This suggests that trained clinicians may be more adept at identifying couples’ needs and employing the necessary interventions. On the other hand, all authors acknowledge the financial implications of utilizing trained staff that may result in access to fewer couples. Thus, Bradford et al. (2015) advocate for further training for facilitators to
learn the basics of diffusing conflict that may arise within a couple or the group as a whole, or perhaps implementation of a “CRE plus” model where agencies offer sessions of couple therapy before and after the course of the program intervention.

On the other end, Markman and Ritchie (2015) express significant concern about the “clinicalization of CREs.” They state that moving CREPs “toward a more clinical model will blur the distinguishing features of CRE with couples therapy and thus the distinctive advantages of CRE as a wide-reaching service to help couples may be lost” (Markman & Ritchie, 2015, p. 656). They counter Bradford et al.’s (2015) suggestion for additional training, stating that it would not be cost-effective and would require a great deal of time. Additionally, they state that additional training would limit the position’s desirability to lay people and thus, limit the overall pool of providers and services provided. Additionally, since the critique against paraprofessionals emerged, studies have made greater effort to distinguish the effects between distressed and highly distressed couples. Mitchell et al. (2021) assessed the effectiveness of PREP facilitated by paraprofessionals from local churches and accounted for the couples’ level of distress. Church leadership identified lay members from the congregation who then completed a 2-day training in PREP and received ongoing supervision as they delivered the program. Results indicated that PREP facilitated by church leaders significantly improved couples’ functioning including, communication, satisfaction, intimacy, safety, and commitment (Mitchell et al., 2021). Furthermore, those who were clinically distressed made greater gains. Although these results are favorable, it is important to note that of the 97 couples, 93% identified as White, 96% were married, 75% were working full-time, 71% had a bachelor’s degree or higher, and 50% reported an income of $50,000 or higher. Therefore, even though these couples were identified as distressed in terms of their relationship satisfaction, a majority of these couples did
not face the sociocultural stressors previously discussed and may have been in a better position to receive and utilize the skills provided.

Furthermore, Markman and Ritchie (2015) state that therapists often have difficulty resisting the urge to utilize therapeutic interventions and often depart from the educational model and program fidelity. Lastly, Markman and Ritchie (2015) highlight that couples are often attracted to CREPs because of their educational nature and promise that they will not have to disclose personal information to the group if they are not comfortable. They suggest that having therapists as leaders may shift the program to a group therapy approach where participants may feel uncomfortable with the level of sharing. Rather, it is advised that both clinician and non-clinician facilitators receive training in implementing CREPs to assure that they are following protocol, not enabling the group to become therapy, and be available to participants to make therapy referrals if needed, without acting in that role themselves (Bradford et al., 2015; Markman & Ritchie, 2015).

**Working Alliance**

Facilitators are encouraged to build a strong working alliance with each couple in the group. Working alliance is developed by helping the clients feel cared for and respected, establishing goals, and having the competency to help them achieve their goals (Stanley et al., 2019). As in individual therapy, a strong alliance between facilitators and participants has been shown to contribute to outcomes (Bourgeois, 1990; Ketring et al., 2017; Owen et al., 2011; Quirk et al., 2014). Owen et al. (2011) examined 31 leaders who worked with 118 predominantly White couples in a randomized control trial of PREP. Participants’ ratings of their facilitators’ working alliance predicted change in their relationship satisfaction and confidence, and participants had higher positive communication when they reported better working alliance with
their facilitator. Results demonstrated that couples’ relationship outcomes varied based on the facilitator, although it is not clear what aspects of the facilitator contributed to lower or higher ratings. In a similar study evaluating the role of the facilitator with a more diverse sample of 225 couples, findings indicated that a stronger facilitation alliance was significantly associated with higher relationship quality and lower negative couple interactions (Ketring et al., 2017). As such, facilitators are encouraged to enhance the therapeutic alliance by getting to know each couple and their experiences, conversing with couples before and after sessions, checking in during the interim, and utilizing self-disclosure (Higginbotham & Myler, 2010; Ketring et al., 2017; Owen et al., 2011; Owen, 2012; Quirk et al., 2014; Stanley et al., 2019). Likewise, having a thorough understanding of each couple’s experiences can help facilitators be more responsive during group sessions and help them make modifications accordingly. Other research emphasizes the need for effective educators to make adaptations as they teach, both in the use of metaphors and examples, and by what they emphasize (Stanley et al., 2019).

Furthermore, the working alliance may be especially important when working with ethnic-minority populations. Due to systems of oppression, ethnic-minority clients have developed a healthy cultural suspicion and are more apprehensive with mental health providers (Boyd-Franklin, 2003). Thus, ethnic-minority couples may experience CREPs and the working alliance in a different way. In one study examining the effectiveness of PREP with 321 lower-income, African American and Latino unmarried couples, Owen et al. (2012) found large gains in couples’ relationship functioning, including their communication skills, friendship, dedication, and relationship confidence. The authors attributed this to several factors, including having more distressed couples and having facilitators of similar ethnic backgrounds who were involved in the community, and who made efforts to understand and connect with the couples. Although the
working alliance was not directly assessed, they believe that the facilitators’ multicultural orientation and involvement in the community increased a sense of trust and alliance that influenced couple functioning outcomes. Moreover, Quirk et al. (2014) examined the association between the alliance and relationship outcomes for a sample of 122 low-income, predominantly African American couples who completed PREP. Similarly, facilitators in this study worked within the communities they served, were of similar ethnic backgrounds, and tailored examples to match the participants’ experiences. Results demonstrated that greater levels of working alliance was associated with more positive communication and dedication between the couple (Quirk et al., 2014).

As previously mentioned, the identity of CREP leaders may also contribute to couple outcomes. Higginbotham and Myler (2010) examined the importance of facilitator demographic variables (ethnicity, gender, and age) on participant ratings of a stepfamily education program, Smart Steps. The sample consisted of 48 facilitators, who were a fairly even split between Caucasian (52%) and Hispanic/Latino (48%), and 598 participants, who were primarily Caucasian (~64%) and Hispanic/Latino (~32%). Results showed that for men, being of the same ethnicity as the facilitators was consistently related to higher facilitator ratings, but not for women. For both genders, age and experience were not statistically significant predictors. On the other hand, in a later study, Allgood and Higginbotham (2013) examined the relationship between facilitator characteristics and effectiveness ratings in a sample of 858 predominantly low-income Latino participants completing Smart Steps. In this study, both genders rated higher effectiveness scores by gender and ethnicity, favoring female and Latino facilitators. Gender consistently emerged as a significant predictor of participant-rated facilitator quality, with participants preferring female facilitators (Allgood & Higginbotham, 2013; Bradford et al., 2012).
or preferring a facilitator of the same gender (Ketring et al., 2017). Bradford, et al. (2012) found that matching participants with facilitators who had a similar marital status was associated with a change in couple functioning, and education match was related to individual functioning, but gender match was the only significant predictor of participant-rated facilitator quality. Thus, matching by gender, ethnicity, and marital status has been associated with positive outcomes for at least 1 study, with gender being the most consistent predictor.

As shown, creating a strong alliance is important in CREPs, especially when working with ethnic-minority clients. However, this remains an understudied area in CREP research as only 4 studies to date have examined the impact of the alliance (Bourgeois et al., 1990; Ketring et al., 2017; Owen et al., 2011; Owen, 2013; Quirk et al., 2014). Additionally, one study’s results found that the facilitator-participant alliance does not contribute to relationship outcomes (Owen, 2013). Thus, more research is needed in this area. Moreover, no study to date in the CREP literature has examined the association of the working alliance between facilitators and participants of different racial/ethnic groups and if/how the differences are addressed and navigated. Several studies in the individual therapy and group therapy literature suggest that therapists should discuss race with clients to demonstrate cultural competency and build the working alliance (Bemak & Chung, 2019; Chang & Berk, 2009). Chang and Berk (2009) found that when therapists exhibited cultural incompetence, clients indicated dissatisfaction with treatment. Additionally, therapists who demonstrated awareness of the importance of race and culture and navigated racial/cultural dynamics inside and outside of the therapy room were highly favored (Chang & Berk, 2009). To further understand how these factors operate in CREPs, it would be helpful to obtain the perspectives and experiences of CREP facilitators. As they are the ones working on the frontline with participants, it is important to understand how
their beliefs, impressions, attitudes, and decision-making processes influence implementation and outcome. Additionally, despite CREPs being a skill-based educational group, issues of marginalization and oppression may be enacted between group members and leaders.

**Group Cohesion**

Since most CREPs are delivered in a group format, it is also important to examine how group cohesion may contribute to couple outcomes. Group cohesion refers to the degree to which there is a sense of belonging, acceptance, engagement, conflict, and avoidance within the group or between group members (Burlingame et al., 2011). Providing services in groups not only enables providers to access more couples in need but also provides opportunities for couples to increase their social ties and support. The opportunity to increase social connections is particularly important for ethnic-minority clients as they typically come from collectivistic cultures that value social support and kin networks (Boyd-Franklin, 2003). In a study exploring the facilitators’ perspective of implementing CREP with low-income, ethnic minority clients, Wheeler et al. (2018) notes that similarities in language (Spanish language groups) and ethnicity appeared to have an impact on the level of engagement of participants with each other and the overall group atmosphere. The facilitators of this study reported their observations that group cohesion and the friendships formed within the group appeared to increase social support and group engagement (Wheeler et al., 2018). Furthermore, in a qualitative study of a CREP with unmarried, low-income diverse couples expecting a new baby, normalization of relationship challenges emerged as one of the three main benefits of the group (Randles, 2014). Participants reported that engaging with other couples around shared challenges normalized their difficulties, increased their understanding of systemic stressors, externalized blame, and decreased resentment within the couple relationship (Randles, 2014). Additionally, it has been shown that
low-income couples experience a sense of “social poverty,” where they lack dependable friends and family who they feel safe enough to be vulnerable with and can provide emotional support (Halpern-Meekin, 2019). As such, low-income ethnic, minority couples can benefit from a CREP that emphasizes improving social ties.

Group cohesion is important for group treatment outcomes, but there are many gaps to fill in this literature. In a meta-analysis of 40 studies in the group psychotherapy literature, group cohesion emerged as a significant predictor of psychotherapy outcomes, accounting for slightly over 6% of the variance (Burlingame et al., 2011). Yet only one study to date has examined the association between group cohesion and outcomes for a CREP (Owen et al., 2013). This study included 126 predominantly African American participants (66%), who participated in Within My Reach, a CREP designed for low-income populations that teaches communication and conflict resolution skills, and relationship safety/violence prevention content. Results demonstrated that participants’ perceptions of cohesion among the members was associated with decreases in negative communication, increases in relationship adjustment, and increases in relationship confidence. However, Within My Reach is designed for individuals whose partners are unable to coattend sessions, which limits the generalizability of the findings to typical CREPs that target both partners. Nonetheless, these findings are promising and warrant further investigation of how group cohesion influences outcomes. Furthermore, since CREP facilitators observe couple interactions and the group as a whole, it would be beneficial to garner their perspectives on how group cohesion influences outcomes, and if that differs across the ethnicity of the groups that they lead.
Supporting Healthy Relationships Approach

**Overview**

Montefiore’s Supporting Healthy Relationships (SHR) program is a free multi-faceted program designed to empower and strengthen low-income families in the NYC area. The program is funded by the Healthy Marriage and Responsible Fatherhood government initiative to aid couples enhance their relationships and improve the parent-child relationship (Gaubert, et al., 2010). The primary service offered is a 12-week relationship education group that covers a range of topics including communication skills, conflict management, emotional attunement and regulation, sex and intimacy, and parenting from several therapeutic models. Another integral component of SHR is its effort to help families achieve financial stability via employment services. Each couple can meet with an employment specialist for a couple-focused employment assessment, job search assistance, career counseling, and support groups. Lastly, the program also offers supplemental workshops, such as movie nights and family game nights, to foster community support and engagement.

**Recruitment and Demographic Information**

Montefiore’s Supporting Healthy Relationships program takes an active approach to recruit low-income, ethnic minority couples in need of services. The center employs two recruiters who coordinate with various community and social service agencies. Couples are eligible to participate in the program if they are above 18 years old, are in a committed relationship, and have at least one child living in the home or are expecting a child. Recruitment workers visit clinics and faith-based organizations to directly outreach to couples and couples also respond to brochures. Nearly half of all enrolled couples are recruited from Montefiore Medical Center clinics (Gaubert, et al., 2010). Another one-quarter of enrolled couples are
referrals by former or actively participating couples (Gaubert, et al., 2010). The recent COVID-19 pandemic has also increased the program’s social media presence as an avenue for recruitment and services.

The program serves couples from a diverse range of cultural and socioeconomic backgrounds. Of the 229 couples that were enrolled in the program at the time of the Supporting Healthy Marriage evaluation in 2008, 50 percent were Black or African American, another 43 percent were Hispanic, and 2 percent identified as White (Gaubert et al., 2010). Approximately 30 percent of couples had at least one spouse born outside of the U.S. (Gaubert et al., 2010). Seventy percent of participants reported family income at or below 200 percent of the federal poverty line (Gaubert et al., 2010). The majority of couples served (72%) had a high school degree or less, and nearly half (49%) of participants were unemployed, with many more under-employed (Gaubert et al., 2010). The average duration of marriage for couples in the program was 7 years; however, the range of relationship longevity was quite wide, spanning from newlywed couples married for a few months to couples married for over 30 years (Gaubert et al., 2010). Lastly, each couple had an average number of 2 children (Gaubert et al., 2010). Couples who present to SHR are in varying levels of distress, with a significant portion involved in child welfare services. Furthermore, couples enrolled in the program typically have a history of complex trauma and an extensive psychiatric history. SHR also offers incentives as one way to bolster attendance and engagement. Once enrolled in the program, couples are eligible to receive approximately $400 worth of incentives, given consistent attendance, completion of the program, and engagement in pre-and post-surveys. Additionally, couples are provided round-trip metro cards to mitigate transportation difficulties and are provided meals at every workshop.
Program Format

After stating interest in the program, couples meet with a facilitator for an intake evaluation, which includes a comprehensive needs assessment. The couple’s responses to the assessment are used to create an individualized plan that guides facilitators’ work with couples through the duration of the program (Gaubert et al., 2010). Facilitators connect couples with community resources, call couples to remind them of scheduled workshop sessions, invite them to supplemental activities, and provide individualized support services to help couples address barriers that may inhibit participation. Workshops are conducted with a pair of facilitators, one male and one female. By pairing a male and female facilitator, SHR hopes to demonstrate that both perspectives are equally valued in the group and to enable participants to see positive relations exhibited by a mixed-gender pair (Gaubert et al., 2010). The size of the group varies but is typically between 6-10 couples.

SHR’s relationship education curriculum is primarily run over 12 weeks, three hours each, and follows a similar structure every session. Workshops cover a range of topics, including communication and conflict management skills, emotional attunement and regulation, sex and intimacy, and parenting from several theoretical models. Each session begins with a check-in with each couple, followed by a short didactic presentation by the facilitators, who provide examples to explain the main points of the session. Participants then view movie and video clips of couples in a variety of situations for open discussion and processing. Afterward, the facilitators present an exercise, and couples break out and practice the exercise with their partner, with facilitators assisting as needed. Lastly, a summary is presented along with a homework practice for the week. This combination of didactics, video, group discussion, and practice exercises is utilized to increase engagement and cater to various learning styles.
Furthermore, due to the location and cultural needs of the community, SHR offers three distinct groups. At SHR’s home base in the Bronx, groups and supplemental services are offered in English and Spanish. The groups offered in English tend to reflect the demographics described previously with a majority of Black participants, whereas the Spanish-speaking group includes primarily Hispanic participants. Additionally, workshops are offered at a satellite location in lower Manhattan to cater to a broader range of couples. The groups held at the Manhattan location tend to include primarily White participants of higher income. However, due to the rise of the COVID-19 pandemic, groups have transitioned to an online format that has led to a more heterogeneous mix of couples present.

