

A Randomized Controlled Trial Study of a Queered Adaptation  
of the Marital First Responder Curriculum

A Dissertation  
SUBMITTED TO THE FACULTY OF THE  
UNIVERSITY OF MINNESOTA  
BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

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May, 2016

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## Acknowledgements

I want to thank everyone that helped me get to this point in my life. This includes all of my teachers and support staff at Schweitzer Elementary, Stevenson Middle School, Wayne Memorial High School, Eastern Michigan University, Illinois State University, Lewis and Clark College, and the University of Minnesota. While there are so many to name, notable educators that have had a considerable impact are Mrs. Payzant, Mrs. Louiselle, Mrs. Strand, Mr. Mehiler, Dr. Quiel, Dr. Zompetti, Dr. Metts, Dr. McDowell, Dr. Hernandez-Wolfe, Dr. Harris, and Dr. Doherty.

I want also to acknowledge the role the EMU Forensics team has had in my personal and intellectual development.

I also want to thank my darling partner Chad for doing so much to help my complete this degree.

Lastly, I want to thank my lifetime of friends and family that have helped shape me into the man that I am today.

## **Dedication**

This work is dedicated to all of my LGBT “family” that fought and died for the right for me to live free. Your memory is alive in me.

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## A Randomized Controlled Trial Study of a Queered Adaptation of the Marital First Responder Curriculum

Couples experiencing marital distress are likely to seek social support outside of the couple system (Oliker, 1989). This marital support can both positively and negatively affect the long-term survival of the marriage (Bryant & Conger, 1999; Lewis, 1973; Milardo & Lewis, 1985). The reactions and responses by these confidants have a meaningful impact on the confider (Felmlee, 2001; Surra & Milardo, 1991; Titus, 1980). As such, the phenomenon of confiding has considerable influence on marriage and family well-being. Despite the evidence of the need for people in committed relationships to have helpful social support to sustain marriage, research on confiding behaviors for marital distress has centered almost exclusively on heterosexual couples. Implications for the Lesbian, Gay, Bisexual, Transgender (LGBT) community can largely only be inferred from the historically heterocentric studies.

There is considerable research to show the similarities between heterosexual and same-sex relationships in terms of spousal communication and conflict-resolving behaviors (Julien, Chartrand, Simard, Bouthillier, & Bégin, 2003; Kurdek, 2004). Conversely, there are also issues that uniquely affect same-sex relationships such as minority stress and internalized homophobia (Rostosky, Riggle, Gray, & Hatton, 2007; Todosijevic, Rothblum, & Solomon, 2005). Further, people in same-sex relationships have a more limited access to helpful and affirmative social and family support when compared to heterosexuals (Blair, & Holmberg, 2008; Rostosky et al., 2004). Heterosexual friends and family members are less likely to interact with an LGBT individual (Muraco, 2005; Soliz, Ribarsky, Harrigan, & Tye-Williams, 2010). This may



not only influence the relational quality of an LGBT and heterosexual/cisgender<sup>1</sup> relationship, but such avoidance, on both ends, may affect marital and family life.

Despite many challenges, LGBT individuals are increasingly openly identifying as such and are gaining social capital (Halkitis, 2012). With this social capital comes social integration into mainstream culture and various communities.

This study offers an evaluation of a community-based educational intervention to enhance the quality of confiding relationships in the LGBT community. Building off the original Marital First Responder (MFR) curriculum and intervention, the MFR-Q targets these confidants and provides an LGBT culturally-specific intervention with the goal of helping participants be more knowledgeable, confident, and skillful confidants.

### **Background**

The face and behaviors of the modern marriage are changing. There are currently an estimated 390,000 legally-recognized same-sex marriages in the U.S. (Schwarz, 2015), although precise numbers of unmarried, yet long-term, committed same-sex relationships have not been established. Despite this, LGBT couples experience differing access to relationship support than their heterosexual, cisgender peers. Connolly (2004) and Dziengel (2012) both contend that LGBT couples have decreased access to affirmative community support, especially from family (Connolly, 2004; Dziengel, 2012). LGBT couples are more likely to experience social stigma related to their sexual orientation which has been shown to negatively impact same-sex couples' transition to parenthood (Goldberg & Smith, 2011), and which contributes to an increase in psychological aggression in relationships (Lewis, Milletich, Derlega, & Padilla, 2014).

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<sup>1</sup> Cisgender is the term ascribed to those whose gender presentation matches the sex that they were assigned at birth and believe themselves to be. This would be different than Transgender.

As LGBT couples are less likely to be accepted by peers and family, and face societal and legal discrimination that impact their psychosocial and relational well-being, their committed relationships are more likely to be unstable and strained (Feinstein, Wadsworth, Davila, and Goldfried, 2014; Kurdek, 2004; Ocobok, 2013).

On the other hand, while LGBT couples may experience greater obstacles to obtaining social support, it appears that LGBT couples still have ample access to supportive friendships (Kurdek & Schmitt, 1987), and there are many more similarities than differences in relationship quality between the LGBT and heterosexual communities. Further, LGBT couples experience unique benefits as a result of their identity. Joslin-Roher, and Wheeler (2009) document improvement in relational well-being following gender transition in couples with a transgender male partner. Kurdek (2004) and Gottman (2003) both report same-sex couples having more effective conflict resolution styles than heterosexual couples.

It should be noted that some in the LGBT community caution against embracing marriage as a social institution, arguing that the rhetoric of the word marriage and the actual benefits that come from marriage, have been used by privileged communities to further strengthen their own privileged positions (Hunt, 2005; Lasala, 2007).

Understandably, the perpetuation of marital privileges, either in the form of social, financial, or legal benefits, should be critically examined. Thus, any research into marriage and the LGBT community must be informed by concerns about the rhetoric and institution of marriage.

### **Brief Background on Marital Confiding**

Although most of the research on confiding about marital relationships is relatively old, studies have consistently found benefits of confiding in trusted others on marital satisfaction. For example, Julien & Markman (1991) found that using confidants serves as a protective factor in times of distress. Bryant and Conger (1999) found a significant predictive relationship between a spouse's social support and marital success. Comparing her results with Bowlby's (1979) notion of a child needing a "secure base" for healthy relational development and exploration, O'Connor (1991) argued for the value of extra-marital relationships as a potential means to support marriages.

Building on extant literature, Lind Seal, Doherty, and Harris (2016) explored the nature of contemporary confiding relationships. They found that 73% of all adults have served as a confidant to someone discussing problems in their marriage or long-term committed relationship. Lind-Seal, Doherty, and Harris argued that confiding relationships may be a readily-accessible resource of support for troubled couple relationships.

### **Confiding in the LGBT Community**

In a descriptive study (Zrenchik, 2014) confirmed that confiding relationships are widespread in the LGBT community, and that the topics for confiding are similar to those in the general population. Zrenchik found that 84% of the LGBT community had been a confidant and, compared to the general population, LGBT individuals are more likely to be a confidant. Of particular interest for the current study, 35% of all LGBT confidants reported that they experience stress by being a confidant for others experiencing relational problems. Further, there is considerable cross-confiding between the LGBT

community and the larger community. In light of previous research on the impactful nature of the confider/confidant relationship in times of marital distress (Bryant & Conger, 1999; Lewis, 1973; Milardo & Lewis, 1985), and the general tendency for homophily in social networks (McPherson, Smith-Lovin, & Cook, 2001), it is reasonable to assume that LGBT confidants may be the most influential protective factors in the stability and sustainability of LGBT marriages and long-term committed relationships.

While confiding interactions are widespread in the LGBT community and the general population, there are no studies on whether the capacity of confidants to be helpful can be increased. The present study is the first to determine whether a brief educational program can enhance the knowledge, skills, and confidence of people who identify as confidants to others about relationship problems.

## **Research Strategy**

### **Theoretical Framework**

The development of the intervention in this study was informed by two theories: Ecological Systems Theory and Social Network Theory. Ecological Systems Theory (EST) pioneered by Bronfenbrenner (1979) contends that the individual is embedded within a series of larger, mutually influential systems. Each system is interconnected to the other, and this expanded conceptualization of human context and behavior provides a conceptual understanding of the interrelation between larger constructs (such as homophobia, marriage, or other cultural or material phenomena) and individual/couple experience.

Drawing its earliest influences from biological and agricultural sciences, as well as home economics, EST emphasizes that human behavior is an adaptive experience

directly impacted by the systems that are ever-present. Simon (1962) argues that people have a tendency to not only adapt but to thrive under the prevailing conditions. However, the systems that subject the individual also are subject to the individual's change; as the individual changes, so do the larger systems. Thus, to know the experience and behavior of an individual, EST argues that a researcher must simultaneously seek to understand the culture, context, and location in which that individual lives, adapts, and seeks to thrive. Conversely, to understand the systems in which the individual resides, a researcher must examine each interrelated system as a moving, changing, and evolving force.

Confiding interactions in the LGBT community are influenced by, and actively influences, multiple layers of social construction and culture. Confiding is both a departure from the larger cultural conversation (through private communication), as well as a result of the larger cultural conversation (for needing to happen in privacy rather than a larger public venue). Additionally, when an LGBT person discusses problems in their marriage with another person, this phenomenon can be simultaneously understood on the individual level (how the LGBT person chooses their confidant any why, and what happens internally during that conversation), the microsystem (how the LGBT person and the confidant interact, and how that interaction affects and is affected by the microsystem in which they sit, including how that interaction influences and is influenced by the marriage being discussed), the mesosystem (how that interaction exists in that neighborhood, city, and local LGBT community), the exosystem (how those smaller layers interact with the larger culture of marriage, the larger LGBT community, and larger general culture), and the macrosystem (how all layers exists in larger ideology concerning LGBT rights and privileges, larger cultural values such as marriage and

family, and intersecting identities). As we see, the confiding interaction is not a simple phenomenon that exists between two individuals, but is a deeply influenced and, arguably, influential phenomena tied directly to the ecology around it.

Social Network Theory explains how relationship ties between individuals influence the behaviors and structuring of the larger social network (Wellman, 1983). Social network analysts explain how knowledge, opinion, and behavior spread throughout a community via social ties between individuals (Scherer, 2003; Scott and Carrington, 2000). Wasserman and Faust (1994) have identified three main tenets of a Social Network Theory framework: a) people and their actions are interdependent; b) behaviors and attitudes can flow through these interactions between people, and c) a social network is structured and has effects on people and their interactions. Concerning the nature of marriages, McDermott, Fowler, and Christakis (2009) argue that since attitudes toward divorce likely move throughout all segments of a culture via social ties, supporting one's marriage in a time of distress may contribute to the strength and resilience of the marital relationship.

While discussing how affective states flow through social networks, Christakis and Fowler (2009, 2011) observed: "The way our social networks are structured means that most of us are connected to thousands of people...It is as if we can feel the pulse of the social world around us and respond to its persistent rhythms" (2011, p. 30). This interconnected structural analysis helps explain how events that affect families, such as divorce, spread across a community (McDermott, Fowler, & Christakis, 2013). In similar fashion, Mancini and Bowen argue that it is within communities that researchers can discover "leverage points for transformation and change" (p. 246). They go on to suggest

that “ultimately, informal networks are what changes communities, that is, people themselves are the drivers and enactors of change” (p.252). Thus, it is not only important to understand a singular confiding interaction in its natural state through EST, but it is also crucial to understand how the network of confiding interactions also contribute to the larger health and wellness of marriages and committed relationships and determine if there are ways to target particular confidants to more effectively influence the largest network possible.

### **Project Summary**

The overall objective of this study is to develop and evaluate an adaptation of the Marital First Responder (MFR) training project for the LGBT and Ally community. The MFR is a community-engaged educational program to support and guide people who are natural confidants to people in marriages or long-term committed relationships. The MFR aims to help participants be more confident, knowledgeable, and skillful when others open up to them about problems in couple relationships so as to contribute to the strength and resilience of individuals and couples when facing problems. The rationale for this project is that confidants influence committed relationships, and that the impact of confiding interactions may play a role in couple relationship satisfaction, distress, and outcomes. Furthermore, from theory and prior research, there is reason to suggest that confiding experiences in the LGBT community have distinct differences that warrant further development beyond the generic version of MFR. When considering how to utilize natural confidants to support long-term committed relationships or marriages, it is important to honor the integral cultural differences (as well as the many universal commonalities) of the LGBT community. In terms of the potential interest of the LGBT

community in MFR, it is also important have a community-specific, validated intervention model.

This research employed a randomized controlled trial design with a treatment group and a wait-list control group.

### **Study Goals**

This study assessed the impact of an education intervention for individuals who serve as confidants for LGBT individuals on problems in couple relationships. The main hypothesis was that the MFR-Q will have a positive effect on the knowledge, skills, and confidence of participants.

The study also examined whether participants increased in confiding interactions. There is no hypothesis for the frequency of confiding interactions because it is not clear that such changes would occur during the brief (three month) follow up period after the training.

### **Method**

#### **Recruitment of Participants**

Previous analysis of relationship confiding behaviors indicated that there is considerable cross-group confiding between LGBT-identified and non LGBT-identified individuals. Specifically, LGBT confidants report both LGBT and non-LGBT confiders (Zrenchik, 2014). It is likely that when an LGBT person seeks a confidant, they may seek the support of both LGBT and non-LGBT persons. Thus, this project recruited both LGBT and non-LGBT participants. A group of 64 Lesbian, Gay, Bisexual, Transgender (LGBT) adults, and adult LGBT Allies, were recruited from the Minneapolis/St. Paul metropolitan area. Recruitment was conducted via (a) snowball sampling; (b)



convenience sampling; (c) flyers distributed to local LGBT community organizations; (d) social networking; and (e) word of mouth. Participants met the following eligibility criteria: they were 18 years old or older, participants self-identified as LGBT or an Ally, must have been a confidant to an LGBT person about problems in their relationship, and participants must not have been professional counselors, therapists, clergy, or work in a similar “helping” profession. The last criteria was established to protect the integrity of the sample as to ensure that the sample is not comprised of those already knowledgeable and trained in creating successful confiding relationships.

While discerning LGBT identity from non-LGBT identity presents both political and pragmatic challenges, the study differentiated LGBT participants from their Allies through two questions from the most robust national survey of LGBT Americans (Gates, 2012): “*Do you consider yourself to be heterosexual or straight, gay, lesbian, or bisexual?*” and “*Do you consider yourself to be transgender?*” Those that indicate “*heterosexual or straight*” and “*no*” for the respective question will be defined as “non-LGBT”, and all other response combinations will be defined as “LGBT.” Though each question is forced-choice, and thus presents legitimate limitations, the necessity to discern LGBT from non LGBT is crucial for group assignment procedures (see below). Demographic variables of participants are presented in Table 1.

Interested participants were directed to a website that explained in more detail the purpose of the project, as well as provided all necessary information for informed consent. Volunteers were provided a pre-assessment survey to complete before the intervention.

The desired sample size was based on a power analysis based on a previously conducted MFR intervention with a pre/post analysis (no control group). Minimum sample size was determined to be 24, with 12 participants in the intervention group and 12 in the waitlist-control group. Allowing for possible follow-up attrition and non-attendance at the intervention workshop, and based on the attrition rate reported by Buzzella, Whitton, & Thompson (2012), the recruitment goal was 50 participants.

### **Participant Characteristics**

**Group assignment.** After participants indicated their willingness to participate, they were randomly assigned, via random integer generator, to two groups: an immediate intervention group or a wait-list control group which was offered the workshop three months after the intervention group. After group assignments, participants were given the pre-assessment. The randomization was stratified so that there were equal numbers of LGBT individuals in each group. Participants were separated into an LGBT and Non-LGBT group based on data they have provided on initial paperwork. Once half of LGBT participants were assigned into one group, the remainder were assigned into the other group. Because of an odd number of LGBT recruits, the remaining participant was randomly assigned to the intervention group. The same procedure was conducted for the Non-LGBT group of participants. This ensured equal distribution of LGBT-identified participants in both groups. Blinding was not used in this study.

*Rationale for stratification.* The randomization process was stratified to ensure equal distribution of LGBT individuals in both groups. To attempt to protect against an LGBT “*other-ing*” effect in the live intervention group, stratification was also employed to ensure that, by chance, the intervention group was not unfairly populated by Non-

LGBT participants. Stratification was also employed to protect against the wait-list control group being unevenly populated by Non-LGBT or LGBT participants.

**Participant demographics.** After the effect of attrition, demographic characteristics (See Table 1) for the sample ( $n = 47$ ) were as follows: 22 (47%) LGBT participants and 25 (53%) non-LGBT participants. Ages ranged from 18 to 72 years old ( $M = 31.28$ ,  $SD = 13.78$ ). Racial makeup was 74.5% White, 4.3% Black, 6.4% Hispanic, 8.5% Asian, 6.4% Multiracial. There were no statistically significant differences between the groups on demographic or study variables at pre-test.

**The intervention.** The MFR-Q is an adapted version of the MFR, a 6-hour psychoeducational workshop. MFR was established to provide knowledge and support to community members who seek to provide relationship-affirming peer support. The MFR provides confidants with skills, knowledge, and support for when someone confides in them about problems in a marriage or long-term committed relationship. The project was inspired by the internationally successful Mental Health First Responder project from Australia (Kitchener & Jorm, 2002; 2004). The MFR trains natural confidants and assists participants to become more knowledgeable, confident, and skilled confidants. Participants in the intervention group could choose between two offerings of the training for their convenience.

The MFR-Q was established out of a need for confidants who are particularly interested in serving the LGBT community. (See Appendix I and Appendix II for the curriculum.) While LGBT relationships, and the problems experienced therein, share many similarities to the general population, there are also meaningful differences that are relevant to effective confiding relationships (Zrenchik, 2014). These differences include

dealing with (internalized) homophobia, navigating “outness” of identity, HIV/AIDS-related issues, addressing non-traditional sexual arrangements between couples, family rejection related to sexual and gender identity, and legal challenges and discrimination (Blair, & Holmberg, 2008; LaSala, 2013; Muraco, 2005; Rostosky et al., 2004; Soliz, Ribarsky, Harrigan, & Tye-Williams, 2010).

The MFR-Q combines the content knowledge and skill training in the original MFR, includes information to address the unique problems experienced in many LGBT relationships, and replaces the heterocentric language and examples in the MFR with language sensitive to LGBT relationships. Further, the MFR-Q was hosted in a place safe for LGBT and Allied confidants. The elements of the MFR that have been adapted to create the MFR-Q are indicated in Appendix I by a Gay Pride flag in Appendix I. For further comparison, the full curriculum of the original MFR can be seen in Appendix II, and the full MFR-Q curriculum, with the adaptations highlighted, can be seen in Appendix I.

**Intervention process.** Similar to the MFR, the MFR-Q included numerous opportunities for participants to practice and hone their confidant skills. At times, this experiential learning was in small groups with other participants with participant acting as a confidant and receiving feedback from other participants. Unlike the MFR, the MFR-Q exclusively used LGBT relationship examples and prompts for discussion and skills practice.

### **Measures**

Measures were adapted from a previously used measurement of the MFR, with modifications for cultural relevance to the LGBT community. The measures assessed

knowledge, skill, confidence, impact on confiding interactions, along with demographic variables. For a complete list of the pre/post assessment of the MFR-Q, see Appendix IV.

**Knowledge.** Participant's knowledge about committed relationships and marriages was assessed using a 27-item scale. This scale includes two sections. The first consists of 8 true/false questions, 2 multiple-choice questions, 1 question on identifying the most harmful kind of interaction behavior, and 10 questions about normal problems versus serious problems. This scale is adapted from the original MFR Knowledge scale, which was composed of 16 items, with an alpha of 0.65.

The second section assessed knowledge via vignettes of confiding relationships through which participants discern the best responses by a confidant in each situation. Participants were presented with two vignettes. Each vignette took participants through a confiding conversation, and presented to them three items each to respond to, for a total of six items. One vignette asks participants, after discussing with a confidant her frustration with her partner's defensive behavior, to indicate the "best first response" among four potential responses: *I can understand why you are so frustrated that he doesn't do nearly his share; His hiring out the lawn mowing really got to you, didn't it?; A lot of couples face this kind of problem. My spouse and I certainly do.; I'm sorry you're feeling so frustrated about this right now. It can't be easy.* The final option is the correct answer. Each item from this scale was scored as 0 (wrong answer) or 1 (correct answer), for a total score range of 0 to 6.

The two knowledge scales were summed across 27 items, with each scored as 0 (incorrect) or 1 (correct). The final score was the mean of the summed items, ranging from 0 to 1. The Cronbach's alpha was 0.68.

**Skills.** Participants' skills as a confidant were assessed using a 29-item self-report scale. This was derived from the 27-item scale used in the original MFR evaluation, with two items added to measure skills specifically with LGBT persons. Each item was answered on a Likert scale, with potential answers ranging from 0 (No skill at all- I'm at a loss) to 10 (Highly skilled- I'm great at it). Items in this scale included: *Listening about a problem without soon forming a conclusion in my own mind about who is right and wrong; Listening about a problem without jumping in too soon with my own ideas; Showing empathy for someone who is upset without taking their side; Listening for the person's underlying feelings and not getting caught up in the gory details of the story.; Letting the other person know I understand his or her feelings.* Each item of the skill scale was scored between 0 and 10, and each completed scale was given an overall average score ranging from 0.0 to 10.0. The Cronbach's alpha was 0.95

**Confidence.** Participants' level of confidence in their skills as a confider was assessed using a three item scale, comprised of a two-item sub-scale and a single overall confidence item. This measure was created for this study because it was not used in the prior MFR evaluation. The items included: *Thinking about the last conversation you had with someone who confided in you about a relationship problem...How prepared did you feel to be helpful?; How happy were you with how you responded?* These items were scored on a five-point scale from *Very Unprepared/Unhappy/Unhelpful* to *Very Prepared/Happy/Helpful* depending on the respective question. There was also another item that asked about overall level of confidence as a confidant. This item was measured on a 0-10 Likert-type scale. To create the overall scale, each response for the three items

was recoded into a z-score, and the three z-scores were combined to create a summed score per participant. The Cronbach's alpha was 0.79.

**Confiding Interactions.** Frequency of confiding interactions was measured by two variables: number of different confiders, and the total number of conversations with confiders. The rationale is that participants may either have more intensity (reflected in more conversations) with the same people who already confide in them, they may expand their pool of people who confide in them, or both of the above. Participants were asked the following three questions: "*How many different people have confided you about a problem in their marriage or long term committed relationship in the last three months.*" and "*How many conversations would you say you have had about a problem in someone's marriage or long-term committed relationship during the last three months? This can include more than one conversation with the same person.*" Potential answers for both questions ranged, on an ordinal scale, from 0 to 10, and also "more than 10." Each item was analyzed separately.

**Missing data.** There was little missing data observed in this study (less than .01% of all data items). Using a criterion of at least 90% of total items in a measure to be included in the analysis, one participant's Knowledge assessment was dropped from further analysis. The remainder of missing data was comprised of three participants missing one item in a Skill measure. For them, a score for the missing item was imputed based on the mean of the rest of the items in the scale.

**Demographics.** Participants were asked the following demographic questions: Do you think of yourself as: *heterosexual or straight (that is, sexually attracted to only women/men); homosexual or gay/lesbian (that is, only sexually attracted to men/women);*

*bisexual (that is, sexually attracted to men and women); something else; or you're not sure.* "Do you consider yourself to be transgender?" How old are you (in years)? What ethnic group best describes you? *White; Black or African-American; Hispanic or Latino; Asian or Asian-American; Native American; Middle Eastern; Multiracial; Other (Open textbox).* What is your gender? *Male; Female; Other (Open textbox).* Concerning your primary occupation, are you currently employed in a human services profession (such as counselor, psychotherapist, clergy, social worker,)? *Yes; No.*

### **Data Analysis Plan**

The data analysis plan began with descriptive statistics using the IBM SPSS 22 software. Descriptive statistics consisted of tests for frequency distributions, central tendency to create a probability distribution, and standard deviation to test dispersion.

The data analysis plan for the study goals consisted of repeated measures ANOVA with two groups (immediate intervention and wait-list control) and two time points (pre-test and three-month delay). The principal interest was the group  $\times$  time interaction effect. To test for sphericity, Mauchly's test was employed with the Greenhouse-Geisser correction to adjust epsilon.