Given the unique needs of their diverse population, service providers employ a culturally sensitive and trauma-informed approach. SHR aims to present services in culturally appropriate ways and has tailored the curricula for use with ethnic minority, low-income populations (Gaubert et al., 2010). For example, the program utilizes videos from popular movies such as “Crooklyn” and “Why Did I Get Married,” two movies that feature a predominantly African American cast navigating relationships and family difficulties. Similarly, each session has guiding discussion questions that facilitators can pull from depending on the needs of the group. For example, when leading the Spanish language group, the concepts of machismo and marianismo are encouraged as discussion points, even though they are not included as formal slides as part of the curriculum. Likewise, scenarios are adapted to fit the needs of the group such as discussing compromising with a low budget or cultural differences in disciplining children.

**Research and Effectiveness of SHR**

The effectiveness of SHR has been studied and is worthwhile to examine. Montefiore’s Supporting Healthy Relationships program was one of two programs selected for participation in
the Parents and Children Together (PACT) randomized control study (Moore et al., 2018). A total of 1,595 couples were recruited for the study, with 1,022 participating in SHR and 573 participating in another CREP with similar characteristics. Approximately three-quarters (~78%) of the couples enrolled were Hispanic and most had low earnings. The study team measured outcomes using data from baseline and 6-month post-treatment surveys completed by each individual. Compared with usual services available in the community, the two programs improved couples’ relationship functioning, including commitment, support, affection, and relationship longevity (Moore et al., 2018). Likewise, data shows that the program helped couples avoid destructive behaviors (Moore et al., 2018). Lastly, the program improved couples’ co-parenting relationships, with couples in the program group reporting more positive views about how they worked together in raising their children than control group couples did (Moore et al., 2018). Specifically, SHR demonstrated statistically significant results in improving couples’ relationship commitment, relationship happiness, quality of co-parenting, and men’s average monthly earnings (Moore et al., 2018). However, it is unclear what specific aspects of the group are most helpful. As previously stated, having facilitators of a similar ethnicity has been shown to be effective, as well as having facilitators that are actively involved with members outside of the group session. As such, it is hard to discern the degree to which the interventions (and which specific interventions), the facilitator demographics, or the facilitator characteristics influence outcomes.

**Workshop Interventions**

The combination of GMCT, EFT, and PREP has proven to be an effective model for the community served at SHR. Given that the curriculum utilizes an integrative theoretical framework, a review of each modality is warranted to understand the process of the workshops.
The workshops utilize techniques from several modalities including Gottman Method Couples Therapy, Emotion-Focused Couples Therapy, and The Prevention and Relationship Education Program, each of which will be further described below.

**Gottman Method Couples Therapy.** Much of the curriculum (7/12 sessions) is influenced by the scientific research of Drs. John and Julie Gottman in what is known as Gottman Method Couples Therapy (GMCT). Their findings demonstrated that when couples become distressed, they begin to use the “four horsemen of the apocalypse”: criticism, defensiveness, contempt, and stonewalling, which destruct their relationship (Gottman & Gottman, 2008). Through their 40 years of research on couple processes and functioning, they developed a “sound relationship house” theory (Gottman & Gottman, 2008). The sound relationship house provides couples with a roadmap for building friendship, deepening intimacy, managing conflict, and create meaning together. This theory is introduced to couples on the first night of the workshop as a roadmap for their journey through the program.

GMCT assesses and attends to three systems: the friendship system, the conflict management system, and the shared meaning system (Gottman & Gottman, 2008). The base of the friendship system includes a “map of love” that refers to the awareness and interest of the couple to the inner world, thoughts, hopes, ideas, and feelings for each other (Gottman & Gottman, 2008). This level creates a sense of being seen and valued by the other. At the beginning of workshops during dinner time at SHR, couples are given “Gottman card decks”, which includes a stack of cards with open-ended questions to help foster friendship and intimacy. The second level of the friendship system includes having couples build fondness and admiration (Gottman & Gottman, 2008), which further creates a sense of value and recognition. At SHR, activities are interwoven throughout the curriculum where partners are asked to state their
admiration and appreciation for their partners. Next, the couple is aided in moving towards each other, rather than away from each other, as they learn the techniques of the conflict management system (Gottman & Gottman, 2008). At the SHR workshops, couples are provided psychoeducation about how the four horsemen predict instability and increase dissatisfaction within the relationship (Gottman, & Gottman, 2008). Then, couples are taught how to counter them with techniques such as taking a break, how to initiate difficult conversations with a gentle start-up, negotiation and compromise, and how to repair after an argument. As such, couples are given various tools and techniques for improving communication. Lastly, couples are also taught how to utilize these skills with their children.

**Emotion-Focused Couples Therapy.** The workshop curriculum at SHR also utilizes techniques (3/12 sessions) from emotionally focused couples therapy (EFT) developed by Dr. Sue Johnson. EFT is an integrated framework in that it builds on the secure bonds specified in attachment theory, maladaptive patterns identified in systems theory, and acceptance and validation derived from humanistic and experiential traditions (Hazlett, 2010). Johnson utilizes the A.R.E. model which aims to help the couple become accessible, responsive, and emotionally engaged, which she believes to be the core of adult attachment (Johnson, 2004). Emotional attunement is the central process of EFT to achieve a secure attachment. EFT aims to help each partner express their attachment yearnings in a way that their partner will understand. A standard course of EFT treatment consists of three stages, with 9 steps.

The three main stages of EFT are: assessment and cycle de-escalation, changing interactional positions and creating new bonds, and consolidation and integration (Johnson, 2019). In stage one, the therapist helps the couple identify their negative cycle/attachment issues, access underlying primary attachment emotions, and frame the problem in terms of the cycle and
attachment needs and fears. Once the couple is de-escalated and has re-established safety in the relationship, they transition into stage two where they can engage in more challenging conversations and repair previous attachment injuries. Partners work toward developing new positive cycles where they can express their needs and be met with acceptance and empathy. Lastly, in stage three, couples are supported in integrating their new positive cycles into their behavior. Throughout treatment, the therapist utilizes 5 basic moves to achieve cohesion: reflect and process, affect assembly and deepening new emotions, setting up a coherent enactment, process the enactment, and integrate view of self and other (Johnson, 2004).

During SHR workshops, facilitators guide couples in identifying the negative cycle that emerges when in conflict. The negative cycle is normalized and translated as an enemy for the couple to battle together. Likewise, enactments are utilized throughout the group to increase vulnerability and connection. The facilitator then processes each partner’s experience of the enactment and elicits feedback from observing group members. This has been shown to be a very meaningful aspect of the group process as group members are inspired and empowered by witnessing others’ vulnerability and are more willing to take risks themselves (Moeller & Maynigo, 2019). Given the history of complex trauma and high report of childhood adverse experiences, many of these couples are characterized as having insecure or disorganized attachments. Many of these individuals never had a parent or caregiver that recognized or mirrored their distress in childhood leading them to be terrified of their emotions. As such, the incorporation of EFT is fitting for this population to help restructure their attachment bonds and obtain a sense of security.

The Prevention and Relationship Education Program. Another behavioral skills-based approach interwoven throughout the workshops are techniques from the Prevention and
Relationship Education Program (PREP), developed by Howard Markman and Scott Stanley. PREP is a relationship enhancement curriculum, based on over 20 years of research, that provides education and skills to help couples build and maintain healthy and connected relationships (Markman et al., 1988). As its name implies, PREP aims to prevent relationship distress by increasing protective factors within relationships (Markman et al., 1988). PREP’s approach includes three key aspects: conflict resolution, dealing with “core” issues, such as failed expectations, and lastly, focusing on enhancing the couple’s friendship, recreational life, and sex life (Markman et al., 2010). This is accomplished by teaching skills and principles associated with having a healthy relationship and marriage, such as their signature “speaker-listener technique” that SHR utilizes.

Empirical Support. For a treatment to be considered empirically supported a set of guidelines has been established. In brief, the highest standard of treatments are known as “Type 1 studies” or “well-established studies” and have been supported by at least two independently conducted, randomized controlled trials (RCT) that are compared to control conditions or a large series of rigorous controlled single-case design experiments (Chambless & Ollendick, 2001). Next, at a lower tier, are “type 2 studies” or “probably efficacious” studies that are supported by at least one well-designed RCT or a small series of single-case design experiments (Chambless & Ollendick, 2001). Some aspects of the Type 1 study requirement are missing, such as lacking randomization or a clear description of treatment. However, with these guidelines being established almost 20 years ago, critics have argued that these guidelines are outdated and do not lead to adequate dissemination of research findings (Tolin et al., 2015). They recommend that research findings be categorized into “clear recommendations of very strong, strong, or weak,
using well-established, widely accepted, and transparent grading guidelines” (Tolin et al., 2015, pg. 332). A review of the research support for GMCT, EFT, and PREP follows.

To date, there have been three published outcome studies with randomized clinical trials on Gottman Method programs (Babcock et al., 2013; Cleary-Bradley & Gottman, 2012; Shapiro et al., 2010). These studies demonstrate that GMCT can improve relationship functioning for a wide range of couples, including low-income, highly distressed couples, those transitioning to parenthood, and couples with a history or who are currently experiencing low levels of domestic violence (Babcock et al., 2013; Cleary-Bradley & Gottman, 2012; Shapiro et al., 2010). However, these studies were all produced by members of the same research team and may be impacted by bias. Thus, more replication studies are needed.

Emotionally focused couples therapy has an extensive research base and can be classified as a well-established study. It has proven to be effective with couples with a range of difficulties and in various settings (Wiebe & Johnson, 2016). EFT has proven to significantly improve relationships of couples facing specific concerns such as coping with depression, past trauma, veterans with PTSD, medical illness, and infidelity (Soleimani et al., 2015; Wiebe & Johnson, 2016; Weissman et al., 2018). Beasley and Ager (2019) conducted a meta-analysis of nine randomized controlled trials evaluating the effectiveness of EFT in the past 19 years. Their results demonstrated that EFT significantly improved marital satisfaction compared to waitlist control groups and improvement was sustained at follow-up. Overall, studies find that 70-75% of couples significantly improve in their relationship functioning within 10-12 sessions of EFT (Furrow & Bradley, 2011). However, more research still needs to be done to assess EFT’s efficacy across cultures.
Recent reviews have also shown empirical support for the overall effectiveness of PREP (Markman et al., 1988; Markman & Rhoades, 2012). PREP is noteworthy for its cultural adaptations, including army couples, distressed Iranian couples, those incarcerated, and religious groups (Allen et al., 2015; Fallahchai, et al., 2017; Laurenceau, et al., 2004; Quirk et al., 2014). Results of randomized controlled trials have shown that when compared with control couples, couples who received PREP had better communication, relationship satisfaction, and reduced rates of break-up and divorce immediately following the program, and up to 5 years after receiving the program (Markman & Rhoades, 2012). In one pre- and post-test outcome study, investigators implemented an adapted version of PREP for inmates in Oklahoma correctional facilities (Einhorn et al., 2008). The study included an ethnically and racially diverse sample of 254 men and women. After participating in the 12-hour workshop, participants expressed higher levels of relationship confidence and dedication, positive changes in communication, more relationship satisfaction and friendship, lower levels of negative interactions, and feeling less lonely (Einhorn et al., 2008). However, inmates rated their confidence in problem-solving as a team less positively. Nonetheless, PREP has proven to be an effective model when working with marginalized communities.

**Implications for the Current Study**

Given the high degree of marital instability and its adverse consequences, it is evident that there is a need for CREPs, particularly among low-income, African American and Hispanic couples. Group cohesion and the facilitator alliance play important roles in the couple experience and outcomes yet are understudied within couple relationship education research. Furthermore, the few studies that have examined these variables have only explored the participants’ perspective. To date, there has only been one study that examines the experiences and views of
CREP facilitators (Wheeler et al., 2018). However, this study only examined one CREP site, which limits generalizability, and did not discuss how facilitators navigated cultural differences and similarities. Furthermore, there is no literature in the CREP field about how conversations of race and culture are discussed in the groups. The field would benefit from more examination on how to employ effective culturally sensitive relationship education programs that consider the view of the CREP facilitator and how they contribute to outcomes.

The current study aims to fill this gap by exploring the perspectives of CREP facilitators with diverse groups, how they adapt the curriculum to best address the specific issues raised by their couples, and how they navigate aspects of culture, including how cultural similarities and differences between the facilitator and the participants arise and are addressed in the group context. This study aims to expand on the research of Wheeler et al. (2018) and obtain facilitator insight about how CREP group dynamics, including facilitator personal characteristics, potentially contribute to couple outcomes. The facilitators at SHR were chosen due to accessibility, the diverse cultural makeup of the staff, and experience in working with diverse populations. It is expected that this study will highlight an overlooked component of CREPs and provide facilitators with strategies to modify CREPs to best serve couples and meet the diverse needs of their participants. In addition, this study is expected to help shed light on how to tailor the dissemination of relationship education cross-culturally.
CHAPTER III: METHODOLOGY

Participants

Subjects of the study consisted of 8 relationship educators from SHR who are currently leading or had a history of leading group workshops. To qualify for participation, participants must have had experience facilitating SHR workshops for at least one year and must have led a group within the last three years to allow for better recall. There were no exclusion criteria. The study aimed to recruit a minimum of 8 subjects, from a pool of 17 who have run the workshops over the past three years. Given the specific aims of the study, the specific population pool, support from established theory, and anticipated strong dialogue in the interviews, 8 subjects will yield sufficient “information power” for quality analysis (Malterud et al., 2016).

Recruitment

Eligible participants were recruited in collaboration with the SHR program director. A list of 17 potential subjects was provided to the principal investigator. The principal investigator emailed the SHR relationship facilitators with information on the objectives and procedure of the study (see Appendix A). An additional follow-up email was sent to potential participants before it was deemed that they were not interested. Of the 17 potential participants that were invited to attend, 9 declined. When an individual agreed to participate, the principal investigator provided the consent form (see Appendix B) and arranged an interview via Microsoft Teams.

Measures

A demographic questionnaire (see Appendix C) was emailed and completed before the scheduled interview. The questionnaire requested information regarding facilitators’ demographics (age, race, ethnicity, marital status, religion) and their professional training (graduate and post-graduate training, couples training, group leadership training, and diversity
training). Additionally, a semi-structured interview (see Appendix D) developed by this investigator was used to gather data related to the purpose of this study. The questions in the interview were designed to elicit information relevant to the questions targeted in the study, but also open-ended to allow for unique and distinctive responses from the subjects. The interview included a series of questions related to the following primary areas: 1) factors that contribute to the success of the program, including the facilitator’s characteristics 2) group dynamics and processes observed 3) how facilitators address aspects of culture and diversity and 4) modifications made to optimize the power of the workshop.

**Procedures**

The principal investigator sent individual e-mails to qualified SHR group facilitators providing information on the purpose and procedures of the study, along with contact information of the principal investigator. Individuals interested were encouraged to reply to the email if they met criteria or call the principal investigator for further information. When an individual was deemed eligible, consent forms were emailed to the subjects. Once the consent form was signed and returned to the principal investigator, the demographic questionnaire was sent to the subjects and interviews were coordinated via Microsoft Teams.