The analysis was carried out according to per-protocol principles, meaning that only those who completed all the requirements of the group they were randomly assigned to were included in the analyses.

### **Results**

Because eleven individuals assigned to the intervention group did not attend a workshop, an attrition analysis compared this group with the remaining intervention group at pretest. No statistically significant differences were found regarding



demographic variables, or for the outcome variables of interest. Only one member of the control group failed to do the follow up assessment.

Descriptive data on the intervention and control groups are found in Table 1. Tables 2 presents the findings from the one-way repeated measures ANOVAs. There were significant time x group interaction effects for knowledge [ $F(1, 45) = 13.94, p < 0.01$ ], and skill [ $F(1, 45) = 9.87, p < 0.01$ ]. Effect sizes were large: knowledge ( $d = 1.71$ ), and skill ( $d = 1.09$ ). There were no significant time x group interaction effects for confidence.

The exploratory analyses conducted with the number of confiders interacted with, the number of LGBT confiders interacted with, or the number of confiding conversations overall, showed non-significant results.

### **Discussion**

The findings from this randomized controlled trial of the LGBT adaptation of the Marital First Responders curriculum and intervention support the hypothesis that the MFR-Q increases participants' confidant knowledge and skill. This study thus provides support to the efficacy of the MFR-Q intervention for increasing the capacity of confidants to be helpful for LGBT marriages and committed relationships. The MFR-Q effects for knowledge and skill were quite robust over the three month follow up. These findings are promising for the future of the MFR, the MFR-Q and other MFR adaptations which are currently being developed. Though, it should be mentioned that this is the first outcome study of the MFR or the MFR-Q, and one cannot disentangle the effectiveness of the MFR-Q from the effectiveness of the original MFR.

The hypothesized effect on confidence was not supported in the findings. One explanation relates to the short length of time between intervention and post-test. It is possible that participants would need more time to experience additional confiding interactions in order to increase their confidence. Also, the way in which confidence was measured rested on only three items developed for this study. The scale may not have been sufficiently valid and sensitive to the effect of the intervention.

The knowledge and skills findings are consistent with studies that contend that community-level educational interventions can be helpful for LGBT individuals. There has been a growing presence of LGBT-specific training opportunities for healthcare, education, and other fields (Gendron et al., 2013; Goldbach and Holleran, 2011; Mandap, Carrillo, & Youmans, 2014; Szalacha, 2003). The extension of educational interventions for relationship confidants is promising when considering that 84% of all LGBT individuals have been a confidant (Zrenchik, 2014), and that prior research has shown that confiding can be beneficial to relationships (Bryant and Conger, 1999; Julien and Markman, 1991). Given the quicker accessibility and deep trust a distressed LGBT individual has in their non-professional confidant, findings of this study support the notion that community-level interventions that support LGBT relationships can be valuable.

The finding of no increase in confiding interactions (number of individuals and number of conversations) was not surprising for two reasons. First is that the follow up period of three months may not have been sufficient to detect changes. Second, the nature of confiding interactions is such that the confidant generally does not unilaterally

initiate these conversations but is receptive to them when another person brings up an issue.

Experiential learning was a component of the MFR-Q, specifically harnessing the group effects of group of LGBT people and their allies coming together to share and learn. For that reason, the group is unique even though the curriculum is the same. It is worth noting that individuals in the first of the two trainings expressed a deep interest in questioning and debating the legitimacy of the institution of marriage and its appropriateness for the LGBT community. This conversation was managed but had to be shortened in order to cover the curriculum. For the second training, the instructor decided to preface the curriculum by mentioning and validating the marital debate in the LGBT community, and then said that this issue was not on the agenda for this particular workshop—a boundary that was accepted by the group.

### **Limitations & Future Directions**

There are several important limitations to this study. As noted, the confidence measure had just three items and had not been used in prior evaluations of MFR, and the three-month follow up time may have limited the ability to detect some changes. The intervention was conducted primarily by the lead researcher, with the assistance of his adviser. Future studies will be needed to determine if the effects generalize to other instructors. All of the outcomes were measured by self-report as opposed to direct observation of confidant interactions with those who come to them. Because of the spontaneous and highly private nature of confiding conversations, it is highly challenging to directly study the behavioral skills and the outcomes of confiding conversations.

Future studies might involve simulations of actual confiding conversations to move beyond self-report measures.

Finally, this study was also limited in the way that LGBT identity was determined. There is no consensus on how to assess sexual and gender identity. Even the one employed by this study, which was used in other established studies, has weaknesses. First, it is understood in the LGBT community that the community itself is made up of more than lesbians, gays, bisexuals, and transgender identities. Also, people can have multiple queer identities (such as a lesbian and transgender, or bisexual and gender-queer). This study is limited in that, outside of the form participants used to sign up to join the study, there was no opportunity for participants to define their own sexual and gender identities, but were given a finite list. Further, on the form participants used to sign up, some participants would identify multiple sexual identities (one participant identified as gay, lesbian, bisexual, and heterosexual). Also, there were five participants that identified their sexual identity as “other/not sure”. These participants were put into the LGBT sub-sample because they did not identify as “heterosexual/straight” and “transgender”. While this decision carries with it limitations, this decision also reflects the state of LGBT research as in its earlier stages compared to the study of other populations. Future research should find ways to allow the capture and assessment of multiple sexual and gender identities so as to more accurately describe the sample population. This, likely, will be easier as the field evolves.

Overall, this study also provides support to the feasibility of creating LGBT-community-specific adaptations to the MFR. The MFR-Q can also be used to help graduate students in the helping professions (social workers, therapists, psychiatrists,

psychiatric nurse practitioners, clergy) as a supplement to their graduate training to provide enhanced training in how to effectively support LGBT individuals and couples talking about relationship problems. Future research may find value in working with educational institutions to see whether this intervention would be a valuable resource to their students as has other training interventions been such as the Safe Zone Project, which is a program designed to help students, faculty, and staff at educational institutions create LGBT-affirmative and supportive environments (Finkel, Storaasli, Bandele, and Schaefer, 2003).

In terms of future use of the MFR-Q, it might be fruitful to determine if an online delivery of the intervention is feasible and effective. If not, partnership with larger LGBT organizations, such as Human Rights Campaign or The Advocate, which can more effectively target interested participants compared to the sampling strategy available to this researcher.

### **Conclusion**

Confiding relationships play a considerable role in the lives of couple relationships and marriages. This study offers initial evidence that education and skills training can enhance the capacity of confidants to be helpful to people in their lives who open up to them about relationship challenges, and in particular, confidants to members of the LGBT community. Now that LGBT relationships have gained greater cultural value, and continue to secure equal marital rights, it is important to support these marriages and committed relationships. The MFR-Q may serve an important role in this effort.

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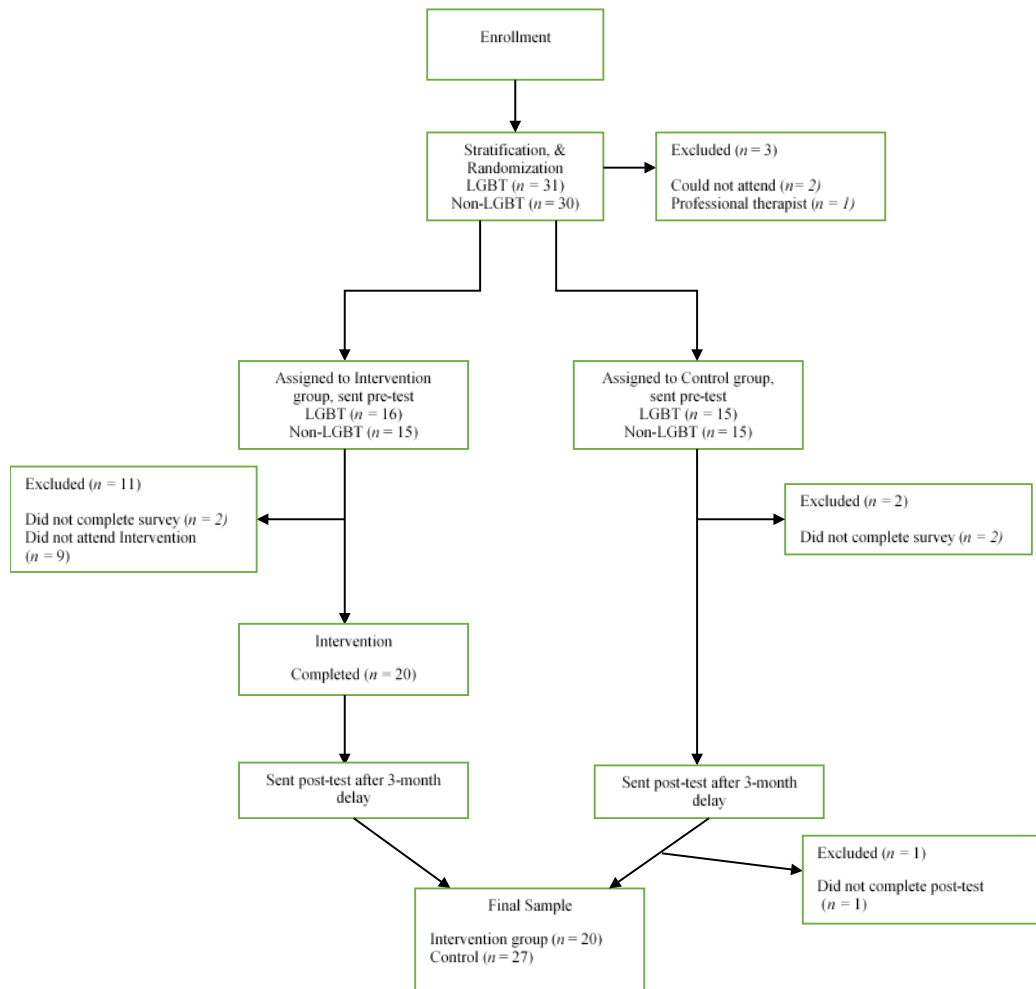


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**Figure 1.** *Participant flow.*

**Table 1.**  
*Demographic variables of total sample (n = 47)*

	Intervention <i>M</i>	Control <i>M</i>	Overall <i>M</i>
<b>Age</b>	31.03	30.43	30.74
	Intervention (%)	Control (%)	Overall (%)
<b>Racial Makeup</b>			
White	17 (85.0%)	18 (66.7%)	35 (74.5%)
Black		2 (7.4%)	2 (4.3%)
Hispanic	1 (5.0%)	2 (7.4%)	3 (6.4%)
Asian		4 (14.8%)	4 (8.5%)
Multiracial	2 (10.0%)	1 (3.7%)	3 (6.4%)
<b>Sexual Identity</b>			
Lesbian/Gay	5 (25.0%)	7 (25.9%)	12 (25.5%)
Bisexual	3 (15.0%)	5 (18.5%)	8 (17.0%)
Other/Not Sure	1 (5.0%)	1 (3.7%)	2 (4.3%)
Heterosexual/Straight	11 (55.0%)	14 (51.9%)	25 (53.2%)
<b>Gender Identity</b>			
Transgender	1 (5.0%)	2 (7.4%)	3 (6.4%)
Male	5 (25.0%)	7 (25.9%)	12 (25.5%)
Female	14 (70.0%)	18 (66.7%)	32 (68.1%)
Total LGBT*	9 (45.0%)	13 (48.1%)	22 (46.8%)
Total Non-LGBT (Ally)	11 (55.0%)	14 (51.9%)	25 (53.2%)

\*Determined by if participant identified as Lesbian/Gay, or Bisexual, and/or Transgender at pre-test.

**Table 2.***Intervention results on outcome variables.*

Source	Pre-Test		Post Test		Time x Group Interaction			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F (1,45)</i>	<i>p</i>	<i>n2</i>	<i>d</i>
Knowledge								
Intervention	0.67	0.14	0.82	0.13	18.79	< 0.01*	0.30	1.71
Control	0.60	0.03	0.60	0.03				
Skill								
Intervention	5.82	1.33	7.70	1.14	13.00	< 0.01*	0.22	1.09
Control	5.67	1.49	6.16	1.64				
Confidence								
Intervention	-0.03	2.57	1.05	2.01	2.57	0.12	0.05	0.35
Control	0.20	2.51	-0.78	2.31				
Confiding Partners								
Intervention	5.15	3.10	4.90	2.85	0.46	0.50	0.01	0.10
Control	5.85	2.61	5.22	2.87				
Confiding Conversations								
Intervention	8.25	3.48	8.31	3.67	0.46	0.50	0.01	0.10
Control	9.22	2.98	8.37	3.32				

\* Significant at  $p = <0.01$

## Appendix I

### MFR-Q Curriculum explained and compared to original MFR

The curriculum of the MFR is informed by nationally-representative survey research on what individuals find helpful (and not helpful) when they were confiders and confidants (Seal, Doherty, and Harris, in press; Zrenchik, 2014). The curriculum is comprised of content knowledge, and skill development, information and exercises to increase participant confidence, and other relevant curricula. The MFR-Q is composed primarily of the same curriculum. However, in order to increase both the cultural sensitivity and relevance to the LGBT community, the MFR-Q has *queered* elements of the MFR; this includes both the addition of necessary Queer knowledge, as well as deletion of heterocentric language and scenarios.

In order for the reader to discern the original MFR curricula and the MFR-Q adaptation, this section will be organized as follows: The curriculum will be organized in three primary sections: Knowledge, Skill Development, and Intervention Process. The elements of the MFR that have been adapted to create the MFR-Q will be indicated by a Gay Pride flag. For further comparison, the full curriculum of the original MFR-Q can be seen in Appendix II, and the full curriculum of the original MFR can be seen in Appendix III.

#### Knowledge

The MFR-Q will address relevant confiding knowledge as follows:

- *Assessing the problems.* Participants will be introduced to four important assessment criteria that will influence the confiding relationship. First, this includes discerning the relationship to the confider has to the confidant (such as family member, friend, co-worker). Confidants are also introduced to assess whether divorce is being seriously considered. This can be done by assessing if either partner is “leaning in” (wanting to work things out), “leaning out” (pushing the divorce idea), and what emotions may be associated with each type. Also, confidants are instructed to consider the problem(s) the confider is bringing up. Some common problems are: *Not enough attention, Money, Not able to talk together, Spouse/partner’s personal habits, Considering divorce (either the confider or the spouse), and Infidelity.* These prevalence and frequency of problems brought to confidants were identified by Seal, Doherty, and Harris (in press.). Next, confidants are introduced to the difference between “hard” (often more serious) and “soft” problems (serious problems, but often less difficult to heal from, and more common, than “hard” problems). Hard problems are *Affairs, Abuse, and Addiction.* Soft problems include everything else. Hard problems are




defined and expanded upon, and examples of soft problems are discussed in context as not as “emergency-level” as hard problems but still require confidants to respond with empathy and attention.

- *Research on common couple problems.* Confidants will also be introduced to relevant knowledge related to common couple problems. Some common couple problems are: *A decline in romantic and sexual intensity over time as couples settle in.; Differences in sexual interest, especially after the early phases of a relationship; A decline in couple satisfaction after the birth/adoption of their first child; A pursuing/distancing or demand/withdrawal pattern, with one partner asking for more attention or affection, and the other resisting. It’s the “common cold” of marriage.*

Regarding the common problems that couples experience, many of which are brought to confidants, participants are instructed that the problem is not the presence of these challenges, but the thoughtfulness and acceptance that couples bring to managing the challenges.

As much of this research knowledge comes from exclusively Male/Female marriages and relationships, participants will also be introduced to common couple problems that face the LGBT community. Some of these are: *Dealing with internalized homophobia/transphobia within the relationship, including level of “outness”; Navigating homophobia/transphobia outside of the relationship, including workplaces, family, friends, and community. This includes the overt or covert discrimination in the legal system; Complexities of child birthing/surrogacy/adoption, and raising children in an LGBT-led home.*

- *Common mistakes.* Participants will be provided with a list of common mistakes committed by confidants including: *providing too much advice, being too critical of the confider or their spouse, and suggesting a breakup or divorce.*  
 A common mistake relevant to the LGBT community would be confidants examining the relationship from a heteronormative, cisgendered lens.
- *Helpful confidant behavior.* Participants will also be provided with the top five behaviors that confidants do that confiders report as being most helpful. This includes: *Listened to me; Gave me emotional support; Gave me a helpful perspective; Helped me understand my own contributors to the problem; Helped me understand where my partner was coming from.*
- *Knowledge on couple conflict.* Participants will be given a summary of some of the most robust psychological and relational research concerning divorce, and

their findings. Some of these findings include: *All couples have conflict, and some conflict is good. The key is how they handle it.; Positive emotional connection is the best way to reduce conflict.; Happy couples spend time together and have 5 positive exchanges for every one negative one.; Escalation and withdrawal are typical ways of managing conflict, leading to unresolved problems.; Four of the worst things couples do in verbal conflict are: criticism/blame, defensiveness, contempt, and stonewalling. Contempt is the most damaging; “Soft start ups” (as opposed to “harsh start ups”) are the best way to avoid unnecessary fights. These are calm ways to bring up a concern. Most conflicts start derailing within the first two exchanges; Being heard and understood by the partner goes a long way towards resolving a conflict.*

- *Knowledge concerning divorce.* Participants will also be introduced into some relevant knowledge on divorce. This includes: *The majority of divorces nowadays are for “soft” reasons.; The top three reasons for divorcing parents in Hennepin County, Minnesota: growing apart, not able to talk together, and money problems; Usually one person is well ahead of the other partner in wanting and planning a divorce.; Divorce is hardly ever a consensual decision, at least in the early stages.; Most people go through a roller coaster of hope and despair about divorcing or saving their marriage, and many people hold hope even after the divorce process is underway.*

### **Skill Development**


The MFR-Q will provide participants with interventions and activities to build effective skills. The skill-building portion of the curriculum is separated into two hierarchical categories: Level One and Level Two. Level One skills include the basic skills: Listening, Empathizing, Affirming, and offering Perspective. Level Two skills include Challenging, Advising, and providing Resources.


#### ***Level One Skills***

- *Listening.* The purpose of this section is to teach participants the following effective listening skills: *Let the person talk, and not interrupt or offer perspective too soon; Listen for feelings and to not get caught up in the details of the story; To avoid jumping to conclusions, especially on “soft” problems; Be aware that the confider is telling only that person’s side, and only what that person is choosing to tell.*
- *Empathizing.* The purpose of this section is to teach participants effective empathizing skills. Some of these are: *To let the person know you care.; To reflect back the person’s feelings; To show understanding why the person is feeling*

*badly; To take advantage of Non-verbals and that one can show empathy just with a look or touch, or a sound (“Ooh...”); To avoid statements that appear empathetic but are really put downs of the partner.*


- *Affirming.* The purpose of this section is to teach participants the following effective affirming skills: *To affirm the strengths and capacity of the person; To affirm the strengths and capacity of the partner and the relationship (when genuinely felt); To avoid being so positive that the person doesn’t feel heard.*

 MFR-Q participants will also be told “*Certain issues discussed may provide you an opportunity to affirm the resilience of the LGBT community.*”
- *Offering perspective.* The purpose of this section is to teach participants ways to offer perspective without being demonstrative. Some of these are: *To make sure listening, empathizing, and affirming is done first (generally); To share one’s own experience and learnings; To back up if the person rejects the confidants perspective as not relevant to his/her situation.; To avoid lecturing, sounding too smart, and accepting as normal what should not be acceptable (especially the hard problems).*

 The MFR-Q includes the instructions: *Abstain from generalizing statements or statements about the LGBT community that can be off-putting to gender non-conforming couples, or some same-sex couples. Also, this may introduce a whole set of complex issues that may be irrelevant to the situation. “You know how catty gay guys are” or “She’s probably still in the closet”*


### **Level Two Skills.**


1. *Challenging.* Participants will be guided on important considerations when challenging. This includes challenges that sometimes need to take place, and how to effectively challenge without being overly combative. Some common challenges confidants must engage in is: *To instruct the confider to be clearer about what you feel and want; To encourage the confider to look at their own expectations; To encourage the confider to think about the other person’s side.* Confidants will also learn how to challenge effectively. Some of the strategies to effectively challenge that participants will learn are: *With gentle questions; With a question about whether the confidant can challenge the person; With I-statements.*

 MFR-Q participants will also be instructed to challenge “*with comments that acknowledge identity differences*” when appropriate. An example of


this would be *“I realize that, being straight, I don’t know what it is like to be married to someone that has to hide their sexual identity. However, I can’t imagine it is easy for your husband to stay in the closet. Have you ever considered why it is so hard for him to come out?”*

2. *Advising.* Participants will participate in skill building exercises concerning effective means to offer advice. To provide effective advising, confiders must learn things such as: *How to use direct, specific advice infrequently; To use advise mainly when the other person is in turmoil and at risk of making poor decisions; How to respond when a confider says “yes, but”.* Participants will learn when advice is most necessary, including: *To end an affair and deal directly with the problems in a relationship; To seek help from a counselor; To have a safety plan; To get a lawyer when a desperate spouse is making financial or child custody threats.*


 Participants will informed of some of the unique challenges that commonly affect long-term LGBT relationships that are terminating, which may be relevant when advising a confidant. This includes: *legal concerns around non-adoptive parents, financial ramifications of separation in states without same-sex common-law marriages, and the particular challenges of being a single LGBT person in a small community.* An example of this would be: *“I know that here in Wisconsin you have no legal right to see your daughter, because your wife is her only legal parent. I know the legal issues are very complex and I really hope you take some time to think this through before you make such a major decision.”*

 Participants will also be informed of when it may be a good idea to specifically utilize the strengths of the LGBT community, specifically their value of marriage, when it may be necessary. An example of this would be *“I know a lot of our gay brothers have fought and died for us to have the right to marry. Now that we have the right to marry, we have to make sure we respect the sacrifice it took to get here. Have you ever considered reaching out to an LGBT organization to see if they can offer some support?”*

3. *Suggesting resources.* Participants will be offered an opportunity to skillfully offer resources to confiders. Some of the skills necessary to do this include: *How to open up the topic by asking if the person has sought help or is thinking about getting help; How to carefully suggest they speak to a counselor; How to follow the person’s lead in response to whether or not they want a resource.*

 Participants will also be offered an opportunity to consider context to ensure the resources offered to an LGBT confider is affirming and supportive of their identity.

***Other Curriculum Content Areas.***

- *Their role as marital confiders.* The curriculum will include clarification into the expectations and limitations of their role as marital confiders. Expectations include being an empathetic listener, and to hold hope for people and their marriage. Limitations include that, as marital confiders, they are not therapists or trained professionals, they are not to take sides in conflict, and are not to tell confidants what to do.
- *Maintaining boundaries.* Participants will also be provided both knowledge and skills around how to maintain boundaries in the confiding relationship. Some of these are: *Know your triggers from your own experience (for example, if you were cheated on); Resist getting drawn into a triangle when you have a relationship with the spouse/partner; Even when asked, be careful about direct, specific advice such as “Here’s what you should say to him when you home tonight.”*
  -  This sections has been adapted to include: *Be aware of your own identity politics may be affecting how you perceive the situation (this includes (but not limited to) your gender, your current (and past) sexual orientation, your religious affiliation.*
- *Resource list.* Participants will also be given a list of LGBT-affirmative resources that they can use in future confiding interactions.

## Appendix II

### Full curriculum of the MFR-Q

# FOUR ASSESSMENT CONSIDERATIONS

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**1. What is my relationship to the person and their spouse?** Most common in our research:

- Female friend
- Family member (top two: siblings and adult children)
- Male friend
- Coworker

**2. What problem is the confider bringing up?** From our research:

Not enough attention (63% of confidants have been told about this)

Money (60%)

Not able to talk together (60%)

Spouse/partner's personal habits (59%)

Considering divorce (58%) (either the confider or the spouse)

Infidelity (51%)

Personal problems of the spouse/partner (49%)

Job problems (48%)

Includes spouse works too many hours (24%)

In-law and other relatives (47%)

Spouse's leisure activities (41%)

Household responsibilities (41%)

Being controlled by the partner (40%)

Alcohol or drug problems (38%)

Sexual problems (38%)

Differences in tastes and preferences (37%)

Spouse/partner's friends (34%)

Severe emotional abuse (32%)

Conflicts over raising children (30%)

Physical violence (27%)

Conflicts over child care responsibilities (22%)

Religious differences (14%)

**3. Is it a "hard" problem or a "soft" problem?**

Hard problems ("AAA"): Abuse, Affairs, and Addictions

- Abuse means physical violence, emotional cruelty, and what's called "coercive control" where the spouse or partner is restricting the person's freedom in a serious way—like who they talk to, what they wear, where they go.
- Affairs can be sexual or emotional infidelity. Emotional affairs are close relationships that are kept secret from the spouse.
- Addictions can be to alcohol, drugs, gambling or other out-of-control behavior.