All participants were interviewed by the principal investigator utilizing a semi-structured interview. Subjects were informed of the importance of finding a setting that ensured privacy for the duration of the interview. The interview lasted approximately 60-90 minutes in duration. Because the interviews were semi-structured, some questions were altered for clarity and based on feedback from the participants. For example, one participant was unsure how to answer the question about their leadership style. Thus, prompts were provided based on previous feedback from participants to help facilitate recall such as being didactic, process-oriented, reserved, etc.
Interviews were video recorded for subsequent transcription and securely stored. Interview transcripts, consent forms, and the demographic questionnaire were stored on an electronic data file and password protected in the investigator’s password-protected personal computer to maintain confidentiality. Facilitators’ confidentiality was ensured in that each participant’s name was not audio-recorded. When names were expressed during the interview, they were not included in the transcript. Each recording was identified by a corresponding code until they were transcribed and then videos were destroyed immediately after transcription. Subject email addresses were kept separate from all study data and was not connected to subject identifiers. Rutgers IRB approved the treatment of data in this study.

Data Analysis

As this study was exploratory in nature, the main objective of when analyzing the data was to identify common themes expressed. Data was analyzed using McCracken’s (1988) five-stage model of analysis. This model began by examining the finest details of each transcript and progressively moved towards a higher level of generality where themes and relationships were revealed. After the interview was transcribed, in the first stage, the investigator thoroughly examined each utterance made by the participant. The goal was to make as many meaningful observations as possible without attempting to make comparisons or judgments about its larger significance. In the second stage, the investigator examined the observations of the first stage more thoroughly with the goal to extend the possibilities and implications of each observation beyond the original considerations. Next, the investigator began to relate the observations within each transcript, looking for similarities and relationships. Lastly, in stage two, these observations and relationships were further examined in relation to information obtained from the literature. In the third stage, a cross-analysis of observations took place and the investigator searched for
relationships across subjects. At this point, patterns and general properties of the data began to form. In stage four, observations previously identified were further developed into themes and the investigator identified consistencies and contradictions among them. Themes were then organized into a hierarchy with dominant themes and subthemes, while others that were not common across subjects were discarded. Lastly, in stage five, there was an examination and comparison of themes that emerged within all the interviews, and themes were organized into analytic categories.
CHAPTER IV: RESULTS

Participant Demographics and Description

The first half of the demographic questionnaire requested information regarding participants’ sex, age, racial/ethnic background, religion, sexual, orientation, and marital status. Participants were provided a blank space to self-identify, rather than choose from fixed categories to allow for greater self-expression. Participants’ ages ranged from 25 to 68, with a mean age of 37.5. Participants were equally split in terms of gender, with half identifying as male and half identifying as female. Three of the eight participants (37.5) identified racially as White, while the other five participants each identified as belonging to minoritized groups including, Black, Hispanic/Latino, and multi-racial. Many different ethnicities were represented among the participants, including French, Mexican, Finnish, Dominican, Trinidadian, Irish, and Filipina. Five participants (62.5%) identified their religion or faith as Catholic, with one participant specifying that they are a non-practicing Catholic; one participant (12.5%) identified their faith as agnostic, one participant identified as Christian, and one participant identified as Orthodox-Jewish. All eight participants (100%) identified as heterosexual. Four participants (50%) reported being married, ranging from three years to 46 years of marriage. Three participants (37.5%) endorsed being single and one participant (12.5) endorsed being divorced and partnered. The below table (Table 1) details the demographic information provided by the eight participants.
Table 1

Participant Demographics

<table>
<thead>
<tr>
<th>Subject Number</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Religion/Faith</th>
<th>Sexual Orientation</th>
<th>Marital History</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>68</td>
<td>M</td>
<td>White</td>
<td>French/Finish</td>
<td>Christian</td>
<td>Heterosexual</td>
<td>Married, 46 years</td>
</tr>
<tr>
<td>2</td>
<td>34</td>
<td>M</td>
<td>Hispanic/Latino</td>
<td>Mexican</td>
<td>Catholic</td>
<td>Heterosexual</td>
<td>Married, 3 years</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>F</td>
<td>Hispanic/Latino</td>
<td>Dominican</td>
<td>Catholic</td>
<td>Heterosexual</td>
<td>Single</td>
</tr>
<tr>
<td>4</td>
<td>44</td>
<td>F</td>
<td>Multi-racial</td>
<td>Trinidadian/Irish</td>
<td>Non-practicing Catholic</td>
<td>Heterosexual</td>
<td>Partnered, Divorced x1</td>
</tr>
<tr>
<td>5</td>
<td>27</td>
<td>M</td>
<td>Black</td>
<td>Dominican</td>
<td>Agnostic/Secular Humanism</td>
<td>Heterosexual</td>
<td>Single</td>
</tr>
<tr>
<td>6</td>
<td>40</td>
<td>F</td>
<td>Asian</td>
<td>Filipina</td>
<td>Catholic</td>
<td>Heterosexual</td>
<td>Married, 9 years</td>
</tr>
<tr>
<td>7</td>
<td>34</td>
<td>M</td>
<td>White</td>
<td>Non-Hispanic</td>
<td>Orthodox Jewish</td>
<td>Heterosexual</td>
<td>Married, 11 years</td>
</tr>
<tr>
<td>8</td>
<td>28</td>
<td>F</td>
<td>White</td>
<td>European descent</td>
<td>Christian</td>
<td>Heterosexual</td>
<td>Single</td>
</tr>
</tbody>
</table>

Participant Academic and Training Background

The latter half of the demographic questionnaire requested information regarding participants’ academic and professional background, including highest level of education, extent of couples training, years at SHR, number of workshops led at SHR, other psychoeducational workshops led, and breadth of training received in culture and diversity. Four of the eight (50%) participants were masters-level clinicians, while three (37.5%) were doctoral-level clinicians, and one participant (12.5%) had their bachelor’s degree. Years at SHR ranged from the minimum requirement of one year to 13 years, with an average of 4.75 years. The range of SHR workshops led ranged from three to over one hundred. All participants received foundational training in emotion-focused couples therapy (EFT), Gottman method couples therapy (GMCT), and prevention and relationship education therapy (PREP). Two participants received additional
training in integrative behavioral couples therapy, behavioral couples therapy, and fatherhood training. Seven out of eight (87.5%) of participants had prior experience leading psychoeducational skills groups, including church retreats, substance use groups, social skills groups, etc. All participants reported receiving training on culture and diversity through their graduate-level coursework and seven out of eight (87.5%) reported seeking additional opportunities through additional coursework beyond the minimum required, supervision, didactics, and experiential opportunities. The below table (Table 2) details the academic and training background provided by the eight participants.

**Table 2**

*Participant Academic and Training Background*

<table>
<thead>
<tr>
<th>Subject Number</th>
<th>Highest Degree Attained</th>
<th>Years at SHR</th>
<th># of Workshops Led</th>
<th>Extent of Couples Training</th>
<th>Other Psychoed. Workshops Led</th>
<th>Diversity Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M.A. in Counseling</td>
<td>13</td>
<td>~100</td>
<td>Gottman, PREP, EFT</td>
<td>Church retreats</td>
<td>Graduate coursework</td>
</tr>
<tr>
<td>2</td>
<td>Masters</td>
<td>6</td>
<td>~65</td>
<td>Gottman Level 2, EFT, Level 2, Fatherhood 24/7</td>
<td>Substance use groups</td>
<td>Graduate coursework and EFT training for working with people of color</td>
</tr>
<tr>
<td>3</td>
<td>M.S. in Mental Health Science</td>
<td>~3</td>
<td>~20</td>
<td>Gottman Level 2, EFT, Level 2, PREP 9.0</td>
<td>None</td>
<td>Graduate coursework and EFT didactic for working people of color</td>
</tr>
<tr>
<td>4</td>
<td>Ph.D. in Counseling Psychology</td>
<td>1</td>
<td>7-9</td>
<td>Doctoral-Level Practicum, EFT Level 1</td>
<td>Stress and time management groups</td>
<td>Personal experience, graduate coursework and training that emphasized multicultural counseling, sought out opportunities for extended training.</td>
</tr>
<tr>
<td>5</td>
<td>M.S. in Mental Health Science</td>
<td>2.5</td>
<td>13</td>
<td>EFT, Gottman, and PREP</td>
<td>HERO Dads workshops</td>
<td>Graduate coursework and practicum experiences</td>
</tr>
</tbody>
</table>

35
Table 2- Continued

<table>
<thead>
<tr>
<th></th>
<th>Degree</th>
<th>Years</th>
<th>Age</th>
<th>Courses</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Psy.D. in Clinical</td>
<td>8</td>
<td>~33</td>
<td>IBCT, BCT, EFT Level 2, Gottman Level 1</td>
<td>Hold me Tight workshops</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Multicultural specialization in doctorate program, cultural competency coursework and training experiences, various cultural conferences</td>
</tr>
<tr>
<td>7</td>
<td>Ph.D. in Clinical Psychology</td>
<td>3.5 years</td>
<td>~20</td>
<td>EFT Level 1, Gottman Level 2, PREP 8.0</td>
<td>DBT skills groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Personal therapy, supervision, and consultation, didactics, classes on diversity</td>
</tr>
<tr>
<td>8</td>
<td>B.A. in Psychology</td>
<td>1</td>
<td>3</td>
<td>Gottman Level 1, EFT Level 1</td>
<td>Social skills groups</td>
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<td>Graduate coursework, didactics, supervision, and consultation.</td>
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Thematic Analysis

The SHR facilitators interviewed for this study were asked about their perceptions of success for the workshops, their relationship with the participants, group dynamics observed, how they navigated aspects of culture and diversity within the group context, and modifications made to the curriculum. Data analysis revealed many common themes from the participants’ responses. The 13 themes that were identified were concepts that emerged from at least one-third of the subjects (at least three of eight of the subjects). The table below (Table 3) displays and specifies the percent response for each of the 13 themes identified. Minimal changes were made to the quotes below to maintain the integrity of the participants’ original statements and honor their perspectives. Brackets indicate edits made by the principal investigator.
Table 3

Themes

<table>
<thead>
<tr>
<th>Interview Categories</th>
<th>Themes and Description</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Success of the Program</strong></td>
<td><strong>Theme 1</strong>: Programmatic supports are essential to meet the needs of the community</td>
<td>8 of 8 (100%)</td>
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<tr>
<td></td>
<td><strong>Theme 2</strong>: Level of Distress</td>
<td>4 of 8 (50%)</td>
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<tr>
<td><strong>Group Dynamics</strong></td>
<td><strong>Theme 3</strong>: Curative Factors of Group Identified</td>
<td>8 of 8 (100%)</td>
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<td></td>
<td>Subtheme 3a: Universality, couples find comfort in recognizing they are not alone in their challenges</td>
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<td></td>
<td>Subtheme 3b: Cohesiveness, group is perceived as a space of acceptance and belonging</td>
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<td></td>
<td>Subtheme 3c: Imparting Information, couples receive skills from the leaders and advice from other members</td>
<td>6 of 8 (75%)</td>
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<tr>
<td></td>
<td>Subtheme 3d: Interpersonal Learning, couples learn about themselves through each other’s feedback and practice new ways of relating to each other</td>
<td>4 of 8 (50%)</td>
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<tr>
<td><strong>Facilitator Role</strong></td>
<td><strong>Theme 4</strong>: Leadership Approaches</td>
<td>8 of 8 (100%)</td>
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<td></td>
<td>Subtheme 4a: Use of Self-Disclosure</td>
<td>8 of 8 (100%)</td>
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<td></td>
<td>Subtheme 4b: Building Personal Connections</td>
<td>7 of 8 (87.5)</td>
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<td></td>
<td>Subtheme 4d: Helping the couple feel it in their bones</td>
<td>6 of 8 (75%)</td>
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<td><strong>Theme 5</strong>: Co-leadership - It depends on who I’m co-facilitating with</td>
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<td><strong>Aspects of Culture and Identity Among Facilitators and Members</strong></td>
<td><strong>Theme 6</strong>: Perceived Impact of Ethnic Matching between leader and group members</td>
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<td>Subtheme 6a: Increased Understanding</td>
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<td>Subtheme 6b: Navigating Challenges</td>
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<td><strong>Theme 7</strong>: Effects of Acknowledging Cultural Differences between leader and group members</td>
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<td>Subtheme 7a: Change in Facilitator’s Beliefs and Attitudes</td>
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<td>Subtheme 7b: Sparked Conflict</td>
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<td><strong>Navigating Cultural Differences in Group</strong></td>
<td><strong>Theme 8</strong>: How and When Cultural Differences Arise</td>
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<td>Subtheme 8a: Feeling Othered/Isolated</td>
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<td></td>
<td>Subtheme 8b: Difficulties in Understanding</td>
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<td></td>
<td>Subtheme 8c: Systemic/Societal Stressors</td>
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<td>Subtheme 8d: Differences in Childrearing</td>
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<td><strong>Theme 9</strong>: Interventions Used to Address Group Conflict Around Culture</td>
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<td>Subtheme 9a: Address Directly</td>
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<td></td>
<td>Subtheme 9b: Facilitator Reticence</td>
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<td></td>
<td>Subtheme 9c: Assert Group Rules/Boundaries</td>
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<td><strong>Theme 10</strong>: Responses to Interventions and Outcomes</td>
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<td>Subtheme 10a: Discussing Cultural Differences Enhanced Group Cohesion</td>
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<td>Subtheme 10b: Rupture/Negative Response</td>
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<td><strong>Theme 11</strong>: Adapting the curriculum to address the cultural needs of the group</td>
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<td></td>
<td>Subtheme 11a: Integrate into group discussion</td>
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<tr>
<td></td>
<td>Subtheme 11b: Inclusive video displays or role plays</td>
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<td>Subtheme 11c: Slowing down the pace of the curriculum</td>
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<td><strong>Theme 12</strong>: Recommendations</td>
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<td>Subtheme 12a: Additional Exercises</td>
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<td>Subtheme 12b: Diversity in Leadership</td>
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<td><strong>Theme 13</strong>: Celebration and Remorse: Reflecting leads to mixed feelings</td>
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<td></td>
<td>Theme 13a: Joy and Pride in Leading Workshops</td>
<td>8 of 8 (100%)</td>
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<td></td>
<td>Theme 13b: Regrets on Challenging Moments</td>
<td>5 of 8 (62.5%)</td>
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Success of the Program

In the first portion of the semi-structured interview, participants were asked about their perceptions of success for the SHR program, including factors that they believe make the program appealing to participants, perceptions of change within the couples, and couples’ reports of what is most helpful for them.

Theme 1: Programmatic supports are essential to meet the needs of the community

All eight participants (100%) expressed that the incentive package for participation was crucial in enabling the couples to attend the workshop. To reiterate, the incentive package included employment services, transportation assistance, meals during the workshop, and monetary incentives for program and survey completion. Their importance could not be overestimated. One participant described that the incentives helped the couples overcome barriers that would typically impede their attendance:

*I think if we didn’t provide meals and some of these other benefits, we probably would never have had very many people there because a fair amount of the, you know, for one thing, you know, um, just being able to attend a workshop, one night a week, and deal with your kids and feed your kids and do all that. Making dinner would be probably one thing that would just, you know, make people miss most of the sessions.*

Another participant reflected on the program’s drive to anticipate and take care of the couples’ various needs:

*That sort of familial vibe of having like extra offerings for events and whether that's been clothing for professional interviews and like baby diaper product drives and stuff like that. That group is kind of constantly thinking of how to meet people’s needs both,*
therapeutically, and then also outside of the program, again, the incentives as well, and sort of how that keeps people as engaged as possible.