Soft problems are everything else.

- Problems like growing apart, money, sexual problems, parenting differences, arguing a lot
- Soft problems can be very painful, and are the most common reasons for divorce, but they're not in an "emergency" category like the hard problems. Some people live a happy life while learning to live with soft problems in their marriage, but the hard problems almost always compromise human health and dignity.
- Bottom line: empathize with soft problems but don't react as if they are hard problems that are immediately threatening.

#### 4. Is divorce on the table?

- Is the person hinting at or talking openly about divorce?
- Usually one spouse is ahead of the other when it comes to wanting a divorce. One is leaning out (pushing the divorce idea) while the other is leaning in (wanting to work things out). Therefore:
- Is the confider the leaning out spouse? If so, has he/she told the other spouse?
- Or is the confider the leaning in spouse? Likely to have high anxiety at the moment.

### YOUR ROLE AS A MARITAL FIRST RESPONDER

- Your job is to be a good friend or family member, not a therapist.
- Your job is to listen and be supportive, not to take sides or figure out who is right and wrong.
- Your job is help people come to their own solutions, not to tell them what they should do. If they are very distressed and can't find their own solutions, we'll teach you how to encourage them to seek professional help.
- Your job is to hold hope for people and their marriage, and not pile on with more negativity—with some exceptions.

## COMMON MISTAKES

Reset your “default” responses if they are not helpful. It’s important to understand things you say when you get anxious, overinvolved, or don’t know what else to say. The top five unhelpful things reported by confiders in our research, followed by six more:

- Mr. Fixit/Ms. Fixit: too much advice, a lot of it not useful. (“You should tell him he has to support you with his mother.”)
- Talker: too much about self (“When Harold and I went through the same thing 20 years ago—no, it was 25 year ago—what I remember was.....(blah, blah)”) )
- Sider Taker: too critical of the spouse (“What a jerk!”)
- Judge: being negative towards the confider (“You’re only thinking about yourself.”)
- Underminer: suggesting a divorce or break up (“I wouldn’t stay another day with a woman who cheated on me.”)

Six other common mistakes we’ve seen:

- Distracter: too much talk, or changing the subject (“Quite a winter we’ve had this year.”)
- Polly Anna: too reassuring (“You’re such a great couple.”)
- Straight-talker: talking from a heterosexist lens (“You should have realized she would cheat on you when you married a bisexual”)
- Interrogator: too many questions, asking for unnecessary detail
- Smarty Pants: offering perspective too soon
- Wimp: staying with empathy when the person needs challenge



## **WHAT RESEARCH TELLS US ABOUT COMMON COUPLE PROBLEMS (THAT SOME THINK ARE UNCOMMON FLAWS)**

- A decline in romantic and sexual intensity over time as couples settle in.
- Differences in sexual interest, especially after the early phases of a relationship.
- A decline in couple satisfaction after the birth/adoption of their first child.
- A pursuing/distancing or demand/withdrawal pattern, with one partner asking for more attention or affection, and the other resisting. It's the "common cold" of marriage.
- Another common pattern is over-functioning and under-functioning, which tend to reinforce each other. Can become a parent/child-like dynamic.
- Most common complaints about male partners: not a full partner (doesn't participate and connect enough). Most common complaint about female partners: too critical and demanding. Of course gender is also very fluid. These are merely common generalities.
- Personality differences and areas of incompatibility that become more annoying over time (they may have been okay or even "cute" at the beginning).

## **COMMON COUPLE PROBLEMS IN THE LGBTQ+ COMMUNITY (THAT SOME THINK ARE UNCOMMON FLAWS)**

- Dealing with internalized and/or external homophobia, transphobia, and issues related to gender roles and gender expression.
- Navigating homophobia/transphobia outside of the relationship, including workplaces, family, friends, and community. This includes the overt or covert discrimination in the legal system.
- Complexities of child birthing/surrogacy/adoption, and raising children in an LGBT-led home.
- Challenges with negotiating open relationships or sexual non-monogamy. This is more common and accepted in the LGBT community (especially among gay men), but comes with its own challenges.
- Another common problem is disagreements related to sexual positioning preferences. Two “tops” and two “bottoms”, or two “givers” and two “receivers” can really struggle to find a workable solution.
- HIV/AIDS status and related challenges
- Same-sex couples experience more conflict about former lovers than heterosexual couples.
- Transitions in gender identity, hormone therapy, surgery, and other issues related to gender/sex transitions.
- Contentions around whether to get married or not.

*The problem is not the presence of these challenges, but the thoughtfulness and acceptance that couples bring to managing the challenges.*

# MARITAL FIRST RESPONDER CORE SKILLS

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What do confidants do that is most helpful for confiders? Top five in our research:

1. Listened to me
2. Gave me emotional support
3. Gave me a helpful perspective
4. Helped me understand my own contributors to the problem
5. Helped me understand where my partner was coming from

## LEVEL ONE: L.E.A.P. (Listen, Empathize, Affirm, offer Perspective)

### 1. LISTEN

- Let the person talk, don't interrupt or offer your perspective too soon
- Listen for feelings (mad, sad, scared, hurt, frustrated, worried, confused) and don't get caught up in the details of the story (who said what to who and when)
- Don't jump to conclusions, especially on "soft" problems; be aware that you are hearing one person's side, and only what that person is choosing to tell you.

### 2. EMPATHIZE

- Let the person know you care. "I'm sorry you're going through a hard time right now."
- Reflect back the person's feelings
  - "That must have really hurt." "What a confusing situation you're in right now."
- Show you understand why the person is feeling badly
  - "It makes sense that you are beside yourself upset about what happened."
- Non-verbals are key. Sometimes you can show empathy just with a look or touch, or a sound ("Ooh...")
- Listen for the "soft feelings" (sadness, fear, hurt, insecurity) underneath the "hard feelings" (anger, aggravation, frustration, blame). People often lead with the hard, protective feelings, but the softer, more vulnerable feelings are often a pathway towards understanding and healing.
- Avoid statements that appear empathetic but are really put downs of the partner.
  - "How insensitive!" OR "I can't believe he won't support you better."
- If the person is going on and on with a critique of the partner or details of what happened, gently steer back to the person in front of you by offering empathy. (You can't empathize with a harangue, only with a person.) "What a mess. I'm so sorry."

- Good empathy should help the person feel calmer rather than adding fuel to the bonfire. (An exception would be an abusive situation where the person is too calm in the face of danger.)

### 3. **AFFIRM**

- Affirm the strengths and capacity of the person
  - "I know you are a caring person."
- Affirm the strengths and capacity of the partner and the relationship (only when you mean it)
  - "I know he is committed to you." OR "You two have weathered storms before."
- Avoid being so positive that the person doesn't feel heard
  - "You two are such a special couple it's hard to believe you're having problems."
- Certain issues discussed may provide an you an opportunity to affirm the resilience of the LGBT community
  - "It has to be really hard to not have your parents support for your relationship because you are both gay. It's awful to see how hard gay couples have to fight to be treated fairly."
  - "I realize that, being straight, I don't know what it is like to be married to someone that has to hide their sexual identity. However, I can't imagine it is easy for your husband to stay in the closet. Have you ever considered why it is so hard for him to come out?"

### 4. **PERSPECTIVE** (L.E.A. skills are for every conversation; perspective is for many but not all)

- Generally, make sure you've done L.E.A. first.
- Share your own experience and learnings
  - Criteria for good self-disclosure: brief, to the point, and return the focus to the other person
  - Share your perspective with humility:
    - "I don't know if this fits your situation, but my husband and I have dealt with something that sounds similar. Here's something I learned."
    - "I've thought a lot about this problem because I've faced it in my own marriage. Here's where I came out on it..... I don't pretend that this has to work for you, but it did help us."
    - But be careful not to equate your experience ("I know just how you feel"); every couple is different
- Abstain from generalizing statements or statements about the LGBT community that can be off-putting to gender non-conforming couples, or some same-sex couples. Also, this may introduce a whole set of complex issues that may be irrelevant to the situation:
  - "Yeah, all men are the same."
    - "Well, you know how gossipy lesbians are."
- Help the person understand that common problems are universal.

- “From what I understand, a lot of couples wonder what happened to their marriage when the last kid leaves home.”
- Offer a perspective on what the spouse/partner might be feeling, if you know the person.
  - “I’d bet that Jack is feeling badly about that big argument too.”
- You could share something you’ve learned as a Marital First Responder (“I took a workshop on couple relationships and here’s something I learned....”)
- Back up if the person rejects your perspective as not relevant to his/her situation.
- Avoid lecturing, sounding too smart, and accepting as normal what should not be acceptable (especially the hard problems)

## WHAT RESEARCH TELLS US ABOUT MARITAL CONFLICT AND DIVORCE

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### MARITAL CONFLICT

- All couples have conflict, and some conflict is good. The key is how they handle it.
- Positive emotional connection is the best way to reduce conflict. Happy couples spend time together and have 5 positive exchanges for every one negative one.
- Escalation and withdrawal are typical ways of managing conflict, leading to unresolved problems.
- Four of the worst things couples do in verbal conflict are: criticism/blame (“It’s your fault”); defensiveness (“It’s not my fault”); contempt (“You’re an idiot”); and stonewalling (“I’m not talking to you”). Contempt is the most damaging.
- “Soft start ups” (as opposed to “harsh start ups”) are the best way to avoid unnecessary fights. These are calm ways to bring up a concern. Most conflicts start derailing within the first two exchanges.
- Being heard and understood by the partner goes a long way towards resolving a conflict.
- Most ongoing marital problems (70% by some estimates) never get solved, but couples can learn to live more graciously with them. (Note: these are generally “soft” problems.)
- Interpretations matter: How people understand their partner’s actions affects how they feel and react, for example, whether they think their partner is deliberately provoking them versus doing something unintentionally or out of ignorance of its effects.
- Many marriages survive infidelity and come out better if they get help.
- There are two main kinds of intimate partner violence: “situational violence” that comes from escalating conflict and may involve both partners hitting, and “intimate terrorism,” which usually involves a man controlling, demeaning, and intimidating a

partner, with or without physical violence. Both are dangerous, but the second one, though less common, is especially threatening.

## **DIVORCE**

- The majority of divorces nowadays are for “soft” reasons. Top three reasons for divorcing parents in Hennepin County, Minnesota: growing apart, not able to talk together, and money problems.
- Usually one person is well ahead of the other partner in wanting and planning a divorce. Divorce is hardly ever a consensual decision, at least in the early stages.
- Most people go through a roller coaster of hope and despair about divorcing or saving their marriage, and many people hold hope even after the divorce process is underway.
- Family law and divorce law is still evolving, and in many ways, has not known how to handle separating same-sex couples, especially those with children. Thus, the process for defining/securing parental rights is very challenging (and very expensive) for LGBT people which causes even greater problems to the family.

### **LEVEL TWO: C.A.R. (Challenge, Advice, offer Resources)**

**For some situations, after you’ve done a good job with L.E.A.P. and the person seems open**

Here are some common situations when C.A.R. might be needed:

- When the confider is not doing something basic, like telling their spouse about their concern
- Same story over and over, the person is stuck
- When it’s clear they need help and aren’t seeking it
- Hard problems (abuse, affairs, additions), especially when there is imminent threat
- When divorce is on the table

#### **1. CHALLENGE**

Examples of common challenges:

- Be clearer about what you feel and want (“He can’t read your mind.”)
- Look at your expectations (“With a little baby and no sleep, are you surprised that she’s not that interested in sex?” or “The original romance and intensity doesn’t come back, but something different and better can take its place.”)
- Think about the other person’s side (“Every problem has two sides. I wonder what he would be saying if he was here now.”)