Overall, the services offered “help both partners become more financially stable so that the family can be stronger,” and enable them to “just sort of have that date night experience,” as stated by one participant. Addressing the needs of the couples comprehensively appears to enable them to focus exclusively on their relationship without worries of external stressors.

**Theme 2: Level of Distress**

Four of the eight participants (50%) expressed that couples with greater levels of distress were more engaged and help-seeking. One workshop leader explained, “some of them come in in greater distress so there’s kind of this sense of like a we’re at the bottom of the bottom and we kind of can only go up.” Similarly, another participant described,

> couples who are a little bit more distressed usually seek more support from me and in turn I think they grow a lot more because they tend to either want boosters or we have more check-ins, um, we’ll have more conversations. I’ll help them out with additional services. And so couples who are a little bit more distressed and feel comfortable coming to me, I believe that they progress a lot.

Lastly, participants described that due to the “leaps and bounds” highly distressed couples have to overcome, they were more receptive to all the services and interventions offered.

**Group Dynamics**

In the next portion of the semi-structured interview, participants were asked to share group processes observed that contributed to change.

**Theme 3: Therapeutic Factors of Group**
Considering that the participants were graduate-level clinicians, with a majority having prior group experience, participants tended to label group processes in a manner that closely aligned with Yalom and Leszcz’s (2020) therapeutic factors of group psychotherapy. In their work, Yalom and Leszcz (2020) identified eleven therapeutic processes that they believe help to facilitate change within individuals in the group settings. Participants in this study endorsed four therapeutic processes that they experienced as being beneficial for participants.

Subtheme 3a: Universality. All eight participants (100%) expressed that couples found significant comfort in recognizing they were not alone in their challenges. Two participants cited that the “universalizing aspect of group really made a difference” and that the group setting helped the couples, “really feel like they were all in this together instead of feeling so alone.” Two participants acknowledged that universality is a therapeutic factor for all groups but highlighted the importance of this phenomena within the couple dyad.

So some couples feel like what’s been really helpful is to be in a group with other couples, just being able to see that there are other couples who are experiencing similar issues and that they’re not the only ones, which is a similar fact with any group therapy, but specifically for couples who feel like they have to keep their marital issues a secret. Now they see that, oh, lots of people have very similar things, so it’s very normalizing for them.

Another participant indicated that hearing other’s experiences helped to reduce feelings of shame and embarrassment for the couples,

I just want to like reinforce this, they’re like, so interested in hearing about each other’s experiences in their own relationships. Like, it’s funny, it’s like everybody’s in relationships, but for some reason when you’re in your own, you feel like yours is the
only one like that. It’s like you feel like no one else fights like we fight, no one else has this problems that we have. And then there’s something that happens in these groups when they’re like, it’s almost like they’re watching like a telenovela or something, it’s like they really are wanting to hear what other people are going through and understand how it unfolds because it’s like …the normalizing is huge.

Subtheme 3b: Cohesiveness. All eight participants (100%) expressed that group cohesion was fundamental in enabling the couples to progress and transform within the group. Group cohesion refers to the perception of the space as acceptance and belonging (Yalom & Leszcz, 2020). One participant emphasized that although the skills and incentives were helpful, “I think group cohesion plays a huge piece in it. I think that what keeps our couples here. I think group cohesion is what helps keep the couples committed and retains the couples here.” Three participants highlighted that having the opportunity to participate in the workshops and build community with other couples is particularly important for ethnic-minority and economically disadvantaged couples. One participant highlights the value in having a group where a new experience can be shared,

It was a refreshing new community they were joining that that they didn’t have a great community, in some cases. And so this was, this was kind of cool. People were talking about stuff that was actually, you know, healthy and useful and gathering around. We noticed that sometimes people formed friendships in these groups that continued. Some of them felt like, man, these are some really healthy friends and people that care about what we care about.

Another participant shared her reflections on how the cultural makeup of the group influences the desire for connection and cohesion,
I think just some of the cultural values of these different racial, ethnic, religious groups. I think, that’s sort of the individualistic versus collectivistic sort of cultural values definitely informed that from my perspective. I think that certain cultural groups do sort of prioritize the collective’s well-being over the individual’s well-being. And so, I feel like I sort of saw that happening across these workshops. So if you’re coming from more of a cultural identity that values individuality, autonomy, you’re going to be respectful and concerned and empathetic to the other, but ultimately the self is the primary entity.

Whereas in the Bronx groups, generally speaking, more individuals from what I would speculate are collectivistic sort of cultural identities, again, that just sort of that group experience just sort of fosters the value of the group over the self just translated beyond the actual workshop group. They were really invested in each other’s success.

Two participants explained that not holding to the strict confines of traditional group therapy where participants are encouraged not to have contact with each other outside of the group aided in the sense of cohesion and community.

This doesn’t necessarily happen in like a normal process group, but like they all exchange numbers. Like they get into group text chains and then even after the workshops they hang out. And so I think that really contributes to the closeness, like the sense of community. And we also provide the couples with opportunities to see each other outside of the workshops, through all the different social events and like date nights and paint night. I think those also are ways that that contribute to the group feeling really close.

Two participants also expressed that the cohesion among the staff contributed to a trickle-down effect to the group members.
One of the biggest successes I believe has to do with the nature of the staff and the community family feeling that we have for each other. We’re a very supportive staff. We’re very collaborative. We jump in whenever help is needed, even if it’s not within our role or our responsibilities and that really carries over to our work with the clients because when we’re able to establish a warm, supportive environment for the staff that translates into warm, supportive environment for our couples. I think that is a huge component for the success.

**Subtheme 3c: Imparting Information.** Six of the eight participants (75%) described that the skills taught, along with advice given by other couples, played a significant role in the couple’s experience and outcomes. A majority of the participants indicated that increasing members knowledge and understanding about common relationship issues, along with effective communication and coping strategies provided the couple with a greater sense of hope and efficacy in their ability to repair their relationship.

*The material in general, as it’s presented week by week, kind of worked through all the basic issues having to do with relationships. So, they learned a lot and was pretty much, you know, the educational aspect is pretty much an eye-opener for most of them. They [were] like, we had no idea, the vast majority basically had very little, if any understanding of what a healthy relationship looks like, or how to, how to improve your relationship. They had very little. And so even though, uh, even though all this stuff we talk about is kind of common knowledge, um, you know, communication stuff, or, you know, working with conflict is kind of common knowledge to some degree. Um, still the educational aspect of it really reinforced that with the couples and gave them a way to think about their relationship, gave them words to think with if you will. And that made it,
that made a difference. So, they know they could call it criticism if it was criticism, you know, before they just thought it was their personality and something we couldn’t change.

Another participant emphasized the importance of this skills group for ethnic minority populations,

I noticed that especially with the Latino men, that they had no idea how to express their emotions and kind of hid them away and lashed out instead. But with the tools that were given to them it was a slow but sure change. And a lot of them this was their first ever space to talk about this. I remember with intakes, a lot of them said they’d never been to therapy before. And then once they went through the group there was a clear shift in their perspective and also willingness to share their emotions.

Another participant highlighted the value in couples being able to provide and receive feedback from couples at different stages of life,

Sometimes we’ll have like a workshop where there’ll be like a couple that’s been together for 25 years and then there’ll be another couple that’s in like in their twenties and about to have their first baby. Which can make for an interesting dynamic because you don’t think right off the bat that they’re going to have anything in common. But then you see that oftentimes they’re getting stuck in the same cycles or are having similar arguments. But then also at the same time, the older couple might be able to offer some wisdom to the younger couple. And then the younger couple can sort of help the older couple think of think about approaching, think about things a little bit differently. There’s so much advice giving. And people don’t necessarily agree with it all the time, but like, I think that
there’s something that feels really good about being able to give it and receive it even if you won’t necessarily follow it.

**Subtheme 3d: Interpersonal Learning.** Interpersonal learning occurs when individuals are able to gain insight about themselves and how they relate to others, through each interaction with others (Yalom and Leszcz, 2020). Four of the eight participants (50%) expressed that couples were able to learn about themselves through each other’s feedback and practice new ways of relating to each other. Two participants expressed that those who were able to take risks within the group by sharing vulnerabilities or directly asking for feedback from the facilitators or group members made significant progress. One participant highlighted this dynamic,

*I think there’s something in the way they were really using the time in the group, not just to kind of listen to the material, but actually talk through some of what they were dealing with in their relationship with everyone, kind of use examples and to make sense of what they were learning; actually sort of really taking in the information and showing that they’re taking in by asking questions and offering examples from their relationship and in those moments where we might, do role plays or kind of call on couples to explore things further, and they would be more willing to do that.*

Two participants described couples deepening their understanding of themselves and their partners, which helped to decrease conflict and improve communication styles. In the group context, interpersonal learning occurs primarily via interpersonal feedback, where members share their observations and interpretations of each other’s behavior (Yalom and Leszcz, 2020). One participant expressed that conflict between a couple in group was a prime opportunity for them to receive real-time feedback from others,
I think what helps is usually having partners hear, how either uncomfortable or how hard it was to see that play out in front of them and what it brought up for them, I think definitely helps. Um, and then also getting an understanding of like maybe a different way they could have approached it or talking about what really went on. Like maybe one partner was yelling or saying something really rude to the other partner, but once they start to understand like, okay, this is what caused me to say this, like, this is how I was feeling that usually helps them stay deescalated after.

Facilitator Role

The next portion of the semi-structured interview focused on the participants’ leadership style, how they built rapport with group members, and perceptions of how their relationship contributed to couple outcomes.

Theme 4: Leadership Approaches

Leadership approaches refers to a facilitator’s behaviors when directing, motivating, guiding, and managing the group workshops. Four subthemes about the facilitator’s techniques were generated from their responses.

Subtheme 4a: Use of Self-Disclosure. All eight participants (100%) expressed that they utilized self-disclosure during the groups to build rapport, model vulnerability, and deepen understanding of the skills. A majority of participants emphasized that self-disclosure further helped to normalize challenges in all relationships as illustrated below,

I tended to be pretty open about my own relationship and what I know about relationships and probably the struggles and personality issues that I have in my relationship and that have created issues. So I, I tended to be rather upfront with that, which I think in general was a helpful. Uh, it helped other people. I do that in individual
couples counseling as well. Sometimes you’re talking about issues. Let me tell you one of my issues. And once you’ve told them one of your issues, all of a sudden, like, yeah, I got that or I got, I got one too. And then, you know, it disarms people and makes everybody feel like everybody’s working on something.

Another participant expressed,

*I’m very big on feeling comfortable with self-disclosing and sharing some of the challenges that I’ve had in my own relationship and also taking the opportunity to use it as a teaching moment and sort of show how I was able to use what we’re teaching in the workshops to be able to overcome those, work through those. I have an archive of stories that I tend to tell about my interactions with my parents and my partner and how cultural things come into play.*

Two participants emphasized that self-disclosure was particularly helpful with ethnic-minority couples in order to help them feel more comfortable in the space. These participants utilized self-disclosure as a means of bridging with the clients, both cross-culturally and within culture. One participant who identified as Latina stated,

*With my Spanish speaking couples in general it’s very different. I think I use disclosure more. And I disclose very little in general, but with my Spanish-speaking couples, I tend to disclose like 1% more than I do with my English-speaking couples. Um, largely because I think that anything like this, relationship education, therapy, anything like this is very scary for everyone, but with our Spanish speaking couples, it’s so foreign, that I tend to kind of like push myself a little bit more to make sure that they feel okay. And I know that there’s not much like what we do here out there, especially for couples who are undocumented. And so I try really, really hard, to keep them here, so I use disclosure.*
Another participant who identified as White expressed,

*I would often mention, for example, that my wife was Cuban and I did that in order to connect with people. Just say I know something about people that don’t look like me, exactly. White people, you know, whatever. Um, and you know, sometimes, I think I would mention that my daughter married a Guyanese man sometimes, you know, if that was useful just to build a bridge.*

Lastly, six of the eight participants described that self-disclosure helped to minimize the power differential within the leadership role,

*I never considered myself particularly different than the couples that I work with. I’m just, just another person that I didn’t consider myself. I don’t think of myself as so much a professional, more of just a human being. That is also trying to work out frustrations and, um, and learn how to love people and be patient with people, forgive people, behave better, stuff like that. I always remembered that really everything we learned had been stolen from couples that did really well. All this stuff has been stolen by observing couples that do really well. So some, a lot of people know a lot of this stuff. And so I didn’t tend to talk down to them like, like you didn’t, I’m going to tell you stuff you never heard of. You may not call it that, but you know about this, right. You know, when it doesn’t work too, you know, when you’re not doing it, we all know that.*

Another participant expressed,

*Sometimes as facilitators or as clinicians, we’re put on a pedestal that we must have our relationship down perfectly. And so bringing the idea, like, look, you know, even us who have done this for so many years, can and still, will have issues and problems and things come up, but there’s a way to fix it. And maybe this is the best way for you, maybe it’s*
GROUP DYNAMICS AND CULTURE IN RELATIONSHIP EDUCATION

not, but let me tell you about. Um, and that, I think that has really helped couples build that rapport with them.

Subtheme 4b: Helping the couple feel it in their bones. Six of the eight participants (75%) found that experiential exercises in real-time such as enactments with a couple or between facilitators were particularly useful in deepening understanding. To reiterate, enactments in emotionally focused therapy involve the therapist helping one partner express their primary attachment yearnings to their partner. Facilitators then have both partners process their experience of it and also elicit feedback from the group. One participant expressed,

*I think the experience, the experiential component of the group is really at the core of how people start to repair in their relationships and also kind of be vulnerable with their partner and in the group and how seeing other people be vulnerable really helps you to kind of try to engage in that yourself over time. I think the vulnerability and like creating that space, that safe space, which is created by a facilitators and the group was key to success.*

Another participant further reflected on how enactments enable the observing couples to foster empathy and curiosity that can then translate into their relationship,

*I think having the group process, anything like a couple in conflict in real time, I think is very helpful because some couples are able to watch their own cycle play out in front of them, just like through someone else. And I think it’s like a very safe way to have them look at how destructive it can be. And processing that helps because they’re able to talk about like, not only how they were feeling watching it, but if it were them and that situation, how they would be feeling.*
Another participant described how she utilizes the co-leader relationship to model healthy vulnerable communication,

*I also always looking for opportunities to model vulnerability and demonstrate the skills that we’re trying to teach in my interactions with my co-facilitator. There was a moment during a graduation where I was listening to my co-facilitator talk about their feelings about ending and I started to become emotional listening to the facilitator talk about their feelings about ending. And so then I brought up my reaction, like I said, oh that was really beautiful, I’m tearing up right now. Like I’m feeling so touched and that was just so touching what you just said. And I think that was good for the couples to see.*

On the other hand, one participant expressed that although he incorporated enactments when the opportunity arose, he generally cautions against it,

*I wouldn’t be looking to do that [enactments] all the time, but sometimes it would come up that was useful. And if it was, I would be fine with doing it. Um, I didn’t see the whole program as basically about trying to get people to have enactments in front of other people. Um, because, um, sometimes that’s pushing the issue too far, I thought. And people weren’t really ready to put all their stuff out in front of everybody else.*

**Subtheme 4c: Building Personal Connections.** Seven of the eight participants (87.5%) described significant efforts in building rapport with couples by increasing contact beyond the groups, deeply getting to know the participants, and finding similarities to support the couples.