- Look at your own part (“You know, it take two to tango. Have you thought about what you might be contributing to the problem?”)
- Maintain hope and keep working on a marriage (“The stakes are really high. I hope you’re going to keep trying and not give up too soon.”)
- Don’t accept the inevitability of divorce the first time you hear about someone’s intention. (“Sometimes when people say they want a divorce it’s a desperate call for change. You have choices to make about what to do next.”)
- Take more seriously problems that are really serious (“I’m worried that you are not taking his threats seriously enough” or “Divorce is really hard on kids, but it can be particularly tough on kids of lesbian parents; especially because there is a lot of grey area on what her parental rights are. I’m concerned you don’t know enough about what you may be getting your family into.”)

### Ways to challenge

- With gentle questions
  - “Have you thought about whether he might be as worried as you are but not telling you?”
- With a question about whether you can challenge the person
  - “Can I say something challenging right now?”
- With I-statements
  - “One of the things I’ve learned is that when I don’t speak up, I can’t expect him to know what I want.”
- With general comments about relationships
  - “There are always two sides to a problem of communication. What do you think he is thinking and feeling?”
- With expressions of concern
  - “I’m worried that you are in a deep hole and digging deeper right now.”
  - “I’m worried for your safety right now.”
- With affirmation of the person’s autonomy: it’s their choice
  - “This is just my view. You’re the one who gets to decide.”
- Non-verbals are important. Looking a bit pained to have to deliver a difficult message is likely to be better received than looking like you are enjoying challenging the person.
- With comments that acknowledge identity differences
  - “I know I’m not Trans, and don’t want to ignore what makes a Trans relationship unique, but some things are true about relationships in general.”

## **2. ADVISE**

- Use direct, specific advice infrequently. Too much of it turns people off.
- Use mainly when the other person is in turmoil and at risk of making poor decisions.
- When you hear “yes, but,” back up and use your L.E.A. skills some more.

- Examples of when direct advice might be helpful:
  - To end an affair and deal directly with the problems in a relationship
  - To seek help from a counselor
  - To have a safety plan
  - To get a lawyer when a desperate spouse is making financial or child custody threats

\*Remember when advising someone to seek the help from a professional, to instruct them to ask the professional if they are “LGBT affirmative”, and to discuss their experience with working with LGBT issues. There is no law, in any state, that bars a homophobic or transphobic person from becoming a lawyer, therapist, or social worker. Prejudiced services like this can actually be damaging during a very vulnerable time for your confider. Refer to the list of resources for vetted professionals and professional organizations.

- Best to preface direct advice with an affirmation of concern and recognition that it's the other person's decision
  - “I'm really worried for you right now and I know it's up to you what you decide what you're going to do. I just hope you will give serious thought to what I want to say to you.”



## MAINTAINING BOUNDARIES

1. Know your triggers from your own experience (for example, if you were cheated on).
2. Be aware of how aspects of your identity may be affecting how you perceive the situation (this includes (but not limited to) your gender, your sexual orientation, your religious affiliation).
3. Avoid stereotypes of LGBT couples, no matter how close you are with the person. Even saying things like “You know how catty gay guys are” or “She’s probably still in the closet” introduce a whole set of complex issues that may be irrelevant to the situation.
4. Care without getting more negative or upset about the problem than the other person is (emergencies aside).
5. Resist getting drawn into a triangle when you have a relationship with the spouse/partner.
6. Be careful about offering your own assessment of the problem even when asked (for example, “I think this is a communication problem” or “He has a sexual hang-up.”)
7. Even when asked, be careful about direct, specific advice such as “Here’s what you should say to him when you home tonight.”
8. Pull back to supportive listening (L.E.A.) if the person brings up the problem over and over, and has not accepted your perspective, challenge, or advice. Keep a check on your impatience, and don’t make a recommendation that someone live with the problem or break up the relationship because you are tired of listening to their complaints.
9. Remind yourself of the limits of your ability to help when the other person is not ready to face the problems or has determined a course of action you think is unwise.

## OFFERING RESOURCES

Timing is important; don't offer until you've used other skills and the person seems open to your input about next steps.

## RECOMMENDING HELP

1. Open up the topic by asking if the person has sought help or is thinking about getting help. "Have you ever thought about talking to a counselor about this?"
2. Follow the person's lead in response to that question. If it's "yes," ask for who they've talked to or thought about talking to. If it's "I'm not sure," or "no," explore their thinking: "What are your thoughts about whether it might help to talk to someone about this?"
3. If you've had a good experience in couples counseling, a couples retreat, or other forms of help, you can share that experience.
4. If the person's distress is strong and enduring, then you can say that maybe it's time to considering some marriage counseling (or other form of help). ("I know counseling is not your thing, but this is a serious problem that doesn't seem to be getting any better. I'm worried for you two.")
5. If this is met with resistance, back up the first time. But bring it up again in the future if the person keeps confiding in you about the problem and your help does not seem to be doing much good. "You're using me a sounding board, and I'm willing to keep supporting you because I'm your friend and I care about you. But I keep getting this feeling that you'd be better off talking to someone with professional training too."
6. Distinguish between this person's reluctance to seek help versus his/her view of the spouse's reluctance. Sometimes people who are ambivalent hide behind their partner's reluctance to get help. ("I hear you that you think that he would not go with you to marriage counseling. What I'm not clear about whether you think it's a good idea yourself.
7. If the person seems open, you could say that you took a workshop that talked about different kinds of help for couples and individuals in relationships, and that you have a resource list you can share if the person is interested.
8. Be careful about suggesting they speak to a religious counselor. If the person is already part of an LGBT-affirmative religious community, you can ask if they have talked to *that* religious leader, but avoid asking them if they have spoken to *any* religious leader about the relationship problems as many would not provide helpful support.

9. Perspective on types of help (see resource list)

- Generally, marriage/couples counseling is better than individual counseling for relationship problems.
- Individual therapists tend to see things from the perspective of their client and can sometimes inadvertently undermine relationships. Normally therapists should not become couples therapists for their long-term individual clients.
- Some therapists who see couples are not good at it; they are mainly individual therapists.
- Couples retreats can be good ways to jump start a flagging relationship and many programs offer follow up support groups.
- Some online resources are helpful for situations such as affairs and a sudden breakup.
- If there is a safety concern, the confider should start with an individual therapist or crisis line.
- If the confider wants legal help or information about the divorce process, suggest they look for someone trained in Collaborative Law

## **Resources for LGBT Individuals & Couples**

### Couples Therapists

1. The Minnesota Couples on the Brink Project  
[www.mncouplesonthebrink.org](http://www.mncouplesonthebrink.org)

A University of Minnesota resource for “discernment counseling” that helps couples decide on whether to divorce or work on restoring their marriage to health. Best for situations when one partner is ambivalent about doing regular marriage counseling.

2. LGBT Therapists: Minnesota's lesbian gay bisexual transgender & allied mental health providers' network  
[www.lgbttherapists.com](http://www.lgbttherapists.com)

LGBT Therapists is a network of lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and allied / affirming mental health and social service workers in Minnesota.

3. National Registry of Marriage Friendly Therapists  
[www.marriagefriendlytherapists.com](http://www.marriagefriendlytherapists.com)

A national and local network of marriage counselors who are experienced and oriented to preserve marriages if possible, recognizing that it is not always possible, rather than taking a "neutral" stance on the issue. Be sure to ask the therapist if they are LGBT Affirming, and if they have experience working with LGBT Couples. (Disclosure: William Doherty is co-founder of this resource, although he is no longer involved in it.)

4. Emotionally Focused Therapists  
<http://www.mneftcommunity.org/Find-an-EFT-Therapist.html>

A national and local network of therapists with specialized training in Emotionally Focused Therapy for Couples, a highly researched approach developed by Sue Johnson.

5. Imago Relationship Therapists  
<http://gettingtheloveyouwant.com/directory>

A local and national of therapists with specialized training in Imago therapy for couples developed by Harville Hendrix and Helen Hunt.

6. The American Association for Marriage and Family Therapists.  
[www.therapistlocator.org](http://www.therapistlocator.org)

This is the largest network of marriage and family therapists locally and nationally. The Therapist Locator contains a list of hundreds of local members. The list can be overwhelming in size, and the experience level of members in marriage counseling differs greatly. An option for locating the most experienced marriage therapists in this organization is to look for members whose web page lists “approved supervisor” as a credential. Be sure to ask the therapist if they are LGBT Affirming, and if they have experience working with LGBT Couples.

### Couples Retreats

1. Heart to Heart Retreat Weekends  
<http://www.heart.mn.cx/>

The purpose of this couple's enrichment weekend retreat is to offer couples the opportunity to examine, enrich and strengthen their relationships. They value and welcome all committed couples: same-sex and opposite sex, married and un-married. Follow up groups are available.

### Addiction Recovery

1. PRIDE Institute  
[www.pride-institute.com](http://www.pride-institute.com)

PRIDE Institute is committed to providing lesbian, gay, bisexual, and transgender people a road to recovery through evidence-based substance abuse, sexual health, and mental health treatment.

### Legal Help

1. Collaborative Law Institute of Minnesota  
<http://www.collaborativelaw.org/>

Family law attorneys and allied professionals who are committed to a healing process for the whole family and avoiding litigation. A number of collaborative lawyers are trained to keep the reconciliation option open throughout the divorce process.

## 2. Divorce Mediation

There are many divorce mediators in the Twin Cities area. They work with both parties together to create agreements outside of court.

### General Resources for Couples

#### 1. Human Rights Campaign

<http://www.hrc.org/resources>

As the largest civil rights organization working to achieve equality for lesbian, gay, bisexual and transgender Americans, the Human Rights Campaign represents a force of more than 1.5 million members and supporters nationwide.

#### 2. Minnesota AIDS Project

<http://www.mnaidsproject.org/>

In partnership with over 1,000 volunteers, MAP provides compassionate, confidential and non-discriminatory services, including practical, emotional and social support for people and their families living with HIV/AIDS.

#### 3. Minnesota Transgender Health Coalition

<http://www.mntranshealth.org/>

MN Transgender Health Coalition offers several free services to the Trans & Gender non-conforming community including shot clinic, syringe exchange, monthly HIV testing, support groups, food shelf, gender gear program, gender lending library and more.

#### 4. Family Equality Counsel

<http://www.familyequality.org/>

Family Equality Council connects, supports, and represents the three million parents who are lesbian, gay, bisexual, transgender and queer in this country and their six million children.

5. Out Front Minnesota also has a wonderful resource of all different types of organizations at: <https://outfront.org/resources/organizations>

## Appendix III

### Cirriculum of the Original MFR

# FOUR ASSESSMENT CONSIDERATIONS

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1. **What is my relationship to the person and their spouse?** Most common in our research:
  - Female friend
  - Family member (top two: siblings and adult children)
  - Male friend
  - Coworker
  
5. **What problem is the confider bringing up?** From our research:
  - Not enough attention (63% of confidants have been told about this)
  - Money (60%)
  - Not able to talk together (60%)
  - Spouse/partner's personal habits (59%)
  - Considering divorce (58%)
  - Infidelity (51%)
  - Personal problems of the spouse/partner (49%)
  - Job problems (48%)
    - Includes spouse works too many hours (24%)
  - In-law and other relatives (47%)
  - Spouse's leisure activities (41%)
  - Household responsibilities (41%)
  - Being controlled by the partner (40%)
  - Alcohol or drug problems (38%)
  - Sexual problems (38%)
  - Differences in tastes and preferences (37%)
  - Spouse/partner's friends (34%)
  - Severe emotional abuse (32%)
  - Conflicts over raising children (30%)
  - Physical violence (27%)
  - Conflicts over child care responsibilities (22%)
  - Religious differences (14%)

## 6. Is it a “hard” problem or a “soft” problem?

Hard problems (“AAA”): Abuse, Affairs, and Addictions

- Abuse means physical violence, emotional cruelty, and what’s called “coercive control” where the spouse or partner is restricting the person’s freedom in a serious way—like who they talk to, what they wear, where they go.
- Affairs can be sexual or emotional infidelity. Emotional affairs are close relationships that are kept secret from the spouse.
- Addictions can be to alcohol, drugs, gambling or other out-of-control behavior.

Soft problems are everything else.