*I check in a lot with our couples during the groups. Like I always check in when they’re not with me to see how they’re doing. I think so much happens outside of the group, especially on like the days when they’re leaving group or even right after. Um, I like to make sure they’re okay. I think it’s weird leaving a couple to not talking for a whole week*
and coming back, like, Hey, how you doing? So I try to do that as much as possible with our couples. Um, and I think that that helps them add this message I want to send at least is, um, that I’m here if they need anything. Um, and I think that’s helpful for them.

Another participant discussed how the informality of the approach aids in building connection and cohesion,

> There’s also something there too, about a different interaction that they get to have with the facilitators also, like during that meal and whatever, because it’s like they’re not in there, like presenting sort of facilitating mode and then you get to kind of like chit chat and sort of hang out and share what you all have been up to. And it’s like, at that point you’re sharing pictures of your kids. Or like, I remember when I was running workshops when I was pregnant like that’s when everyone was sort of like giving me advice on having my first baby or whatever. Those kinds of interactions, really help the couples just feel really comfortable coming into a situation that like otherwise could be really scary.

**Theme 5: Co-leadership**

Six of the eight participants (75%) described the distinction between leading groups as a trainee versus as a “lead facilitator” and changes in their approach depending on their co-leader. When in the trainee role, participants described deferring to their experienced co-leader to take the initiative and being more reserved in group,

> I think you really get to learn, especially as a trainee from a clinician and be able to like watch their style and try to incorporate that, try those things on. Sometimes it’s recognizing that you have a lot of authority and also that you’re learning and you could try new things. I think I am somebody who sometimes kind of take a back seat to those
that are more experienced. That’s something I’m aware of and trying not to like shy away, but also wanting to be somebody that absorbs and learns to be feel confident.

Three of the six participants who endorsed this theme indicated difficulties in initiating conversation around race and gender dynamics due to the absence of these conversations within the co-leader relationship. One participant reflected on how her early training experience informed her approach when she transitioned into the senior role,

*I think...and it was interesting because I started off co-facilitating with someone who had been doing it right before I joined. And then I eventually started co-facilitating with trainees who were coming into it. So then, I was really mindful of the shift in my experience there. But I’d say initially when I was still more the trainee role I think I, for sure, deferred more to my co-facilitator and I was aware, and I was sorry that I didn’t, that we, he and I, didn’t make the time to sort of process more our facilitator dynamics in those early days. Cause I was aware of... how are the gender role expectations playing out here, right? Also, the individual personality differences and sort of level of comfort with assuming a position of leadership. How has that also informing this? And then when I was more sort of the senior facilitator with the trainees it felt very, very different.*

Two participants who are more seasoned in leading workshops further described their efforts in helping trainees adjust.

*Recently we’ve had more interns and externs and with them, I take an approach of like, let me listen to you guys. And I want to hear from like, you know, tell me what I could have done. What I did right, that’s great. But tell me what I could I have done differently? You know, what would you have focused on or what didn’t like in today’s group that we*
we could have done better and stuff like that. So it’s more of a then almost like teaching me what they saw.

For the most part, I’m usually one of the more seasoned clinicians running the groups. And so I’ll have a trainee or someone less experienced running with me. And I will take the lead a lot on certain things. I will try maybe discuss beforehand what the other person may want to take the lead on and encourage them to do that. Or if I notice other person is taking a back seat, I might say, okay, you’re going to lead a lot this time and I’ll step back.

Aspects of Culture and Identity Among Group Leader and Members

Participants were asked to share how their cultural identity informs their work at SHR overall and in groups. Specifically, participants were asked to share how cultural similarities and differences between them and the participants were navigated in the group.

Theme 6: Perceived Impact of Ethnic Matching between leader and group members

Those who identified as having cultural similarities with the participants discussed the benefits and challenges.

Subtheme 6a: Increased Understanding and Connection. Four of the eight participants (50%) shared their belief that having cultural similarities with the participants further enabled the couples to feel welcomed and safe within the space. One participant, who identified as Latino, expressed that when she entered unfamiliar spaces and saw an authoritative figure who looked like her, it helped her to feel a sense of belonging. She used this sentiment to draw a parallel between her and the couples in group,

I think that it was useful and helpful and it could also bridge and kind of gave a lot of the especially the Spanish speaking clients like an idea that, oh, you can get help here like we
have, we serve you like. It’s one of those things that really helped me. And also, I’m giving back to my own culture, my own people. So that’s something that really was great.

One participant described that being from the same culture enabled him to offer the couples an alternative viewpoint and challenge them a bit more from a gentle place,

I think understanding that idea of collectivism in the community where it comes from, like it’s pros and cons, um, you know, helps. And I think, you know, having been raised in the Bronx, having been raised in this community and this culture, um, I think helps to connect with them and sort of, you know, um, be able to be a little bit more in depth with what else they were talking about, getting it to get more in-depth in what they talked about and understanding their issues. I think it influences the most in working with the Spanish couples because most of our couples would, would come from a Mexican community and being Mexican myself, there was a lot of just like, well, X, you know, this, this is how it is right? Like you do this too, right? Like, you tell your wife that she should do this and do that. And it’s like, well, actually, no, this is not what I do. And you know, this is where my thoughts or ideas are on it, on this issue. So seeing someone else from that community and sort of give them a different opinion or a different thought, um, you know, on whatever it is that they would talk about I think helps them understand like maybe it’s okay for us to do this differently. Maybe it’s okay not to be, you know, sexist or not to being so machismo in the relationship because it seems like it’s working out for him.

Likewise, another participant expressed that the similarities in her cultural upbringing and how emotions were expressed enabled her to empathize with the participants and informed her approach,
And it’s also interesting because I think Filipinos are very much avoidant of negative emotion and vulnerability. And so I think, and that’s something that I learned from my culture and have been trying to. I had to spend a whole doctorate trying to deal with my own issues. But then I think that because of that, I sort of get why it’s hard for the couples that come in the group. So then I’m approaching it in a way that would feel comfortable for someone in my culture. Like, I’m going to titrate it. I’m going to make it fun. I’m going to make it like digestible, understandable. I don’t want to make it too overwhelming.

Subtheme 6b: Navigating Group Member Overidentification. The three participants who identified as Hispanic/Latínx (37.5%) also expressed difficulties with managing boundaries between them and the participants. Difficulties tended to revolve around facilitators being younger than the participants and the cultural implications around age. Participants described an effort to clearly assert their authoritative role with this group more than they would with other couples. One participant indicated that as a younger Hispanic woman, it was challenging for her to garner respect as a leader that could be helpful to the couples,

*I think with my Spanish speaking couples, I find it more difficult to facilitate because I think that them knowing that I’m just like one of them and like culturally I think the age piece, it’s a general thing that if you’re younger, there’s only so much you really know about what you’re talking about. Because I think coming in, it’s really hard for a couple to sit and have me facilitate because of my age and even because of my gender. I think it’s a little more difficult so the way that I facilitate is a little bit different. I think I try a bit harder to take this more position of authority, because I have to stand like really firm*
in it because if not like they will know. I think that with them, I try to more clearly define my own role.

Similarly, another participant who was a young Hispanic male, described that due to his age the couples often viewed him as one of their children and adopted a role of caretaking with him,

*I had a few Dominican couples that I worked with, and the older ones treated me like I was their son and I was like, I’m not your son. They were like, Oh, you should get a haircut and you should trim your beard and I was like, no, we’re not talking about me right now. I would try to emphasize I am your counselor. I am going to help you with what you came here for and with your relationship. And we addressed the boundaries like, I’m here to help you. I appreciate that you care but we’re here to talk about your communication. So it’s like that kind of like redirection.*

Likewise, another participant described sometimes feeling overwhelmed or irritated for having to defend his interracial relationship with participants, even though he knew the questions were with good intentions,

*They would ask how do you guys manage all these differences? Cause you know, obviously your wife [who identifies as black] must be this, this and this. And you’re like this, this, this, and this, um, you know, you guys must always be fighting or there must be a clash or someone, you know, having to, you know, give up on something. But not the fact that we could also compromise. There was always a, I guess, an idea of like, well, obviously, you know, Hispanic men are like this and black women are like this. And so there must be constant clashes. Um, not the fact that like, we’re both just individuals and, and we can just compromise.*
Theme 7: Effects of Acknowledging Cultural Differences between Leader and Group Members

Participants were asked to discuss how they navigated cultural differences between themselves and the group members, as well as the outcome. Two prominent subthemes emerged from their responses, including change in facilitator’s beliefs and attitudes and rupture within the relationship. It is also important to note that two participants expressed that these conversations did not arise in group. One participant, who identified as White, expressed that it is not particularly helpful to acknowledge the differences at all,

*I just think if you really value everyone as an individual and see that there are so many different, valuable things in every culture that you can learn from. With that kind of viewpoint, I guess, you know, you don’t see barriers. Um, and maybe other people feel the barriers at times, but maybe you tend to reduce the barriers by having the attitude that they’re really not very important, you know, in the grand scheme of things, we’re all humans and we’re all in some cultural environment, but that doesn’t make us better or worse, you know.*

Another participant, who identified as Latino, stated that when he led SHR groups with predominantly White couples, conversations of culture seemed to be less prominent and participants were less open to asking questions about himself, compared to other groups with diverse couples.

*It may be because not wanting to offend me or make those assumptions or be comfortable with saying like maybe thinking of such things but not necessarily saying them. So, um, feeling like, you know, they may get in trouble or they may offend me. Um, so instead they just may have never asked.*
Conversely, he indicated that due to his perceptions of them being less open to these conversations, he also felt hesitant in initiating the conversation in fears of it leading to offense or disconnection.

**Subtheme 7a: Change in Facilitator’s Beliefs and Attitudes.** Six of the eight facilitators (75%) described a change in their manner of thinking or behaving when working with couples who are different from their cultural background. One Latino participant described his initial difficulties adapting to the needs of participants that didn’t have the same socioeconomic disadvantages as himself and the majority couples served at SHR. He described his challenges being able to connect and empathize with these couples,

*I remember especially when I started working with couple of white couples and then when I just heard their problems they have like, oh, we got our third house and that’s when we started arguing. So that kind of stuff and then that’s kind of like when I had to check my own biases. I talked about that in supervision because there was a little bit of negative countertransference. But then we talked more about how all pain is universal, like having a relationship not be as good as you’re expecting it to be, doesn’t matter who you are, that’s going to affect you emotionally, mentally. And so I was like yes, this is exactly what needs to be helped. And then that really helped me do more for the couples. He further described how processing his feelings in supervision helped him to develop a more open and nonjudgmental stance. Another participant who identified as Filipino shared how she managed her discomfort with the form of emotional expression that emerged in groups,

*And then I think one thing that I realized that took a while for me to adjust to is that a lot of the couples from our groups are just really like comfortable with anger. That’s an understatement, right? The yelling and the anger and the belief that it’s good to be angry.*
And then they get upset and we’re not trying to do this gentle startup because we want to be angry. And like, in my culture you’re not supposed to be mad. Like you’re not allowed to be mad. It’s all about… temperance, unless you’re laughing, right. So, it’s like all about just keeping an even temperament. And I think that that was something that was interesting, sort of recognizing that I had my own my own issues and discomfort with that and I had to sort of adjust to that. A lot of our clients come from cultures where like, that’s the default, even to the extent where like the anger can get physical. And so kind of like the baseline of like emotional expressiveness can be a lot more explosive and that’s sort of normal and that did not make sense to me. In my culture and my family, if my mom was mad at me, she just gave me the silent treatment. And then I would just have to like live in my shame and just wonder when. That’s very different. So, I think that that’s something that has been interesting too, to watch myself become more comfortable with that and then see it in the groups and kind of put together. But then at the same time, realize that like in both cases, if we’re looking at like these two opposite ends of the spectrum, in both cases, we all need the same skills.

**Subtheme 7b: Sparked conflict.** Three of the eight participants (37.5%) expressed moments where they felt confronted by participants. All three participants appeared to utilize the moment to process the experience and further enhance the working alliance. One participant described his ease in absorbing comments that may feel like strikes against him and using it to expand the conversation further,

*Like I remember having a couple, I think in the orientation, the first session, saying like, how are you going to like, I don’t know how exactly she said it, but it was something to the effect of that I was White and like, what do you know about couples like us? And like,*
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it’s also how you approach those questions, right? So like you could like shut them down right away or you can help explore, like be honest and like transparent about it. And I think I try to be as transparent as possible with those questions and answering. I’m like, that’s a great question, let’s talk about that. Like, I’m sure you want to know and how is that going to influence the way in which I’m saying all this stuff and yeah, it’s very important to be able to have those conversations.

Another participant shared her initial trouble in managing these sorts of attacks but over time became comfortable in processing the dynamic within the groups,

I had a Spanish speaking male partner say something during the parenting module and like quite explicitly said, what do you know, you probably don’t have kids. And he’s like, what are you, 15? And it was fun [sarcastically]. I think before that I was very aware of kind of like this elephant in the room, but it wasn’t until then; and they did this in a group setting, so it like really came out at me. I think a lot of it kind of just sat as like insecurities or like imposter syndrome. But when I had a client verbalize it, that’s when I realized that like, no, like this is a real, this is our dynamic here, or at least the way they see it. Um, and the first thing I thought about at that time was how it would affect the relationship. I didn’t respond in the moment. I just felt like really defensive and like chose to stay really quiet for the rest of the module. But over time, I learned to discuss that and challenge it a bit more.

Navigating Cultural Differences in Group

Theme 8: How and When Cultural Differences Arise in Group

Participants were asked to share how and when cultural differences arise in group as well as how they intervened. Four subthemes were identified from their responses.
Subtheme 8a: Feeling Othered/Isolated. Six of the eight participants (75%) described incidences where cultural differences were noticeable due to having an “only” in the group (i.e. one Black couple, one gay couple, etc.). One participant, who identified as White, shared her experience where a group consisted of three White couples and one Black couple. She explained that the racial composition of the group was important to acknowledge aloud but was unsure how to do so, until a parallel process arose,

And then I think something that was also really important that we were aware of in the group was, we only had one black couple. And that was kind of on our mind, like the group isn’t able to, or isn’t necessarily speaking to that experience at the same time. [The Black couple was] talking about their child and how he experienced racial discrimination at school and their son was the only black person in his class. And other parents were jumping right in with that parental protective response like how can we support you without also having that experience of their child being different and being called out because of their race or treated poorly? And I think that was a really important moment and kind of brought that difference in experience to the forefront.

She went on to explain how they were able to utilize the couple discussing their son’s experience of difference at school to introduce and explore their feelings about them being the only couple of color in the group. Two participants discussed experiences where there was one lesbian couple present in a group with heterosexual couples.

In the first workshop we’re introducing ourselves, each individual, name and like how many children do we have, what are their ages. A male identified heterosexual partner before the lesbian partners even got to introduce themselves, said outright to the group well, we know these two don’t have any children.
Subtheme 8b: Difficulties in Understanding. Four participants (50%) described cultural differences primarily between intercultural couples who may have difficulties understanding each other’s backgrounds. One participant shared her observation of how extended family dynamics between couples of different backgrounds arise in group,

*I think, where it tends to start is when there’s arguments about like extended family dynamics and sort of what the expectations are of how involved each partner’s parents is and then we start to clarify, especially if both partners come from different cultures. And so a typical scenario might be that a couple, one partner, their family is just way more involved in sort of needing things all the time and this might feel very intrusive to their partner because their family doesn’t tend to be like that. So that can be a big source of conflict."