- Problems like growing apart, money, sexual problems, parenting differences, arguing a lot
- Soft problems can be very painful, and are the most common reasons for divorce, but they’re not in an “emergency” category like the hard problems. Some people live a happy life while learning to live with soft problems in their marriage, but the hard problems almost always compromise human health and dignity.
- Bottom line: empathize with soft problems but don’t react as if they are hard problems that are immediately threatening.

## 7. Is divorce on the table?

- Is the person hinting or talking openly about divorce?
- Usually one spouse is ahead of the other when it comes to wanting a divorce. One is leaning out (pushing the divorce idea) while the other is leaning in (wanting to work things out). Therefore:
- Is the confider the leaning out spouse? If so, has he/she told the other spouse?
- Or is the confider the leaning in spouse? Likely to have high anxiety at the moment.



## YOUR ROLE AS A MARITAL FIRST RESPONDER

- Your job is to be a good friend or family member, not a therapist.
- Your job is to listen and be supportive, not to take sides or figure out who is right and wrong.
- Your job is help people come to their own solutions, not to tell them what they should do. If they are really distressed and can't find their own solutions, we'll teach you how to encourage them to seek professional help.
- Your job is to hold hope for people and their marriage, not pile on with more negativity—except in dangerous situations.

## MOST COMMON MISTAKES

Reset your “default” responses if they are not helpful. It's important to understand things you say when you get anxious, overinvolved, or don't know what else to say. The top unhelpful things reported by confiders:

- Gave too much advice, a lot of it not useful. (“You should tell him he has to support you with his mother.”)
- Talked too much about self (“When Harold and I went through this, we...”)
- Was too critical of my spouse (“What a jerk.”)
- Suggested I break up with my spouse (“I wouldn't stay another day with a woman who cheated on me.”)
- Was judgmental or critical (“Whining isn't going to solve your problem.”)

### Others we've found:

- Saying nothing or changing the subject—“How about this weather?”
- Rushing to reassure—“You have such a good marriage.” Or “You're such a kind person. I'm sure you are polite to his mother.”
- Asking too many questions—“What exactly did she say? Then what did you say? And then what happened?”)
- Offering perspective too soon, before emotionally connecting enough (“I see what's going on.”)
- Over-empathizing—“What an awful thing for you to be married to a man who doesn't appreciate your gifts.” Or “I can't imagine what it would be like to live with so little sex.”

## **WHAT RESEARCH TELLS US ABOUT COMMON COUPLE PROBLEMS (THAT SOME THINK ARE UNCOMMON FLAWS)**

- A decline in romantic and sexual intensity over time as couples settle in.
- Differences in sexual interest, especially after the early phases of a relationship.
- A decline in couple satisfaction after the birth of their first child.
- A pursuing/distancing or demand/withdrawal pattern, with one partner asking for more attention or affection, and the other resisting. It's the "common cold" of marriage.
- Another common pattern is over-functioning and under-functioning, which tend to reinforce each other. Can become a parent/child-like dynamic.
- Most common wife complaint about husbands: not a full partner (doesn't participate and connect enough). Most common husband complaint about wives: too critical and demanding. Of course, the complaints can go in the opposite direction.
- Personality differences and areas of incompatibility that become more annoying over time (they may have been okay or even "cute" at the beginning).

*The problem is not the presence of these challenges, but the thoughtfulness, flexibility, and acceptance that couples bring to managing the challenges.*

# MARITAL FIRST RESPONDER CORE SKILLS

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What do confidants do that is most helpful for confiders? Top five in our research:

6. Listened to me
7. Gave me emotional support
8. Gave me a helpful perspective
9. Helped me understand my own contributors to the problem
10. Helped me understand where my partner was coming from

## **LEVEL ONE: LEAP (Listen, Empathize, Affirm, offer Perspective)**

### **5. LISTEN**

- Let the person talk, don't interrupt or offer your perspective too soon
- Listen for feelings (mad, sad, scared, hurt, frustrated, worried, confused) and don't get caught up in the details of the story (who said what to who and when)
- Don't jump to conclusions, especially on "soft" problems; be aware that you are hearing one person's side, and only what that person is choosing to tell you.

### **6. EMPATHIZE**

- Let the person know you care. "I'm sorry you're going through a hard time right now."
- Reflect back the person's feelings  
- "That must have really hurt." "What a confusing situation you're in right now."
- Empathize with the person's pain, not necessarily with their perspective. "What an awfully painful moment for you" as opposed to "I can see how hurt you were when your girlfriend put you down in front of your friend like that.")
- Nonverbals are key. Sometimes you can show empathy just with a look or touch, or a sound ("Ooh...")
- Listen for the "soft feelings" (sadness, fear, hurt, insecurity) underneath the "hard feelings" (anger, aggravation, frustration, blame). People often lead with the hard, protective feelings, but the softer, more vulnerable feelings are often a pathway towards understanding and healing.
- Avoid statements that appear empathetic but are really put downs of the partner.  
- "How insensitive!" OR "I can't believe she won't support you better."
- If the person is going on and on with a critique of the partner or details of what happened, gently steer back to the person in front of you by offering empathy. (You can't empathize with a harangue, only with a person.) "What a mess. I'm so sorry."

- Good empathy should help the person feel calmer rather than adding fuel to the bonfire. (An exception would be an abusive situation where the person is too calm in the face of danger.)

## 7. **AFFIRM**

- Affirm the strengths and capacity of the person
  - “I know you are a caring person.”
- Affirm the strengths and capacity of the partner and the relationship (when you have knowledge of those relationship strengths)
  - “She really seems to care about you.” OR “You two have weathered storms before.”
- Avoid being so positive that the person doesn’t feel heard (“I know you can work it out.”)

## 8. **PERSPECTIVE** (L.E.A. skills are for every conversation; perspective is for many but not all)

- Makes sure you’ve done L.E.A. first.
- Help the person understand that common problems are universal
  - “From what I understand, a lot of couples feel less energy for their relationship after a baby comes and takes so much of their time and attention.”
- Offer a perspective on what the spouse/partner might be feeling, if you know the person
  - “I’d bet that Jack is feeling badly about that big argument too.”
- Back up if the person rejects your perspective as not true or relevant to his/her situation. He or she may need time to think about it.
- Avoid lecturing and accepting as normal what should not be acceptable (especially the hard problems)
- Sometimes it can be useful to share your own experience. Criteria for good self-disclosure:
  - Brief, to the point, and return the focus to the other person
  - Share your perspective with humility:
    - “I don’t know if this fits your situation, but my wife and I have dealt with something that sounds similar when we were a new couple. Here’s something I learned.”
    - “I’ve thought a lot about this problem because I’ve faced it in my own life. Here’s where I came out on it.... I don’t pretend that this has to work for you, but it did help us.”
    - But be careful not to equate your experience (“I know just how you feel”); every couple is different
- Sometimes you may want to share what you’ve learned as a Marital First Responder (“I took a workshop on couples relationships and here’s something I learned....”)

# WHAT RESEARCH TELLS US ABOUT MARITAL CONFLICT AND DIVORCE

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## MARITAL CONFLICT

- All couples have conflict, and some conflict is good. The key is how they handle it.
- Positive emotional connection is the best way to reduce conflict. Happy couples spend time together and have 5 positive exchanges for every one negative one.
- Escalation & withdrawal are typical ways of managing conflict, and they lead to unresolved problems.
- Four of the worst things couples do in verbal conflict are: criticism/blame (“It’s your fault”); defensiveness (“It’s not my fault”); contempt (“You’re an idiot”); and stonewalling (“I’m not talking to you”). Contempt is the most damaging.
- “Soft start ups” (as opposed to “harsh start ups”) are the best way to avoid unnecessary fights. These are calm ways to bring up a concern. Most conflicts start derailing within the first two exchanges.
- For most people, being heard and understood by their partner goes a long way towards resolving a conflict.
- Most ongoing marital problems (70% by some estimates) never get solved, but couples can learn to live more graciously with them. (Note: these are generally “soft” problems.)
- Interpretations matter: How people understand their partner’s actions affects how they feel and react, for example, whether they think their partner is deliberately provoking them versus doing something unintentionally or out of ignorance of its effects.
- Many marriages survive infidelity and come out better if they get help.
- There are two main kinds of intimate partner violence: “situational violence” that comes from escalating conflict and may involve both partners hitting, and “intimate terrorism,” which usually involves a man controlling, demeaning, and intimating a women, with or without physical violence. Both are dangerous, but the second one, though less common, is especially threatening to women.

## DIVORCE

- The majority of divorces nowadays are for “soft” reasons. Top three reasons for divorcing parents in Hennepin County, Minnesota: growing apart, not able to talk together, and money problems.
- Usually one person is well ahead of the other partner in wanting and planning a divorce. Divorce is hardly ever a consensual decision, at least in the early stages.

- Most people go through a roller coaster of hope and despair about divorcing or saving their marriage, and many people hold hope even after the divorce process is underway.

## **LEVEL TWO: CAR (Challenging, Advising, Offering Resources)**

**For some situations, after you've done a good job with L.E.A.P. and the person seems open**

Here are some common situations when CAR might be need:

- When the confider is not doing something basic, like telling their spouse about their concern
- Same story over and over, the person is stuck
- When it's clear they need help and aren't seeking it
- Hard problems (abuse, affairs, additions), especially when there is imminent threat
- When divorce is on the table

### **3. CHALLENGE**

Examples of common challenges:

- Be clearer about what you feel and want ("He can't read your mind.")
- Look at your expectations ("With a little baby and no sleep, are you surprised that she's not that interested in sex?" Or "The original romance and intensity doesn't come back, but something different and better can take its place.")
- Think about the other person's side ("Every problem has two sides. I wonder what he would be saying if he was here now.")
- Look at your own part ("You know, it take two to tango. Have you thought about what you might be contributing to the problem?")
- Maintain hope and keep working on a marriage ("The stakes are really high. I hope you're going to keep trying and not give up too soon.")
- Don't accept the inevitability of divorce the first time you hear about someone's intention. ("Sometimes when people say they want a divorce it's a desperate call for change. You have choices to make about what to do next.")
- Take more seriously problems that are really serious ("I'm worried that you are not taking his threats seriously enough.")

Ways to challenge

- With gentle questions
  - "Have you thought about whether he might be as worried as you are but not telling you?"

- With a question about whether you can challenge the person -
- “Can I say something challenging right now?”
- With I-statements
- “One of the things I’ve learned is that when I don’t speak up, I can’t expect him to know what I want.”
- With general comments about relationships
- “There are always two sides to a problem of communication. What do you think he is thinking and feeling?”
- With expressions of concern
- “I’m worried that you are in a deep hole and digging deeper right now.”
- “I’m worried for your safety right now.”
- With affirmation of the person’s autonomy: it’s their choice
- “This is just my view. You’re the one who gets to decide.”

#### **4. ADVISE**

- Use direct, specific advice infrequently. Too much of it turns people off.
- Use mainly when the other person is in turmoil and at risk of making poor decisions.
- When you hear “yes, but,” back up and use your L.E.A. skills some more.
- Examples of when direct advice might be helpful:
  - To end an affair and deal directly with the problems in a relationship
  - To seek help from a counselor
  - To have a safety plan
  - To get a lawyer when a desperate spouse is making financial or child custody threats
- Best to preface direct advice with an affirmation of concern and recognition that it’s the other person’s decision
  - “I’m really worried for you right now and I know it’s up to you what you decide what you’re going to do. I just hope you will give serious thought to what I want to say to you.”



## MAINTAINING BOUNDARIES

10. Know your triggers from your own experience (for example, if you were cheated on).
11. Care without getting more negative or upset about the problem than the other person is (emergencies aside).
12. Resist getting drawn into a triangle when you have a relationship with the spouse/partner.
13. Be careful about offering your own assessment of the problem even when asked (for example, “I think this is a communication problem” or “He has a sexual hang-up.”)
14. Even when asked, be careful about direct, specific advice such as “Here’s what you should say to him when you home tonight.”
15. Pull back to supportive listening (L.E.A.) if the person brings up the problem over and over, and has not accepted your perspective, challenge, or advice. Keep a check on your impatience, and don’t make a recommendation that someone live with the problem or break up the relationship because you are tired of listening to their complaints.
16. Remind yourself of the limits of your ability to help when the other person is not ready to face the problems or has determined a course of action you think is unwise.