Another participant described a group of various cultural background and differences regarding the verbalization of emotions arose,

*We ended up having a group of couples, I think, six of them, and four of them were couples where one partner was an immigrant or came from completely different background, like American and Greek and Italian and Puerto Rican. And then a black couple, I think they’re American. And then I think another American couple, I’m trying to think, but just lots of really interesting cultural backgrounds coming into play, especially talking about, what are people’s experience of expressing emotion from their family of origin."

Subtheme 8c: Systemic/Societal Stressors. Four of the eight participants (50%) described that differences in cultural backgrounds were often brought to light when major racial
injustices occurred in the media. One participant shared his experience of leading a mixed racial group with three Black couples and two White couples,

*It was around the time of the murder of George Floyd. We talked about what had been going on and this was the first time we actually brought up the makeup of the group. It was something that we all saw but it was nothing that was really brought up. So, this was the first time where makeup of the group had come up. And very vaguely, it came up in a way that people were really talking about like their stance on everything that was going on.*

Another participant described that group members, particularly the men of color, often discussed their challenges in having to uphold traditional views of masculinity.

*So, in Spanish vulnerability literally translate to like weakness and like there’s a lot of like, behind that definition, there’s a lot of just like weakness and being ashamed and being less than. And it just happens to be the word. So, I think getting the men, especially on board with this idea of being okay with being vulnerable with your partner and, um, letting them understand your world and showing those emotions, um, you know, uh, and being okay with your own emotions was one of the biggest topics of conversation.*

Another participant shared that since groups transitioned to being held online, differences in socioeconomic status were more visible and contributed to the group dynamic.

*There’s a lot more of a mix of couples from different socioeconomic statuses. And so, we’ll have workshops where there’s couples who are fully employed and might have like a bachelor’s, master’s degree, maybe be white Protestant Jewish kind of like, and then there’ll be in a group with some of our couples and those couples might live in Manhattan or like, Park slope, Brooklyn or something. And then you’ll have them in the*
group with couples who live in the south Bronx, might not be working. And so I think sometimes you’ll notice early on in those groups that there is some hesitation, there’s like some sub-grouping that happens early on among the couples who are of sort of similar SES. And then there might be some hesitation. This is sort of my way of interpreting what happens. They start to learn sort of which groups they belong to based on the experiences that they’re sharing. And then there’s like a little bit of sub-grouping.

Subtheme 8d: Differences in Childrearing. Four of the eight (50%) participants expressed that cultural differences tended to arise around conversations regarding parenting and disciplining children.

Quite a few of our participants come from cultures that use belts and wooden spoons and things. So I think that has definitely been part of the discussion. I think when it comes up, oftentimes, it starts out in a fight about something like this and then sort of initially it’s sort of this is how I was raised. And then I try to introduce into that understanding is maybe it’s not necessarily it coming from your family of origin, but could this also be coming from a larger culture that your family comes from. Which I think when you extend the understanding beyond the individual and the family of origin into like a larger group, then I think it helps the other partner to receive it better if they disagree with it.

Theme 9: Interventions Used to Address Group Conflict around Culture

Subtheme 9a: Addressing Directly. Six of the eight participants (75%) reported that they addressed cultural differences in group by confronting the issue directly. One participant conveyed that when differences do arise, she aims to expand their understanding by helping them examine the larger social system,
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I try to introduce into that understanding is maybe it’s not necessarily coming from your family of origin, but could this also be coming from a larger culture that your family comes from. Which I think when you extend the understanding beyond the individual and the family of origin into like a larger group, then I think it helps the other partner to receive it better if they disagree with it.

Many of these participants also expressed that when a couple was aggressed against in group, they preferred to meet with them privately before processing it in the group. When one group member’s level of education was being questioned by another group member, a participant explained “we tried to deescalate, we tried to help process those things I guess in a more private way since it seemed like it was too much to handle in the group.” Another participant explained that when a couple was aggressed against in group for their sexuality, she checked in with them the following day to assess their comfort level about exploring the conflict further in the following group. She expressed that in the next group, they tackled the discriminatory comment head on,

So, I revisited this comment and what I thought was beautiful was that several other individuals shared their reactions. And they shared it in, in not a very sort of punitive or accusatory way. Cause I think some of them could identify with what that person had said. The way he said it and the fact that he didn’t censor himself, I think that’s what they were all like, oh my God. So they were able to share their reactions, but in a way that I think that person was able to receive. And then I was sort of able to kind of consolidate some of the responses and share it more as like, this is some of the work that we can do here because we all want to feel accepted. We all want to feel like a sense of belonging
and being seen both in this group as well as in our relationships and in our communities.

And so let’s talk here, here’s the work that we can do around that.

Subtheme 9b: Facilitator Reticence. Three of the eight participants (37.5%) explained that the shock of a microaggression or attack when conflict arose in group inhibited them from intervening effectively. One participant illustrated a moment where a couple felt empowered to disclose that they each identified as bisexual and maintained an open relationship. He explained that another group member had a negative reaction to the disclosure and responded, “like don’t invite me to one of your parties, because who knows what you guys are gonna do.” The participant described that he preferred to carefully observe the conflict and give the couples the opportunity to negotiate the rupture amongst themselves. He expressed that he validated the couple for feeling comfortable to share their sexuality with the group and proceeded to transition to the didactic piece of the workshop. He stated that he utilized this approach because he was both unsure of how to navigate the conflict and because he perceived that the couple who received the comment also wanted to transition. Another participant described an incident where one member made an assumption about a lesbian couple. She expressed that she was taken aback in the moment and “in the moment it was more than I kind of knew how to manage at the time.”

Subtheme 9c: Asserting Group Rules/ Boundaries. Three of the eight (37.5%) participants described referring back to the group rules established in the first session of group when conflict around cultural differences arose. Group rules established typically consisted of listen respectfully, attentively, without judgments and interruptions as well as being open to learning and changing. One participant described how he and his co-leader intervened when a group member expressed a microaggression towards another,
We were like, hold on, let’s give them a chance to share. And then we kind of addressed it with the group saying like, this is part of the group rules. So we kind of immediately went to comments like this are not acceptable because it invalidates people’s experiences and it’s closed minded.

Theme 10: Responses to Interventions and Outcomes

Subtheme 10a: Discussing Cultural Differences Enhanced Group Cohesion. Five out of eight participants (62.5%) endorsed experiences where the group came closer together due to acknowledging their cultural differences and working through conflict. One participant expressed that the couples were generally really interested in learning about backgrounds that differ from their own and “sometimes even more engaged and interested in people’s experiences because of those differences and trying to understand and trying to relate.” In an aforementioned example where it was assumed by one group member that a lesbian couple did not have kids, the participant shared her perspective of the group after the comment was processed,

It was incredible how those two couples honestly ended up becoming incredibly close within the group. And then I think some of the conversations that were spawned within the group after that comment, and we spoke to it explicitly, helped create a certain level of cohesion in this group. This was also the group that then went out for happy hour and continued the friendships after the workshop.

Additionally, in another previous example where discussion regarding the murder of George Floyd was prompted, the participant suggested that the conversation helped assuage any fears or tension that may have been present,
We processed it and to my relief everyone was on the same page, but one of the things that one of our [White] couples brought up was how hard it is for them to know that like they feel so responsible for like the things that happen and how they wished that they could like raise a child and live their lives knowing that the way that they feel about people in general was the way that everybody else did. And it was interesting because I think that one of the things that came up with a lot of our Black couples were thanking them for just being vocal about it. Because I think maybe an expectation was that like we’re going to bring up race, like I’m not going to talk. And that didn’t happen. Everyone was pretty vocal about how they felt. Having all of the couples be able to talk about or be vocal in any way about what they noticed and being able to talk about these differences and how they’re here and not just glossing over them or looking the other way was very significant for all the couples.

Subtheme 10b: Rupture/Negative Response. Three of the eight participants (37.5%) reported that when the opportunities were missed to explore cultural differences within group, members often dropped out of group or remained with tension in the air. In the previously mentioned example where a couple was aggressed against due to identifying as polyamorous, the participant further explained,

They defended themselves and we just left it at that. And from that comment they really, after that, just weren’t as close or didn’t seem as friendly with each other during group or the extended activities. They used to sit next to each other and all of a sudden they’re sitting from opposite sides.

Another participant shared an experience where a Black group member was curious about his experiences as a Jewish man and asked him to educate the group about the Holocaust. In this
moment another White group member reacted, “did you not learn about the Holocaust?!” in a critical manner. The participant reflected on how his inaction against the aggressor in the group led to the Black couple feeling unsupported and leaving the group,

I think there was a level of, maybe that was intimidation, or a prejudice, some type of negative, some type of judgmental comment towards them. And so I try to support them and validate the black couple, but I didn’t reprimand the white woman, which I think I should have done in the moment to make them feel even more protected and supported. I don’t remember, but I feel like I did a disservice in that moment. I’m not remembering it all, but the thing I do remember is that they did not return the next week, that Black couple. And so that’s what I felt like we obviously missed something there.

Modifications

Theme 11: Adapting the curriculum to address the cultural needs of the group

Facilitators were asked to share if they employed any modifications to the SHR workshops to enhance its cultural sensitivity. Participants expressed that they were flexible in their approach depending on the needs of the group.

Subtheme 11a: Integrate into group discussion. Seven of the eight participants (87.5%) endorsed being flexible with group discussions to integrate elements of culture. One participant shared that due to his knowledge and personal experience regarding the role of religion amongst the Hispanic community, he makes an effort to incorporate discussions about religion in group,

I think for some of our participants that are more religious we may not necessarily sort of adapt the curriculum, but more so kind of incorporate into our discussion. Because I think for those who are more religious, there are some ways of kind of coping and
viewing relationships and things that it gets incorporated into how they think and so we sort of encourage those discussions.

Another participant explained that she capitalized on cultural holidays to initiate conversations and help couples further explore the role of culture in their relationship and learn from each other,

*I think more so in the sense of bringing in things that you know about somebody’s background that’s different. I keep thinking about the holidays and [some staff] are Orthodox Jewish and the holidays they were celebrating when they came to group, they were like, oh, we were away last week because we were celebrating X, Y, Z. And how people in the group either could like relate to that or not. I think having those conversations or having those moments be welcome and sort of transparent. Like a couple that celebrated Hanukkah and they were like, oh, here’s what it looks like and we got into a conversation about that. Being inclusive and trying to facilitate inclusive language in that way.*

**Subtheme 11b: Inclusive video displays or role plays.** Six out of the eight facilitators (75%) reported that they added videos and imagery of multicultural couples to enhance the safety and inclusivity of the space. One participant underscored the efforts of the program overall to be informal and relaxed through the use of videos to mitigate the preconceived notions of group therapy,

*I can say generally, the fact that we use a lot of videos, role-plays, we kind of try to again, approach the workshops with a very relaxed feel cause we’re aware that in a lot of cultures, there’s a stigma of therapy and so we don’t want it to feel like that. And we’re always looking for media where we have multicultural representation.*
For one workshop leader, it was important to showcase the plethora of couple partnerships, regardless of whom may have been in attendance. She emphasized that due to the fluidity of gender identity it is important to highlight the spectrum due to fluctuations that may occur over time. She stated “even when it comes to sort of gender identity or sexual orientation, these things may change over time. And if it’s not sort of seen around you, then you don’t know it’s even possible.” Another participant expressed that it is often challenging to find suitable inclusive videos for the Spanish language groups, so he and his co-leader utilize more role-plays for demonstrations.

**Subtheme 11c: Slowing Down the Pace of the Curriculum.** Five of the eight participants (62.5%) spoke about the importance of slowing down the pace of the curriculum to further process the underlying phenomena. Workshop leaders highlighted the need to be and improvise depending on the needs of group,

*With our Spanish speaking couples, I’ve found myself really altering, not just the curriculum, but my approach. So in group and like in long-term [couple therapy], to make sure that it’s something that they really understand, because I think one of my biggest concerns with our Spanish speaking couples is that because it’s relationship education, I think a lot of them treat it like school. So they learn these skills and try to practice them to the T and when it doesn’t work, they just toss it completely. And it’s hard because a lot of them really overlook the process piece of it because it’s obviously not something you talk about. So, I’ve altered that a lot by trying to take the under the surface things and bring them up in a way that it looks like it’s over the surface. I incorporate a lot of metaphors. They tend to understand it a lot more. I hold on to a lot of imagery that they use and really kind of like break it down, slicing it thinner breaking it*
down for them. And anything that I can turn into, like a hard skill, I try to. Anything that they can like physically take home with them and learn, I try to do.

Another participant expressed that because emotions are such a foreign concept to these participants, they made great efforts to provide them with further psychoeducation on emotions and their function,

*We would do a little bit of psychoed on stress, anxiety and depression. Because a lot of them don’t really know the difference between being very stressed out and being chronically anxious or being depressed. A lot of them don’t really recognize the somatic symptoms. So things like that are helpful. And we also add a lot of random psychoed about parenting because a lot of them are really interested in that. Like normalizing how uncomfortable it must be to talk about sex and intimacy because of the way they were raised. And this depends on the group, but we try to sprinkle other random information or facts in throughout as needed.*

**Theme 12: Recommendations**

Workshop facilitators were asked their thoughts related to additions for future SHR workshops. Three subthemes were captured from their responses.

**Subtheme 12a: Less Structure, More Discussion.** Seven of the eight facilitators (87.5%) expressed a desire for the workshops to include more space for additional exercises and discussions about various aspects of strengthening relationships, including values, affection, intimacy, and trauma, rather than a focus on skill-building.

*I would also like for us to have more of like an archive of like, just a variety of like activities and discussion questions that we can feel comfortable drawing from depending on the dynamic of the group, who’s in the group so that we can have more flexibility. Like*
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if we know, like here’s sort of the two or three points that we want to get across in this module, here’s like a grab bag of like 20 different exercises that we can use or like videos that we can watch. So that we could just pull from them depending on what feels like it fits for the facilitator style and then also for like what the needs of the group are and what the makeup of the group is and how they've been responding. But that’s like my sort of like dream, not about it being like, here are the exact slides with the exact points and more about like, here’s sort of a general kind of key things. And like here’s a whole bunch of different ways that you could do it. That’s sort of like my wish.

Three participants specifically discussed a desire for there to be more attention on the connection between affection, intimacy and safety within relationships. One participant expressed, “it didn’t feel like it was front-loaded enough. It tended to kind of get lost at the end of the 12-week workshops. And I think that definitely should have been prioritized and woven throughout the couples experience throughout our services.” They further specified the need for there to be conversations about various forms of violence and abuse within the relationship that inhibit safety and intimacy.

Subtheme 12b: Six of the eight facilitators (75%) endorsed a desire for the program to be more inclusive. One participant described the importance of highlighting the range of partnerships and commitments from the onset of the program with couples. She stated, “I think the intakes, again, could benefit from more of this inclusive language around aspects of identity and sort of group identification, but then also the labeling of what this relationship is.” Several participants expressed a desire for the curriculum itself to be further tailored to meet the specific cultural needs of the population, particularly with the Hispanic/Latino couples,
I genuinely think having more direct Spanish speaking components is needed, more culturally specific stuff. There’s a thing where we’re doing this module and we’re talking about the different argument style that’s find the bad guy, the one where they shut each other out and then there’s Protest Polka, they [Spanish language couples] had no idea what the polka was, and I was like, Oh yeah, no one knows about this. So I changed it to say the protest tango instead.

Another participant shared that even though he makes efforts to include religion and spirituality in his Spanish language groups, it is important for it to be a norm amongst all the groups,

I think one of the bigger things that appears in the Spanish community is the spirituality concept and the relationships, because that has maintained to either be a really good help or be really toxic to relationships. Because I’ve seen couples who have stayed together simply because God says they cannot get divorced and they have a really bad relationship or there are couples that really benefit from going to church and the beliefs that they hold. And that’s not really talked about [in the curriculum], but it’s a really big aspect in all Latin American populations. I think it would open the conversation for something that is a big part of their lives and a big part of the way that they connect with each other.

Several participants also expressed a desire for the program to incorporate more diverse facilitators. One participant shared his challenges in having to be an intermediary between the Spanish-speaking couples and his supervisors who did not lead such groups,

The last thing I would want to add is when it comes to Spanish-speaking supervision and leadership. I think that as an intern and not just an intern, other facilitators have expressed similar concerns where we don’t... all the responsibility to translate and
understand and work with a couple is on us. And then we have to translate that and talk to a supervisor in our translated way. We don’t have any Spanish-speaking supervision. We don’t have any Spanish-speaking supervisors who could sit in our sessions and understand what we’re doing right or wrong or things that we could do better. And I think it would help with more advocating and more understanding of what the needs are directly versus our translated needs.

Experience During the Interview

The interview concluded by garnering the participants’ experience and reflections on the interview.

Theme 13: Celebration and Remorse: Reflecting leads to mixed feelings

Theme 13a: Joy and Pride in Leading Workshops. All eight participants (100%) expressed that participating in this interview allowed them the opportunity to revel in the joys of leading workshops and take pride in their individual and professional growth. Several participants reiterated that the cohesive nature of the staff decreased burnout and enabled them to feel fulfilled with the work,

*I think something that's unique to SHR is the dedication of the staff. Like we have many didactics and meetings and thoughtful places to think about participants. It's not so much like a mill where like we have this many people, we're all separate. It felt very much like everyone's together. One thing I realized or felt off the bat and I think that also translates into the work and the group is feeling really passionate about the material and feeling really excited about coming to group. I think just having that really rich environment also translates into the program being so strong and successful over the years.*
Several participants discussed the bidirectional nature of being moved or impacted by the couples in the group. One participant expressed that leading groups “was just an incredible magical experience for me as a human. In the context of all of my relationships, it was just brilliant. It was just so good.” Another participant shared his delight in watching the couples grow closer together over time,

_I really enjoy being a facilitator. I love the workshops and being able to work with these couples and like, see the, when I was telling you like the people who challenge and then seeing their progression over time and like how they change, like becoming more open-minded of like what relationships can be and stuff like that. That really changes you. Like I remember this one couple, actually another Orthodox couple who she said after that session on sore spots, he like curled up in a fetal position and like cried for like an hour. And that really shows that like, especially him who was very ambivalent starting, he didn’t want to do it. It really shows the impact that you have on each couple and after facilitating it for so long, you forget that for these people, a lot of this information is new and like, to us, it’s like a second language for us. But for them it’s new and we need to remember that._

**Theme 13b: Regrets on Challenging Moments.** Five of the eight participants (62.5%) expressed that participating in the interview helped them identify areas for growth as facilitators. Specifically, facilitators reflected on moments where they regretted not being more active in navigating aspect of culture and identity within the group. One participant, who identified as White, reflected on her development in initiating conversations about culture,

_It’s challenging. I think about my memories of the group as how I felt it versus kind of being asked specific questions and then feeling kind of like, oh, I didn't really do enough_
work. I feel different about that [in reference to initiating conversations about cultural differences] working with individual veterans now and outside of groups because I also have developed more competence and talking about the differences between me and the client right off the bat. But it feels like in a more intimate space than in a group where you’re also unsure of someone’s reaction or what that means. And now I’ve thought about like, that is actually really relevant and important. You don’t know what people’s reactions are but you can’t really be afraid to talk about that. So it’s hard to talk about. It’s uncomfortable to talk about because I’m like, oh, I could do better. And like reflecting upon it and thinking about these questions is like, I wish I had more and more insights.

Another participant, who identified as Latina, described her difficulties,

I keep thinking about the cultural identity questions. I think those are always tricky for me to answer because I think I haven’t fully defined it for myself. I think there is something still kind of scary in thinking about that all the time so that question I think I’m going to continue to marinate in it.
CHAPTER V: DISCUSSION

This study explored the perspectives of couple relationship education facilitators with diverse groups. Eight facilitators from the federally funded, Supporting Healthy Relationships program were interviewed about their experiences leading groups. The facilitators at SHR were chosen due to accessibility, the diverse cultural makeup of staff, and experience in working with diverse populations. The SHR facilitators were questioned about their perceptions of success for the workshops, their relationship with the participants, how cultural similarities and differences were navigated between them and the group members, group dynamics observed, and modifications made to the curriculum.

Overall, results demonstrate that the participants believe that the SHR workshop successfully improves couple functioning, particularly those in high distress, due to the wraparound approach. This approach included benefits such as meals, transportation assistance, employment services, monetary incentives for program completion, and supplementary events for the participants to further build social support. Per the participants, the strength of the workshop appears to come from the curative nature of the group format that revealed that their problems were universal within a cohesive atmosphere and enabled interpersonal learning. The group facilitators tended to enhance the group by use of self-disclosure, informality, flexibility with group discussions and their ability to connect and deepen couples' understanding via experiential exercises. The study’s findings also highlight the utility in discussing cultural identity within the context of couple relationship education. When facilitators can successfully navigate challenging moments within the working alliance or within group, the relationships were strengthened. Conversely, when they avoided discussions of culture, they reported negative
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responses by the group members. This section integrates the results of this study with existing literature along with considerations for future research.

Interpreting the Data

Success of the Program

The study found that the success of the SHR workshop was significantly related to the degree of the programmatic supports offered to the couples. Facilitators noted that a major benefit of the program that supported couples’ focus on the relationship included attributes such as employment services, transportation assistance, meals, and monetary incentives. This notion echoes Randle’s’ (2014) and Wheeler et al.’s (2018) findings from interviews with CREP participants and facilitators that comprehensive services embedded within CREPs help to temporarily suspend couples’ socioeconomic constraints and effectively enable them to prioritize their relationships. Programming for low-income couples could benefit from consideration for the holistic and hierarchical needs of participants to further support attention, effort, and engagement with romantic difficulties.

Facilitators noted that couples who were highly distressed attended and typically had deeper engagement with the material and the facilitators. Facilitators identified distressed couples through low levels of relationship satisfaction determined by initial surveys, financial/housing insecurity, and through couples’ expressed statements such as “this is the last straw, if this doesn’t do anything, I’m done.” This is consistent with the current literature that demonstrated that those at greater risk benefit the most from CREPs (Bradford et al., 2017; Stanley et al., 2019). All participants who endorsed this theme noted that the high level of distress influenced engagement positively. Facilitators described that these highly distressed couples often presented with greater awareness about the state of their relationship and were thus more open and
receptive to support and interventions. Future research should further examine the attributes within these distressed couples that accelerate change such as openness, hope, and engagement.

**Group Dynamics**

Results showed that the group dynamic significantly contributed to the benefits derived by CREP participants. The facilitators in this study directly endorsed 10 of the 11 original therapeutic factors of groups (Yalom & Leszcz, 2020), with the exception of recapitulation of the primary family group, and four of which emerged as significant subthemes. Facilitators in this study expressed that the group normalized couple conflict, enabled interpersonal learning, and allowed them to obtain insight and gains that are not possible in individual couple treatment or individually provided CREP. They reported that group members utilized each other for information and support, which increases cohesion and hope amongst the group. This is consistent with the limited literature (Randles, 2014; Wheeler et al., 2018) on the power of the group within CREPs that highlight the advantages of normalizing relationship difficulties. These findings also strengthen the literature that CREPs that combine didactics and group discussion improve couples’ relationship satisfaction, sexual and intellectual intimacy, as compared to didactics alone or group discussion alone (Worthington et al., 1989). It is notable that these factors were present as it suggests that the psychoeducational group may be as emotionally intense as other group situations and further support its ability to directly address certain needs of couples with more troubling issues.

Moreover, the therapeutic factor of group cohesion cannot be overestimated. All facilitators in this study endorsed group cohesion and the community built within the group as a key factor of success for the program. Facilitators shared that participants viewed the groups as a space to build new healthy relationships, that was often a new experience for many members.
Additionally, as participants mentioned, group members typically consisted of those from collectivistic cultures. As such, the emphasis on social harmony and investment in each other’s success may contribute to this dynamic. Likewise, given the less restrictive nature present in traditional group therapies, participants were able to continue to build their relationships outside of the group which appeared to be beneficial. These findings strengthen the notion that social support built within CREPs may lead to a positive spillover effect that help to buffer against social poverty and protect the couple relationship (Halpern-Meekin, 2019). However, more research is needed to better understand this association between group cohesion and relationship functioning as a contributor to change from participation in CREPs.

**Facilitator Role**

Facilitators in this study reported that their personal characteristics and leadership styles were a key contributing factor to the success of the workshop. This included their personal contributions to the development of a safe environment for participants through appropriate self-disclosure, overall interactions conveying genuine care and regard for participants and use of enactments. These facilitators indicated that self-disclosure aided in building rapport, modeling vulnerability, and deepening understanding of the skills. Participants also expressed that self-disclosure further helped to normalize conflict present in all couple relationships. Individual therapy research shows that appropriate self-disclose increases rapport, strengthens the alliance, and aides the client in self-disclosure (Henretty et al., 2014). Facilitators in this study also described that self-disclosure and minimizing their role as an expert helped reduce the power differential that is present between the leader and participants. When facilitators are able to be seen as equally flawed, it draws group members to be more honest and forthcoming about their own difficulties. Participants also described efforts to build personal connections with group members. 
members by conversing with couples before and after sessions, checking in during the week and finding similarities. Each of these ideas is consistent with prior findings for the role of the working alliance to participant outcomes (Higginbotham & Myler, 2010; Ketring et al., 2017; Owen et al., 2011; Owen, 2012; Quirk et al., 2014; Stanley et al., 2019), yet, they add a new perspective to the facilitator–participant relationship worth noting.

Furthermore, the use of enactments within CREPs appears to be a unique feature of SHR as it has yet to be explored within the literature. As previously described, with EFT enactments partners are helped to take risks in engaging the other by expressing newly emerging experience and then processing the encounter. Enactments are known to foster empathy, acceptance, and connection between the couple (Johnson, 2019). Likewise, in this study, participants expressed that when enactments between one couple was utilized in group, observing members also experienced a positive impact. They reported that enactments in group aided in increasing the cohesiveness of the group as observing members were able to identify and increase their own emotional verbalization by watching others. On the other hand, one participant expressed hesitancy in utilizing enactments in group due to fear that couples may feel pressured to share. This raises Markman and Ritchie’s (2015) concerns of the cliniclization of CREPs as previously described. The study results demonstrate that a comprehensive examination of enactments in groups might be particularly helpful to further understand how it relates to retention and outcome.

Another significant theme that emerged regarding the role of the facilitator pertained to the coleadership relationship. Pairings were often comprised of male-female/senior-junior dyads that provided the benefit of multiple perspectives, support, and ongoing supervision, yet also contained unique challenges. Those in the trainee role described being more reserved in groups
and sometimes feeling as though their opinions or interventions in group were not embraced. These findings support the group therapy literature that co-leaders need to be aware of the issues regarding the power imbalance, responsibility sharing, and group member perceptions of power issues (Luke & Hackney, 2007). Likewise, research shows that training group co-leaders are often plagued with competency concerns that impact their ability to engage fully in the group and form meaningful relationships with their co-leaders and group members (Atieno Okech & Kline, 2006). Furthermore, when the senior clinician is resistant to exploring the power dynamics and diversity within the co-leader relationship, issues may ensue. Participants in this study reflected on the desire and absence to have these conversations of the power imbalance and how it was viewed by group members when they were trainees but felt that there was no space to do so. As such, it is essential for CREP co-leaders to prioritize reflection and discussion of their co-leader relationship, in addition to the formation of the group. This is particularly important when leadership consists of a trainee because developmental issues may not be easily identifiable as personal or interpersonal (Luke & Hackney, 2007). When co-leaders are openly able to address competency and cultural concerns in their relationships, they will subsequently be more open to addressing similar concerns with their group members.

Aspects of Culture and Identity

Despite the standardized nature of the relationship education curriculum, cultural similarities and differences between the facilitators and group members frequently arose as topics of conversation. Ethnic-minority facilitators in this study who identified with the couples’ cultural background described that they were able to deeply empathize with the couples as well as delve deeper into how cultural origins and viewpoints impact the relationship. On the other hand, these participants described difficulties with setting boundaries. These findings parallel
prior findings that cultural and racial similarities facilitate the initial development of a strong working alliance where the client expects to be understood, and the therapist is especially ready to understand (Gelso and Mohr, 2001; Murphy et al., 2004). On the other hand, it also highlights the need for facilitators to remain cautious with a premature alliance based on similarities as it may lead to oversight and can jeopardize the working through of transference issues. For example, one study found that therapists who treated clients from the same racial background reported feeling that that they felt the extent of change by the couple/family at the conclusion of treatment was more positive than with cross-racial clients and were more certain that the couple/family was satisfied with their services, whereas the clients themselves did not report statistically significant differences in their satisfaction with services based on race (Murphy et al., 2004). As facilitators in this study described, it was often difficult for them to set boundaries with their couples when “pet names” were given or they felt infantilized. Facilitators were initially hesitant to address these difficulties in fears that it would lead to a rupture in the relationship.

Cultural differences were also found to influence the therapeutic alliance in this study. Facilitators in this study reported that they were typically aware of the cultural differences between themselves and the group members through their own reflection and supervision. Differences were also occasionally brought up by the group members themselves, typically as a query or concern that the facilitator may not be competent enough to help a couple with their characteristics. This supports the literature that therapists should discuss race with clients to demonstrate cultural competency and build the working alliance (Bemak & Chung, 2019; Chang & Berk, 2009). Several scholars (e.g. Kelly, 2016; Sue et al., 2010) of cultural competency have underscored the need for therapists to consistently work towards self-awareness when working
cross-culturally. A therapist’s lack of awareness can lead to unacknowledged power imbalances and ruptures in the relationship that will negatively impact treatment. Chang and Yoon (2011) assert that training needs to include consciousness-raising and opportunities for clinicians/educators to examine and work through their racial anxieties to navigate conversation around culture as needed with greater comfort and empathy. Overall, it is imperative that facilitators explore the implications of cultural differences and similarities rather than to assume that patients will bring a particular experience or perspective because of their demographics (La Roche & Maxie, 2003).

Findings showed that cultural differences in group typically emerged due to differing viewpoints regarding gender role expectations, extended family dynamics, child rearing and discipline, when major social events occurred, or when cultural differences were noticeable due to having an “only” in the group. This is consistent with the literature on couple and group dynamics. Scholarship has identified these factors as culture-related conflicts commonly experienced by intercultural couples (Maynigo, 2017) so it makes sense as to why these conversations would surface in a group with diverse couples. Likewise, the group literature cautions against having isolates in the group due to feelings of rejection that may ensue (MacKenzie, 1996).