## OFFERING RESOURCES

Timing is important; don't offer until you've used other skills and the person seems open to your input about next steps.

## RECOMMENDING HELP

10. Open up the topic by asking if the person has sought help or is thinking about getting help. "Have you ever thought about talking to a pastor or counselor about this?"
11. Follow the person's lead in response to that question. If it's "yes," ask for who they've talked to or thought about talking to. If it's "I'm not sure," or "no," explore their thinking: "What are your thoughts about whether it might help to talk to someone about this?"
12. If you've had a good experience in couples counseling, a couples retreat, or other forms of help, you can share that experience.
13. If the person's distress is strong and enduring, then you can say that maybe it's time to considering some marriage counseling (or other form of help). ("I know counseling is not your thing, but this is a serious problem that doesn't seem to be getting any better. I'm worried for you two.")
14. If this is met with resistance, back up the first time. But bring it up again in the future if the person keeps confiding in you about the problem and your help does not seem to be doing much good. "You're using me a sounding board, and I'm willing to keep supporting you because I'm your friend and I care about you. But I keep getting this feeling that you'd be better off talking to someone with professional training too."
15. Distinguish between this person's reluctance to seek help versus his/her view of the spouse's reluctance. Sometimes people who are ambivalent hide behind their partner's reluctance to get help. ("I hear you that you think that he would not go with you to marriage counseling. What I'm not clear about whether you think it's a good idea yourself.
16. If the person seems open, you could say that you took a workshop that talked about different kinds of help for couples and individuals in relationships, and that you have a resource list you can share if the person is interested.
17. Perspective on types of help (see resource list)
  - Generally, marriage/couples counseling is better than individual counseling for relationship problems.

- Individual therapists tend to see things from the perspective of their client and can sometimes inadvertently undermine relationships. Normally therapists should not become couples therapists for their long-term individual clients.
- Some therapists who see couples are not good at it; they are mainly individual therapists.
- Couples retreats can be good ways to jump start a flagging relationship and many programs offer follow up support groups.
- Some online resources are helpful for situations such as affairs and a sudden breakup.
- If there is a safety concern, the confider should start with an individual therapist or crisis line.
- If the confider wants to legal help, suggest someone trained in Collaborative Practice or mediation.

## Appendix IV

### MFR-Q EVALUATION MEASURES

*Thanks for participating in the evaluation of the LGBT adaptation of the Marital First Responders (MFR-Q). We'd like to have you answer a number of questions before the workshop, and six months later. This will help us see what participants learn that is helpful to them and people they care about.*

#### Confiding Behavior

1. In the past three months, how many people do you think have confided in you about a problem in their marriage or long term committed relationship? Scale: 0-10+
2. Of those that have confided in you in the last three months, how many of them were members of the LGBT community? Scale: 0-10+
3. This question is asking for the total number of confiding conversations you've had with anyone who talked with you about a couple problem. For example, you might have talked with one friend five times, and another once, for a total of six conversations.
4. Of all the people who have confided in you during the past three months, how many conversations would that add up to? Scale: 0-10+

#### Confidence

1. Thinking about the last conversation you had with someone who confided in you about a relationship problem:
  - a. How prepared did you feel to be helpful?  
Likert: very unprepared, somewhat unprepared, neither prepared or unprepared, somewhat prepared, very prepared
  - b. How happy were you with how you responded?  
Likert; very unhappy, somewhat unhappy, neither happy or unhappy, somewhat happy, to very happy
2. Rate your overall level of confidence when someone you know confides in you about a couple relationship problem. You can answer from 0 (no confidence) to 10 (complete confidence). Scale: 0-10+

### **Skill Self-Assessment**

The Marital First Responders workshop teaches a number of skills for supporting and helping friends and family members who confide in you about problems in their marriage or long term committed relationship. We'd like to know how you see your current level of skills. Please rate your skill in doing each of the following things when you are in a conversation about someone's relationship concerns.

You can answer from 0 (No skill at all—I am at a loss) to 10 (Highly skilled—I'm great at it).

1. Listening to a friend or family member talk about being emotionally hurt by their partner without taking sides in my own mind.
2. Listening about a problem without soon forming a conclusion in my own mind about who is right and wrong
3. Listening about a problem without jumping in too soon with my own ideas
4. Showing empathy for someone who is upset without taking their side
5. Listening for the person's underlying feelings and not getting caught up in the gory details of the story.
6. Letting the other person know I understand his or her feelings
7. Helping the person get beneath their anger to feelings of hurt or sadness
8. Steering the person back to their own feelings when they are only focusing on the spouse or partner's behavior.
9. Affirming the strengths of the person's relationship even when they are upset about the relationship.
10. Waiting until the person feels heard before offering my own perspective on their problem or situation
11. Sharing my own experiences without turning the conversation too much back to me.
12. Helping the person understand what is normal about the problem they bring up
13. Helping the person see when there is something risky or dangerous going on
14. Helping the person understand what their spouse/partner might be feeling about the situation
15. Challenging the person in a respectful way to look at their expectations of their spouse/partner or of the relationship
16. Challenging the person in a respectful way to look at their own contribution to the problem
17. Challenging the person in a respectful way to change their own behavior towards their spouse/partner
18. Knowing when to hold back from giving direct advice and when to offer it
19. Knowing how to give direct advice without coming on too strong
20. Knowing how to show concern without getting more upset than the person talking to me

21. Knowing how to avoid getting emotionally “triggered” myself when the problem me is something I’ve experienced
22. Knowing how to avoid taking sides in an ongoing conflict when I am close to both partners
23. Knowing how to keep from getting so caught up in someone’s problem so that I lose perspective
24. Being able to respectfully set limits when I am drained by someone who comes to me over and over with the same problem
25. Knowing about good resources in my community for couples in trouble
26. Being able to describe marriage counseling and other resources in a way that people who confide in me can understand
27. Being able to encourage a reluctant person to try counseling or other resources
28. My overall level of confidence when someone I know confides me about a couple relationship problem
29. Being able to talk with an LGBT person about their relationship in a sensitive and affirming way without imposing a heterocentric lens.
30. Knowing about some of the unique challenges that affect the LGBT community, and LGBT relationships & families.

### Identifying Skills

Here are vignettes about marital/long-term relationship problems LGBT people commonly bring to a friend or family member. We’ll ask what you think are the best responses by the confidant in each situation.

#### Mary Complains about Her Wife, Shannon, Not Doing Her Part

Over coffee one day, your friend Mary tells you she is sick of doing everything at home because her wife, Shannon, is too focused on her work and hobbies. Shannon has never done much around the house but at least used to handle the lawn; now she has hired a local teenager to mow the yard. Mary says that when she tells Shannon how frustrated she is, she gets defensive and nothing changes.

Which of the following statements would be your best first response to Mary?

- 1) I’m so glad you told me this. Is there anything I can do to help you?
- 2) Have you told her how much this bothers you??
- 3) A lot of couples face this kind of problem. It’s very normal.
- 4) I’m sorry you’re feeling so frustrated about this right now. It can’t be easy. X

As Mary continues to share her frustration, you find yourself feeling more negative about her husband who seems to be lazy and uncaring. What would be the best thing to say to Mary at this point?

- 1) What do you think is going on with her?
- 2) Are you telling her what you expect?
- 3) It sounds like you are feeling alone and uncared for. X
- 4) Don't you think it is fair to look at your part in this?

At some point in the conversation, Mary's anger goes down, she tears up, and says that she doesn't know what to do anymore to get Shannon to pay attention to what Mary needs from her. After offering compassion for her pain, which of the following would be your best next response?

- 1) Offer a challenge, such as "Mary, you seem so negative about Shannon these days that I wonder if she is pulling away from you."
- 2) Offer advice based on your experience, such as "You might try something my spouse and I did for a time. We sat down on Sunday to make a list of who was doing what for the week."
- 3) Offer perspective, such as "From what I've seen, a lot of couples go through what you and Shannon are experiencing. My spouse and I have certainly had our struggles about who does what." X
- 4) Suggest they may need help, such as "I'm sorry to hear you feel so badly. Have you thought about getting some couples counseling?"

### Mark Tells You He is Thinking of Divorce

Your brother Mark, who identifies as bisexual, is supposed to marry his boyfriend of 20 years, but has not been talkative about the relationship. Today he confides that he is unhappy and thinking about breaking up. He says he gets nothing but criticism from his partner, they argue about how to parent their children, and Mark doesn't want physical affection from him. Mark says that he misses being with women and he has found a female "friend" at work who really appreciates him. He is worried about the children if he leaves but he feels hopeless about the relationship. He asks you what he should do.

Your best first response should be:

- 1) Kindly but firmly tell him he is flirting with danger in his relationship with the woman
- 2) Share any experiences you have had that might help him get perspective on his situation
- 3) Listen and show empathy for his pain and confusion X
- 4) Tell him there is hope for his relationship.

Mark keeps asking you what you think he should do. Should he leave his relationship and start again as a single to try to find happiness? Or should he stay for the sake of the kids and be unhappy? Your best response at this point would be to:

- 1) Gently say that it's his life and his decision, and you'll support him either way.

- 2) Let him know that he can't change his sexual identity and that maybe he should be with women now.
- 3) Tell him that it's a terrible idea to get married just for the kids.
- 4) Let him know you care for him and acknowledge the bind he feels in, and say that there may be a way to change his marriage so that he doesn't have to leave in order to be happy. X

At some point in the conversation, you ask if Mark has told his boyfriend how troubled he is in the relationship. His response: "No, I haven't. He would just get more angry and critical. I just keep my head down and try to get through each day." He then gives more examples of how difficult he is. Your best response at this point would be to:

- 1) Back off: he heard what you said, now you just have to give him time to think.
- 2) Challenge him by saying that nothing can change if he is not open with his partner about his feelings X
- 3) Let him know you are proud of him for bringing this up, and ask if there is something you can do to help him.
- 4) Suggest he get counseling to figure out a direction

### KNOWLEDGE QUESTIONS

1. Which of the following problems in an LGBT marriage are signs of serious difficulties? Check all that apply.

[Blank = correct answer: none are signs of serious trouble]

- a. A decline in romantic and sexual intensity over time
  - b. Differences in sexual interest
  - c. A decline in couple satisfaction after the birth of their first child.
  - d. A pursuing/distancing pattern, with one partner asking for more attention or affection, and the other resisting
  - e. Partners complaining that their spouse is too critical and demanding
  - f. One partner's concern about the other's recent increase in heavy drinking
  - g. Partners complaining that their spouse is not a full partner and doesn't connect enough
  - h. One partner raises fears of an affair based on the other's secretive behavior
  - i. Personality differences that drew them together but become annoying over time
  - j. Extended family not being accepting of their relationship due to religious convictions
2. Check which of the following statements in each pair is true:
    - a. By the time people talk to a divorce lawyer, they're pretty well decided they want a divorce.
    - b. A lot of people are not sure about getting divorced even when they talk to a divorce lawyer. X



- a. Most couples come to a joint decision to ending a marriage/long-term relationship.
  - b. One person is almost always “out ahead” of the other in the decision to end a marriage/long-term relationship. X
3. Four of the worst things couples do in verbal conflict are: criticism/blame (“It’s your fault”); defensiveness “It’s not my fault”); contempt (“You’re an idiot”); and stonewalling (“I’m not talking to you”). Which is the most damaging?
- a. Criticism/blame
  - b. Defensiveness
  - c. Contempt X
  - d. Stonewalling
4. The following questions are true/false
- a. Conflict in marriage is generally a sign of longer term trouble. F
  - b. It’s best to avoid conflict if you don’t think it’s going to be constructive F
  - c. Most ongoing marriage problems never get resolved T
  - d. Not many marriages survive an affair, and those that do are not in good shape F
  - e. The majority of violent episodes in a marriage involve a man controlling and demeaning a woman. F
  - f. Many people hold hope for their marriage even after the divorce process is well underway T
  - g. When someone starts to talk about how they want an “open relationship”, it is generally a sign of significant problems in the marriage F
  - h. If someone comes out as a different gender or sexual identity during a marriage, the best thing to do is to work toward an amicable separation F

### **DEMOGRAPHICS**

LGBT identity status, Age, gender, marital status, level of education, occupation—helping profession or not.