Furthermore, when facilitators directly addressed these challenging moments within the group, the couples were able to foster cultural curiosity and understanding of each other, which further enhanced group cohesion. Conversely, when they avoided discussions of culture, they reported negative responses by the group members either through drop out or tension within the group. The resulting positive response of the facilitators’ navigation of cultural conflict emphasizes the benefit in using multicultural social-justice approach within relationship
education (Chang-Caffaro & Caffaro, 2018). As highlighted by the participants in this study, when group conflict regarding cultural differences goes unaddressed it can lead to negative consequences such as a loss of cohesion or drop out. As such, it is necessary for facilitators to navigate cultural conflict by setting limits and encouraging group member’s to respectfully share their thoughts and feelings. Furthermore, Chang-Caffaro and Caffaro (2018) posit that facilitating these difficult dialogues in group requires a critical consciousness, self-awareness of one’s personal bias and prejudices, cultural sensitivity, and courage. This aligns with Sue et al., (2010) findings that when critical consciousness about race issues is absent, it often leads to disorientation and bafflement about events that are transpiring. The facilitators in this study who did not address the cultural conflict did so out of shock and uncertainty about how to address the situation and moved on in fears of making things worse. It appeared that the ambiguity and unknown aspects of the situation exaggerated the feelings of anxiety and helplessness. Thus, greater efforts need to be made in training relationship educators on critical consciousness and addressing these difficult dialogues when transgressions are made in group.

**Modifications**

Facilitators in this study reported that their flexibility in leading the workshop played a significant role. Facilitators explained that their adaptations steered the group to be more inclusive, to further examine how culture impacts their relationships, and better attune to specific needs. Though there is limited research on the association between leadership flexibility and outcomes within CREPs, individual therapy literature utilizing manualized treatments demonstrate better outcomes with therapists who are flexible to the here and now needs of the clients (Owen & Hilsenroth, 2014). These findings may suggest that CREPs are most successful when facilitators can make adjustments based on the specific needs of the couples and the overall
group dynamic, while adhering to the fidelity of the curriculum. This also raises the concern of
the potential clinicalization of CREPs as facilitators in this study may have felt more comfortable
adapting due to their clinical training whereas paraprofessionals may have a harder time doing
so.

**Limitations of the Study**

A qualitative exploratory study was employed to obtain an in-depth account of the
experiences of a subgroup of CREP facilitators. However, the small sample size of eight
participants is limiting in the range of experiences and demographics. Additionally, the eight
participants were not chosen at random. Likewise, all eight participants were either licensed or
graduate-level clinicians and all eight identified as heterosexual. Thus, results should be
interpreted with caution and not applied to the broader group of CREP facilitators. Additionally,
facilitators varied in their amount of years at SHR, the number of workshops conducted, and
level of experience running psychoeducation workshops prior to the SHR workshop, making it
difficult to discern which factors may be impacting the results.

In addition, a majority of the facilitators who agreed to participate in the study are still
employed at SHR or continue to have strong ties to those who work there, and thus may have
had more positive experiences than leaders who departed the organization or who declined to
participate in this study. As such, data should be interpreted cautiously as it may be skewed more
positively and may have limited them from viewing from a critical lens. Furthermore, by reason
of participating, the principal investigator likely influences the process and may incorporate bias
in the results (McCracken, 1988). The principal investigator previously worked at SHR for one
year and maintained ties with several facilitators, some of whom participated in this interview
which may threaten the validity of the study as bias may have been incorporated.
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Directions for Research

Future studies can build upon this research’s exploration of CREP facilitators with a larger sample size to broaden the generalizability of the current research. Likewise, given that this study found that facilitator characteristics contributed to the success of the SHR workshop, future studies should also examine factors such as use of self-disclosure and contact hours, as it relates to couple outcomes. Additionally, to further examine the influence of enactments in group, future research should implement randomized control trials that vary in level of skill-based versus experiential-oriented learning. Likewise, given the curative nature of the group format identified, future studies should also examine the outcomes of couples who receive the curriculum in a one-to-one setting vs the group format. The subjective experience of group members regarding the influence of group cohesion in CREPs can also be captured using a group cohesion scale. Lastly, future research should examine group member’s perceptions of how conversations regarding cultural similarities and differences are navigated and its impact within CREPs.

Conclusion

Couples’ relationship education programs have emerged as an effective, cost-efficient and meaningful method strengthen relationships, particularly for low-income ethnic-minority groups. Despite the abundance of CREPs available, research is limited on how to lead effective culturally sensitive programs. Prior to this study, there was little to no existing literature within the field of couple relationship education regarding group dynamics or how conversations of race and culture are discussed in the groups from the perspective of the facilitator. It is presumed that these aspects were often overlooked due the standardized nature of most curriculums or in efforts to avoid the clinicalization of CREPs. However, to better understand what may contribute to the
success and failure of CREPs for underserved groups it is vital that these topics are further explored. As a result of this original research, we now possess newfound knowledge to begin closing this literature-treatment gap.

Based on the qualitative analysis performed herein, several conclusions can be made. Firstly, programming for low-income couples must consider the comprehensive and hierarchical needs of the participants that should be embedded within the program to effectively allow them to prioritize improving their relationship. Secondly, CREPs appear to contain numerous curative therapeutic factors that are typically identified in group psychotherapy that helps to accelerate change. Additionally, the level of group cohesion that is formed may help to buffer community-level disorder, isolation and protect the couple relationship among low-income ethnic minority couples. CREPs should consider ways to help participants build their social networks and community ties beyond the workshops through sponsored activities. Third, the success of the program was intensified by the facilitator’s use of self-disclosure, informality, flexibility, and use of experiential exercises in group. Fourth, findings showed that conversations regarding cultural similarities and differences typically arose within the working alliance and within group. Cultural differences in group typically emerged due to differing viewpoints regarding gender role expectations, extended family dynamics, child rearing and discipline, when major social events occurred, or due to having an isolate in the group. Overall, it is imperative that facilitators develop a critical consciousness about racial issues, increase awareness of their biases, sensitivities, and prejudices, and courage in order to explore the meanings of cultural differences and similarities when they arise. Lastly, it is imperative that co-leaders examine the dynamics within their co-leadership relationship pertaining to competency and power dynamics so that they can subsequently be more open to addressing similar concerns with their group members.
References


Washington, DC.


[https://doi.org/10.1111/jmft.12080](https://doi.org/10.1111/jmft.12080)


Appendix A

Individual E-mail to Participants

Subject: Seeking SHR Group Leaders for Study on Experiences and Reflections

Dear [NAME],

My name is Tara Kellman, Psy.M., and I am a doctoral candidate in the department of clinical psychology at the Graduate School of Applied and Professional Psychology at Rutgers, the State University of New Jersey. I am conducting interviews for my dissertation studying the experiences of relationship facilitators working with diverse couples. I was provided with your name and contact information and thought you would be a great fit for this study.

You are eligible to participate in this study if you...

- Have experience facilitating Montefiore Supporting Healthy Relationship workshops for at least one year

This study seeks to explore the perspectives of couple relationship education facilitators with diverse groups, how they adapt the curriculum to best address the specific issues raised by their couples, and how they navigate aspects of culture. Results obtained will be used to inform clinicians on the practice of running couple relationship education programs with diverse populations.

To participate, you will complete one short questionnaire and an interview that will last approximately 60-90 minutes. All interviews will be conducted via Microsoft Teams, a HIPPA compliant video conferencing platform. Effort will be made to interview participants at a time convenient to them. Interviews will be videotaped and transcribed by the investigator. Every effort will be made to retain the confidentiality of participants. All identifying data will be removed from the hard copy of the transcript. No deception will be used in this study.

If you would like to participate, please contact me via phone at (347) 852-5978, or by e-mail at tara.kellman@gsapp.rutgers.edu for more information.

Thank you for your interest.
Appendix B
CONSENT TO TAKE PART IN AN INTERVIEW

TITLE OF STUDY: Facilitator Experiences of Group Dynamics and Addressing Diversity in Couple Relationship Education

Principal Investigator: Tara Kellman, Psy.M.

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. After all of your questions have been answered and you wish to take part in the research study, you will be asked to sign this consent form. You will be given a copy of the signed form to keep. Your alternative to taking part in the research is not to take part in it.

Who is conducting this research study and what is it about?

You are being asked to take part in research being conducted by Tara Kellman, Psy.M. who is a doctoral candidate at the Graduate School of Applied and Professional Psychology at Rutgers University and is conducting this study as a fulfillment of dissertation and doctoral requirements in the Dept. of Clinical Psychology. The purpose of this study is to understand your experiences working with the various groups served, including your observations on group dynamics within- and between groups. Additionally, this study will also explore how cultural similarities and differences between you, the facilitator, and the participants arise and are addressed in the group context. Results obtained will be used to inform clinicians on the development and practice of running couple relationship education programs with diverse populations.

What will I be asked to do if I take part?

You will be provided with a short questionnaire and interviewed about your experiences, observations, and modifications to leading the Supporting Health Relationship workshops. The interview will take approximately 60-90 minutes to complete and will be conducted via Microsoft Teams, a HIPPA compliant video conferencing platform. It is anticipated that 10 individuals will take part in the study. Interviews will be video-taped in order to ensure accurate transcription and authenticity of the data obtained. The PI will maintain the video recordings collected from you in confidence on a secure password protected video stream. Interviews will be transcribed and videos will be destroyed immediately after transcription. Transcripts of interviews and other data collected from you in confidence will be encrypted and securely stored. Once all research on these data has ceased, all paper data will be shredded.

What are the risks and/or discomforts I might experience if I take part in the study?

The risks of the study are minimal, as you will be interviewed about your clinical experiences and will not be physically harmed, but it is possible that the questions will disturb you emotionally or produce stress or anxiety. If that happens, you can skip those questions or withdraw from the study altogether. If you are assessed to be exhibiting or experiencing psychological distress or convey that you are in need of psychological assistance, the interviewer will provide you with referrals to mental health professionals. Breach of confidentiality is a risk of harm, but a data security plan is in place to minimize such a risk. If for any reason, at any time, you wish to stop the interview, you may do so without having to give an explanation. If you decide to quit the interview your responses will NOT be saved.

Are there any benefits to me if I choose to take part in this study?
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There are no direct benefits to you for taking part in this research. Your experience and knowledge have tremendous value in helping the field of couple relationship education with diverse, underserved populations. Results obtained could also be used to better inform the training and development of future practitioners who are interested in leading couple workshops with diverse populations. Additionally, the opportunity to share your own clinical experiences on this topic may be valuable to your own reflection and practice.

**Will I be paid to take part in this study?**

There is no compensation for participating in this study.

**How will information about me be kept private or confidential?**

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed. The data obtained from your interview will be stored on an electronic data file in the PI’s password protected personal computer in order to keep it confidential.

The data will be available only to the research team and no identifying information will be disclosed. Video tapes and other paperwork will be assigned a case number. Your responses will be grouped with other participants’ responses and analyzed collectively. All identifying information will be disguised to protect your confidentiality. This will include changing your name and other demographic information.

We plan to delete the data after data analysis is complete and study findings are published. No information that can identify you will appear in any professional presentation or publication.

**What will happen to information I provide in the research after the study is over?**

The information collected about you for this research will not be used by or distributed to investigators for other research.

**What will happen if I do not want to take part or decide later not to stay in the study?**

Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. In addition, you can choose to skip interview questions that you are not comfortable answering or stop the interview at any time. You may also withdraw your consent for use of responses you provided during the interview, but you must do this in writing to the PI, Tara Kellman.

**Who can I call if I have questions?**

If you have questions about taking part in this study, you can contact the Principal Investigator:

Tara Kellman, Psy.M.
Department of Clinical Psychology
Graduate School of Applied and Professional Psychology
Rutgers, The State University of New Jersey
Tel: (347) 852-5978
E-mail: tara.kellman@gsapp.rutgers.edu

Or you can contact my advisor at:

Shalonda Kelly, Ph.D.
Graduate School of Applied & Professional Psychology
Rutgers - New Brunswick, Psych building Room A207
GROUP DYNAMICS AND CULTURE IN RELATIONSHIP EDUCATION

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If you have questions about your rights as a research subject, you can contact the IRB Director at: Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at humansubjects@ored.rutgers.edu.

Please keep this consent form if you would like a copy of it for your files.

<table>
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<th>AGREEMENT TO PARTICIPATE</th>
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1. **Subject consent:**
   
   I have read this entire consent form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form and this study have been answered. I agree to take part in this study.

   Subject Name (printed): ______________________________________________

   Subject Signature: _____________________________ Date: ____________

2. **Signature of Investigator/Individual Obtaining Consent:**
   
   To the best of my ability, I have explained and discussed all the important details about the study including all of the information contained in this consent form.

   Investigator/Person Obtaining Consent (printed): _______________________

   Signature: _____________________________ Date: ____________
Appendix C
Demographic Questionnaire

Age:________ Gender:______________
Racial Identity: ________________ Sexual Orientation: ________________
Ethnicity: ________________ Religion/Faith: ________________
Nationality: ________________ Other Cultural Background: ________

1. Marital History (current status, # marriages, # divorces):

2. Number of Children:_______

3. Professional/Academic degree(s):

4. Other Clinical Certifications:

5. Years at Supporting Healthy Relationships Program:

6. How many SHR workshops have you led at the Bronx location?

7. How many SHR workshops have you led at the Manhattan location?

8. Please describe the extent of your couples training.

9. Have you ever run other psychoeducation workshops? If so, please specify:

10. Please list experiences you completed throughout your clinical career addressing cultural differences in treatment and working with clients from different cultural backgrounds than your own (didactic/non-practicum, supervision, practicum, coursework, personal).
Appendix D
Semi-Structured Interview

Success of the program

1. What components do you believe contribute to the success of the program?
   a. What role do you believe programmatic supports (e.g., gift cards, meals, childcare, and family support services) have on couple outcomes or benefits from participation?
2. Thinking back on couples who seem to make progress or receive benefit, what do you notice as different about them?
   a. Prompt: What types of behaviors did you observe that led you to believe that their relationship was different?
3. What do couples report after the workshop as the most helpful?
   a. Prompts: Interventions? Support services?

Group Themes and Dynamics

4. From your perspective, what group processes contribute to participant change?
5. What role do you believe group cohesion had on couple outcomes or benefits from SHR participation?
6. How did you build rapport with the individuals/couples?
7. How would you describe your leadership style?
8. What role do you believe your relationship with the participants had on couple outcomes or benefits from SHR participation?

Aspects of Diversity and Identity

9. How does your own cultural identity influence your role and work in the SHR workshops?
10. How have aspects of cultural similarities/differences between you and the participants come up? How were they addressed?
11. Have issues of diversity (e.g. race, ethnicity, sexual orientation, SES, non-traditional couples, religion) come up during a SHR workshop?
   a. If yes, who brings up the topic? When is it brought up? How is the issue addressed?
12. In what ways have you needed to adapt the workshop or adjust working with a couple to make the program culturally appropriate?
13. In what ways could you make the program more culturally sensitive?

Modifications to the SHR curriculum and catering to the needs of the participants

14. Do you have modifications or additions to your SHR workshops that are not included in the standard SHR curriculum?
   a. If yes, why did you choose to make these modifications or additions?
15. Is there anything you learned over time from leading SHR workshops that informed your adjustments to the workshop?
16. Is there anything you would adjust or add to SHR that you do not already?

Closing Questions
17. Is there anything I should have asked about your experience leading SHR workshops that I didn’t think to ask?

18. What has been your experience of participating in this interview?